HIV/AIDS PREVENTION AND CARE IN MOZAMBIQUE, A SOCIO-CULTURAL APPROACH

LITERATURE AND INSTITUTIONAL ASSESSMENT, AND CASE STUDIES ON MANGA, SOFALA PROVINCE AND MORRUMBALA DISTRICT, ZAMBÉZIA PROVINCE

MAPUTO

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FOREWORD

This publication represents the first practical experience of UNESCO Maputo in using the conceptual and methodological framework of the joint UNESCO/UNAIDS Project "A Cultural Approach to HIV/AIDS Prevention and Care", with a view to contribute to sustainable human development in the country.

As is now widely acknowledged, through the activities of, amongst others, UNESCO and other UN agencies, the socio-cultural approach provides an overall concept for achieving more efficiency, relevance and sustainability in SDT/HIV/AIDS preventive action. It furthermore offers a framework for more supportive human environment for people with AIDS through relying on their capacity to understand and deal with the issue within the context of their own socio-cultural references and resources and developing new behavioural norms based on a deeper understanding of underlying factors that shape behaviour and their consequences.

The first research-oriented phase of the above mentioned UNESCO/UNAIDS project (1998-1999) resulted in nine country assessments: Angola, Malawi, South Africa, Uganda and Zimbabwe for Southern Africa, Thailand for South East Asia and Cuba, Jamaica and the Dominican Republic for the Caribbean. This was followed by three workshops in each sub-region. In addition, seven shorter country papers were devoted to Botswana, RD Congo, Lesotho, Namibia, Swaziland and Zambia.

Each country assessment included, on one hand, an evaluation of institutional action taken to date, and on the other hand, an in-depth analysis of people's responses to HIV/AIDS, related to their cultural references and resources. The UNESCO/UNAIDS country studies draw attention to the fact that continuity and change in cultural patterns and societal structures and relationships lie at the very core of prevention and care of HIV/AIDS, as they do in relation to other developmental issues.

The present publication on Mozambique is composed of three main components: an institutional assessment, a review of the available socio-cultural literature in the country and the field research. Some of the key issues in the report are: 1). Although there exists good quality sociological and anthropological research in Mozambique, there are also still significant gaps in the mapping of the rich variety of socio-cultural settings in the country; 2). HIV/AIDS cannot be separated from socio-economic development and culture. The issue of HIV/AIDS is in other words, viewed within an intricate cycle of determinants and impacts. This in turn calls for programmes to be as holistic as possible in order to deal with this complex cycle in its entirety, rather than in a piecemeal manner; 3). Programme implementers and evaluators need not only to take the socio-cultural setting of their target group into account, but also to bear in mind that they themselves have cultural baggage and that this will colour their perception on sexual and reproductive health, sexuality and HIV/AIDS, as well as their manner of communicating on these sensitive and tricky issues.

The practical component, i.e. the field study, was done in both a rural and a semi-urban setting in two provinces, namely Zambézia and Sofala. The field study has made it possible to look at differences and similarities in socio-cultural characteristics between the two settings, and how these affect HIV/AIDS prevention and care.
Perceptions, knowledge as well as the modes and channels of communication on HIV/AIDS, sexuality and sexual and reproductive health vary between and within the two settings. They differ, for example between young and old, men and women, poor and rich(er). However, in terms of certain core societal factors that (in)directly influence vulnerability to HIV/AIDS infection and the impact this has on people's lives, it is more a case of a variation in degree to which these factors play a role in the particular sites than a case of completely divergent ones. Examples of such overriding societal factors are: socio-economic development, and access to quality education and health care.

The UNESCO/UNAIDS socio-cultural approach therefore makes a plea for a greater understanding of the particularities of the target group as well as the reality in which its members find themselves. The need for this was also identified in the Government's Strategic Plan to combat STD/HIV/AIDS (2000 –

2002). Following this heightened understanding, it advocates for programmes that tackle the challenges HIV/AIDS poses to individuals and society and to support people to respond effectively to the epidemic. It means taking action to meet unmet needs, build life and problem solving skills - all of these requiring, beyond economic and health measures, culturally appropriate information/education/communication channels and messages. This in turn entails continued efforts to involve target groups and their fellow community members in developmental programmes. In brief, the socio-cultural approach is a plea for a participatory and a more systemic approach to the issue of HIV/AIDS.

The research findings presented here serve to identify and formulate basic concepts, guidelines and methods for designing more appropriate and sustainable strategies, activities and so forth. In supporting its partners in the use of the socio-cultural data uncovered in this study as well as the practical tools developed within the overall UNESCO/UNAIDS project, UNESCO aims to make the shift towards more action-oriented effort, which is the ultimate objective of the research carried out.

It is hoped that this will, amongst others, reinforce the work carried out by the UN Theme Group and Technical Working Group on HIV/AIDS for Mozambique – both of which provide sound basis for discussion in order to arrive at a more coordinated and comprehensive UN response to the epidemic in Mozambique.

I would like to acknowledge all those that have contributed to the publication, in particular the consultant who carried out the bulk of the work, Ms. Florence Bukali and the UNESCO staff guiding the process, Ms. Zulmira Rodrigues, Focal Point for Education and Youth and Ms. Esther Miedema, HIV/AIDS Focal Point.

In closing I would like to say that, aware as we are of the significant contribution that the socio-cultural approach can provide in the process of designing, implementing and monitoring programmes and materials for behavioral change, and on the basis of the interesting results achieved, we fully intend to deepen the collaboration between UNESCO and its partners in the follow-up of this study.

Lupwishi Mbuyamba
Head UNESCO Maputo

PART I - LITERATURE REVIEW AND INSTITUTIONAL ASSESSMENT

LIST OF ABBREVIATIONS

ADPP:	*Ajuda de Desenvolvimento de Povo para Povo*
AIDS:	Acquired Immune Deficiency Syndrome
ARPAC:	*Arquivo do Património Cultural*
AMODEFA:	*Associação Moçambicana para O Desenvolvimento da Familia*
CAP:	*Conhecimentos, Attitudes e Práticas*
EIA:	Environmental Impact Assessment
ÊSH:	*Escola sem HIV/SIDA*
EQUAR:	*Estudo Qualitativo com grupos de Alto Risco*
FDC:	*Fundação Para O Desenvolvimento da Comunidade*
GASD:	*Grupo de Activistas Anti SIDA*
GTZ:	German Technical Assistance Organisation
HIV:	Human Immunodeficiency Virus
IEC:	Information Education and Communication
INDE:	*Instituto Nacional de Desenvolvimento da Educação*
INPS:	Inquérito Nacional Sobre a Prebenção do SIDA
ISPU:	*Instituto Superior Politécnico e Universitário*
MINED:	*Ministério da Educação*
MJD:	*Minstério da Juventude e Desporto*
MOZAL:	Mozambique Aluminium Project
MONAZO:	*Rede Moçambicana de Organizações contra SIDA*
NAC/CNC:	National AIDS Council/*Conselho Nacional de Combate ao HIV/SIDA*
NGO:	Non-Governmental Organisation
PLWHA:	People Living with HIV/AIDS
PSI:	*Comunicação e Marketing Social para Saúde*
STD:	Sexually Transmitted Diseases
UN:	United Nations
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UNICEF:	United Nations Children Fund
UNAIDS:	Joint United Nations Programme on HIV/AIDS

Executive Summary

Background to the study

About 97 % of the population in Mozambique are aware that HIV/AIDS is a sexually transmitted disease, leading almost certain to death, yet no significant behaviour changes are being seen to stop the spread. The adult prevalence rate was 12,2% in 2001, and it is on the increase.

UNESCO commissioned this study to show that socio-cultural factors have a direct or indirect bearing on the spread of HIV, which should be understood if necessary behaviour changes to control the transmission have to be introduced.

A desk study was undertaken to identify relevant cultural issues in Mozambique, and also identify gaps in existing information in order to deepen understanding of the relevant cultural factors. Further an institutional assessment of organisations involved in HIV/AIDS programmes in Mozambique was undertaken to assess whether institutions through their interventions took into account cultural factors to produce desirable behavioural changes to stop the spread of the epidemic.

The objectives of the study were to:

i) Identify relevant cultural issues in HIV/AIDS prevention and care in Mozambique;

ii) Identify institutions and organisations involved in HIV/AIDS prevention and care in Mozambique, and assess how and to what extent they take cultural resources of the population as well as socio-cultural obstacles into account in their programmes and projects; and

iii) Assess the socio-cultural factors that shape sexual and reproductive health behaviour of youth and relationship of these factors with the HIV/AIDS epidemic. Such information is to be used as a basis for designing culturally relevant interventions to influence behaviour of adolescents, youths and adults in the combat against HIV/AIDS.

Methodology

Interviews and questionnaire was developed and administered with staff managers and personnel among the institutions. Relevant reports and documents were also identified and collected from among the institutions, which have been reviewed, forming an important part of this study. During the fieldwork interviews and focus group discussions will be undertaken, partly using questionnaires for the different groups.

From the **literature review**, a number of studies have been identified with relevant information on cultural factors and their connection with the spread of HIV/AIDS. In the report these studies have classified as follows:

Socio-economic background studies provide information about the socio-economic environment, gender and environmental assessments, mainly conducted in the context of resource development and sector programmes in Mozambique. These studies provide

important background information about the populations and their environment. However, cultural issues are not yet integrated in these studies.

Impact studies on HIV/AIDS provide statistical information on infected/affected people and some of the impacts at community level. Impact studies carried out in the education sector, are important because the sector will be able to draw on it when making new development plans (i.e. taking into account the HIV/AIDS 'factor'). It was noted however, that no information was available which assesses the impact at family level.

A number of **Cultural Studies** were identified. These were mainly quantitative, providing demographic data but also information about attitudes, knowledge and practices of certain target groups. In depth and qualitative information on cultural beliefs, myths, magic, traditional medicine and witchcraft – important factors in African society – is lacking. Inadequately addressed is also information about the appropriate channels and forms of communication to bring about positive behavioural changes.

From the reading, the **socio-cultural issues** identified are:

Initiation rites	Taboos
Polygamous marriages	Traditional Medicine / Witchcraft
Traditional marriages	Migration / Unemployment
Death Rites	Alcohol and Drugs
Substitution of Wife/Husband	Commercial Sex / Prostitution
Multiple Sex Partners	Sex with Teachers
Divorce	Family (extended)

The study shows that all the issues above contribute, in one way or another to the spread of HIV/AIDS. A socio-cultural approach to stem the increase of the epidemic will therefore have to analyse these issues, taking into consideration the context in which these cultural values are practised. It must also look at the underlying beliefs and the methods and agents involved in passing-on/regulating the rules associated with it.

Institutions and organisations involved in HIV/AIDS Prevention and Care

About 58 programmes were identified as currently being involved in the HIV/AIDS Prevention and Care, managed and/or sponsored by Ministries and National Institutions, NGOs, Private Sector, the UN Joint programme for HIV/AIDS (UNAIDS) and individual UN agencies. The National AIDS Council (NAC) plays a key role as it co-ordinates the national response to the epidemic, based on the National AIDS Strategy Plan (NASP, 2000-2002).

Cultural dimensions considered by various organisations can be summarised as follows:

Through **PSI, the marketing and sale of condoms** plays a big role as a preventive measure against the spread of HIV/AIDS. PSI cultural knowledge is founded on research that identifies the high-risk groups and behaviours, what they term - "sexual scripts".

Gender and Age based Approaches within the sectors of Health, Education and Youth and Sports there is an attempt to address gender inequalities and transfer skills, to keep young people active in a constructive way. The cultural foundations of these approaches include wider

participation of groups that influence behaviour and change, and strong emphasis on target group identification to tailor the support to these groups.

Using Music, Dance and Theatre is quite popular. Messages are transmitted, but the fear is that they may actually be encouraging promiscuity. Evaluations of the effects of these approaches are necessary, in order to assess the impact of the messages on behaviour change to combat the spread of the HIV/AIDS.

Various NGO's and the private sector use approaches that aim to reduce negative **Economical and Social Impacts**. Projects include the initiation and strengthening of development projects, which have the aim to create sustainable livelihoods.

UN sponsored projects also include the **Human Rights Approach,** aimed at securing fundamental human rights of PLWHA, to fight stigma and discrimination.

The study found that programmes providing care occupy a rather small corner within the whole scope of activities. There is a general lack of adequately trained staff to provide counselling, and support economic well being of PLWHA and their families.

Conclusions and Recommendations:

The study shows that cultural factors can and do contribute to the spread of HIV/AIDS. In order to reach desirable behavioural changes among the population to stop the spread of the HIV/AIDS epidemic, interventions should address relevant socio-cultural factors. It is recommended that institutions, with the assistance of the Ministry of Culture other relevant organisations/institutions, make use of knowledge of socio-cultural factors in the design, monitoring and evaluation of their programmes. It is generally recommended that institutions pay greater attention to tailoring their support to specific groups.
The study further recommends that an evaluation by the relevant institutions (NAC, INC, UN) be carried out to assess the impact of the current approaches used on behavioural change. The results of this study together with a detailed study on behaviour formations should be used to (re) design a communication strategy aimed at behaviour change.
Finally, the study recommends that the fieldwork within the context of this study should provide the first step in the right direction. The fieldwork should identify the institutions in behavioural formation, which includes its role in sexual and reproduction health education, its agents, the mechanisms used, messages and their real meanings.

1. INTRODUCTION

1.1. Background to the study

Since the first detected HIV/AIDS case in 1986, the prevalence rate in Mozambique has been on the increase. The upward movement in the trend has increased dramatically since the signing of the Peace Accord in Rome (1992), which triggered-off population mobility and movement. The adult (16-49 years old) prevalence rate increased from 3.3% in 1992 to 12.2% in 2001.

The current spatial distribution of HIV/AIDS is such that the central provinces (Sofala, Manica, Tete and Zambézia) register the highest prevalence rate (16.5%). This is explained by resettlement of war-returnees who had taken up refuge in neighbouring countries - Zimbabwe and Zambia – who themselves have a high prevalence rate.

The southern provinces (Maputo city, Gaza and Inhambane), which register an average prevalence rate of 13.2%, are also known to be having an upward trend. This is due to returning Mozambican migrant miners, as a result of the on-going retrenchments in the mining sector in South Africa, where average prevalence rates are high. The development of the Maputo corridor, the onset of projects like the MOZAL (Maputo) and the Corridor Sands (Gaza) and various tourism projects in Inhambane, are further factors, which have triggered off population mobility, as a result of improved physical and social infrastructure and in search of jobs.

A lower (5.7%) average prevalence rate is registered in the Northern provinces of Nampula-Cabo-Delgado - Niassa.

Although over 97% of the population know about HIV/AIDS in Mozambique and are aware that it is a sexually transmitted disease (PSI, INPS, 1998), mainly attributed to IEC materials distributed in the country, the prevalence rate continues to be on the increase. It is expected that the adult prevalence rate will increase to 16% by the year 2010. It is estimated that by that time about 1.4 million people (UNDP, 2000) will have died and there will be 1.1 million orphans due to the HIV/AIDS epidemic. It appears that the preventive measures in place are unable to keep pace with the rising prevalence rate, and that changes in attitudes and behaviours do not take place.

As there is no cure or vaccine available yet, it is interventions that influence changes in behaviour that are the principal means to prevent continuing spread. Experiences from other Sub-Saharan Africa show that socio-cultural factors contribute significantly to its spread.

Therefore, in an effort to understand the interaction between socio-cultural factors and HIV/AIDS prevention efforts, UNESCO and UNAIDS initiated a project on " The cultural approach to HIV/AIDS prevention for sustainable development". This project aims at understanding the interaction between cultures and the evolution of HIV/AIDS and development. The project includes proposals on guidelines and methodologies to implement a cultural approach by designing, adapting and implementing HIV/AIDS prevention strategies and programmes.

It was within this context that the present study was sponsored by UNESCO, Mozambique. It is expected that this study will provide relevant information to streamline a socio-cultural approach in the design (or adaptation), implementation and evaluation of HIV/AIDS

interventions in Mozambique. The study consists of a literature review to identify the relevant cultural issues that contribute to the spread of the virus and an institutional assessment to verify whether institutions and organisations in Mozambique take socio-cultural characteristics of their target groups into account when within their programmes for HIV/AIDS prevention and care.

1.2 Objectives of the Study

The objectives of the study were to:

i) Identify the relevant cultural issues in HIV/AIDS prevention and care in Mozambique;

ii) Identify institutions and organisations involved in HIV/AIDs prevention and care in Mozambique, and assess how, and to what extent they take socio-cultural issues and resources of the population into account in their programmes, plans and projects;

iii) Assess socio-cultural factors that shape sexual and reproductive health relations of the population and their relationship with the HIV/AIDS epidemic. Such information can later be used as a basis for designing culturally relevant interventions, messages and so forth with the aim to influence the behaviour of the adolescents, youths and adults in the combat against HIV/AIDS.

1.3 Methodology

The study adopted the use of a questionnaire (see appendix 4), interviews and a general literature review. The questionnaire was developed using guidelines provide by the UNESCO/UNAIDS Cultural Project. The questionnaire was used to identify institutions and organisations involved in HIV/AIDS prevention and care, and assess their activities, target groups, available human and financial resources and whether programmes etc. were attuned to socio-cultural dimensions of communities and target groups. This questionnaire was also used as means to identify relevant documents or studies that show inter-linkages between culture and HIV/AIDS prevention and care.

Visits to institutions and their documentation centres were also carried out in order to identify relevant literature. Relevant literature has been compiled, forming part of the bibliography of the study (appendix 3). Interviews with key personnel complemented the questionnaire guide, in order to gain further insight into the activities of the institutions and in cases where the institutions had not filled-in the questionnaire. The interviews stimulated important discussions, thus bringing in additional information and references to the study, especially as far as understanding the extent of reference of institutions to socio-cultural resources were concerned.

Given the nature of the study and the issues being researched, these methods used aimed as much as possible at covering a wide range of interviewees in order to identify the existing resource persons (and their profile) in the HIV/AIDS prevention and care in Mozambique. For this reason, discussions were held with institutions' staff (managers and personnel) youths, field workers, social scientists, artists, teachers, doctors, priests, and consultants. In this way the coverage of the study is fairly representative – also for the fact that a wide spectrum of government and non-governmental institutions, UN agencies, as well as the private sector were covered. The list of institutions, organisations and key persons contacted during the study is

found in appendix 2. A complete list of NGOs involved in HIV/AIDs prevention and care can be obtained from MONAZO.

The employment of the questionnaire, interviews, literature search and review took place from October 2001 to December 2001. Although the interviews and questionnaire took a long time to administer (many repeated phone calls and formal letters requesting meetings), a lot of enthusiasm was noted among the participants.

Ms. Florence Luzia Bukali, assisted by Ms. Maria Inês Eduardo Mesa, undertook this study.

2. SOCIO-CULTURAL FACTORS AND HIV/AIDS TRANSMISSIONS

The socio-cultural issues identified in the literature review that relate to the spread of the epidemic include initiation rites, polygamy, divorce, bridal price (Lobolo), death rites (ritual sex, widow inheritance), traditional medicine/healers, taboos, substitution of wife/husband, multiple sex partner arrangements, age at first sexual contact, religious beliefs, poverty, migration, unemployment, alcohol, drugs, commercial sex and sex with teachers. These factors are connected to prevailing sexual relations and therefore people's vulnerability to HIV/AIDS infection.

2.1 Literature Review

The literature review has revealed that, realising a connection between the question of culture and sexual and reproductive health is not recent in Mozambique. According to Dava et al, most administrative discourses available from colonial times, considered socio-cultural factors as the main constraints in the development of local people and their economic activities. Despite this recognition however, no detailed studies were carried out during this period.

The concerns by the independent Mozambican State about population growth being asymmetrical to economic growth of the country are reflected in the interventions in family planning and care which have been adopted. However, these interventions have had little impact, as shown by indices of DTS/AIDS being ever on the increase (Dava et al).

The studies identified in this report (carried out in Mozambique) that seek to clarify the relationship between or provide understanding on cultural practices and the spread of HIV/AIDS can be classified as follows:

2.1.1 Socio-economic Background Studies

Included in this group are reports on the socio-economic environment, gender and environmental assessments - EIAs[1]. These studies have been spearheaded by institutions and organisations within the context of development co-operation (embassies and international development agencies) sector programmes (Agriculture, Fisheries, Forestry and Mining), and companies exploiting natural resources[2].

These studies provide important information on the general socio-economic background of local populations, on local institutions and authority structures, the status of the environment, community based management of natural resources and gender relations.

In this group of studies there is limited integration of cultural issues in current EIAs[3] models. Furthermore, there is a lack of assessment of factors such as HIV/AIDS prevalence and probable impacts on (proposed) development initiatives.

[1] Law in Mozambique requires an EIA,, before any development of a project with potential impact on the environment is undertaken.
[2] See reports on Environmental Assessment of projects such as Mozal (Maputo) and Corridor Sands Project (Chibuto) and *Moebase* Heavy mineral deposits (Zambézia).
[3] Although Social Assessments are carried out, these are still limited in scope. The emphasis is on economic modelling and valuation of the impacts in economic terms.

Studies carried out into gender relations, gender equity and equality in Mozambique are perhaps the most popular in this group, prompting many institutions and organisations to take a gender perspective in their planning and programming. This is because political and social projects of post-independent and Post-war Mozambique emphasised the role of women in the reconstruction, stressing the need for their political and economic empowerment to reach desirable socio-economic development in the country. The 'gender approach' to development has received wide support through many bilateral and multilateral projects.

2.1.2 Impact Studies on HIV/AIDS

Within the context of HIV/AIDS projects in Mozambique, a number of impact studies have been carried out. Statistics on the number of infected and affected people are now available, including disaggregated data. These data comprise, amongst others, estimates on the number of people living with HIV/AIDS, including children and orphans. Impact studies have been carried out within the education sector (UNICEF, UNDP). This kind of information is essential for the further development of the planning and management system within the education sector in light of the HIV/AIDS epidemic. Similar studies in the Health-, Public Works- and Women and Social Welfare sectors have been earmarked (UNICEF) for 2002.

Gaps in information on impact of the epidemic are a lack of data on the impact of HIV/AIDS at the family level (income reduction, labour, women's work, loss of access to resources – land, pasture, housing), impacts at community level and how communities are coping with the epidemic. The other gaps identified in this group of studies, is the lack of specialist studies on the impacts of the current approaches in HIV/AIDS prevention and care programmes on behavioural changes.

2.1.3 Cultural Studies

These include studies about knowledge, attitudes and practices of target groups in Mozambique in relation to sexual and reproductive health (commonly known as "CAP" – *conhecimento, attitudes e práticas*). These studies have been undertaken under the co-ordination of the office of Traditional Medicine - *Gabinete da Medicina Tradicional*) and the Institute of Mass Communication - *Institute de Comunicaçao Social* and Action Aid (Dava et al). Others studies in this group include *Inquérito Nacional sobre a Prevenção do SIDA, Comportamento Sexual e Uso de Preservativo* carried by PSI (1998), prepared for the Ministry of Health National Programme on STDs, HIV/AIDS. During the undertaking of this study, a significant number of the institutions and organisations contacted reported being aware and having actively participated in the "CAP" surveys. However, they claimed that utilisation of such research results by these organisations was still unsatisfactory.

In-depth case studies were also identified. The most relevant ones that were available for review being *Cultura, Saude Sexual e Reproductiva em Moçambique* (Dava et al,) 1999, and (draft) reports identified at *Arquivo do Partrimónio Cultural* - ARPAC. However, many of the studies identified at ARPAC were not available for review and some have not yet been finalised. When released, these documents could provide a positive contribution to the discussion on HIV/AIDS prevention and care in Mozambique.

Important is the desk study by Aida Mohammed (2001) on Socio-Cultural Factors Affecting Demographic Behaviour in Mozambique: Cultures of Populations (in Sabiha H. Syed, (ed) 2001). Using a gender approach, the desk study attempts to clarify the "socio-cultural milieu of

demographic behaviour" (page 97) of Mozambican people, and at the same time discusses relevant policy issues.

The cultural studies that are available are important as they identify cultural factors that influence sexual and reproductive health behaviour of population, factors which may affect their vulnerability to HIV/AIDS infection. However, gaps in information still exist, partly because the information produced so far has had too limited circulation to raise significant policy debate. Gaps include a general lack of information about behavioural formation and its connection to cultural beliefs and perceptions, and specialist studies focusing on endogenous cultural factors. For example, as of yet there is little information explaining or demystifying magic and certain beliefs (myths), as well as their 'channels' (religion, ancestral worship, witchcraft, traditional medicine). Yet these are relevant issues in many parts of Africa. Similarly there is also a gap in information about the appropriate forms of communication for behavioural change (see the role of traditional dances, theatre below).

2.2 Socio-Cultural Factors and HIV/AIDS Transmission

A number of cultural factors have been identified from the reports as being related to the spread of the epidemic:

2.2.1 Initiation Rites

Initiation rites serve to educate boys and girls on certain behavioural codes necessary for adult life in a particular community. Counselling covers sexual and reproductive health issues and education on a 'productive life' and how to uphold cultural values of the particular ethnic group to which the youths belong. Initiation ceremonies mark the end of childhood/adolescent and the beginning of adulthood.

Initiation rites for girls are practised in the whole Mozambique, among the *Maronga, Machope, Makhuwa, Masena, Manhanja, Malómoe, and Makonde.* Rites take on various forms such as making of tattoos (facial, on hips, back), and extending the labia minora and clitoris. In Maganja da Costa the tattoos (*podele)* liquid from the cashew nut fruit is used to darken certain parts of the body. These initiation rites are accompanied by ceremonies (beating of drums, singing) – *ukngola, Nbuta, milebe, olaka, emauáli, chiputo* - where only women are present to give a signal that a girl is ready to procreate and marry (Cipire, 1998).

Circumcision for boys is common among the Makhuwa, Masena, Manhanja and Makonde. Traditionally, circumcision camps were set up far away in the bush, which family members could not reach. Camps used to last as long as 6 months. Nowadays, parents are advised to take their children to hospital and health centres in keeping with hygienic standards and camps are set up for a maximum of 1 month (due to schooling), not far from the boy's home.

Although traditional teachings encourage girls to have sexual intercourse only after marriage, boys are encouraged to have sex upon returning to the village in order to practice. Among the *Makhuwa*, this happens three days after return from the initiation camp (ibid). Studies carried out on this subject show that boys engage regularly in sexual intercourse with adult women (although advised not to), earlier in their life than girls (Amodefa et al, 1989). The implication for this practice and HIV/AIDS transmission is that its puts the boys at risk as adult women may have been infected by the HI virus. These boys may, in turn transmit the virus it to their wives after marriage.

The influence of religion (Islam, Christianity) is quite strong among some ethnic groups where initiation rites are practised. However, there seems to be a contradiction between the religious code, which states that a man should have sex only with his wife/wives, and the traditional practice of engaging in sexual intercourse as soon as they leave the initiation camps.

Most studies also show that due to the prolonged war, a number of these traditional practices have eroded or disappeared. Tradition had it that the mentors who are not family members (*Ansiãs, Amole Apuiyamuana)* were responsible for providing continuing education on sexual reproductive health to girls after initiation and until marriage. However, due to a breakdown in social cohesion of many traditional communities in Mozambique, these mentors are no longer available. Parents remain the only counsellors. However, it is traditionally considered a taboo for parents to speak about sex and reproductive health to their children.

2.2.2 Polygamous Marriages

Many ethnic groups and/or traditional communities practise polygamy in Mozambique. It is however, no longer a common practice amongst urban residents of Mozambique. Reasons given for polygamy are many; fundamentally, it appears that it is generally accepted that men are inherently polygamous and it is normal for them to have more than one wife (Uganda Country Report: 41). In order to prevent infidelity therefore, society has allowed men to bring more than one woman into their household. Another reason would be to boost a man's social status. In some cases, when a wife is unable to bear children, marrying another woman to guarantee children is culturally and socially acceptable.

The practice of polygamy coupled with poverty and low education levels of many women (who seek affluent men) encourages multiple sex partner arrangements. This practice has the potential of exposing a large number of people to HIV/AIDS infection.

2.2.3 Religion

According to a series of study carried out by Gustavo López Ospina et al[4], (2001), religion is an important cultural factor influencing sexual behaviour. Sex before marriage is a transgression (sin) according to Christianity and Islam. Moslem leaders are important traditional leaders of a community and as teachers of initiation rites (see Dava et al), and for that reason play an important role in the sexual and reproductive health education of youth.

Polygamy is accepted in Moslem society and a man who is economically strong is at liberty to marry several wives. Moreover, divorce is simple. If a man finds his wife "unsatisfactory" all he has to do is simply state 7 times that he is divorcing her. It is obvious that divorce can be a risky factor, as remarriage increases the risk of additional people being infected with HIV/AIDS.

2.2.4 Traditional Marriages

According to Dava et al (1999, draft) and Cipire (1998) traditional marriage constitutes an important change in the families of the bride and groom. There are traditional rules to be observed by both the bride and groom's families, rules that have socio-economic and socio-

[4] Cultures of Populations (ed Sabina H. Syed), 2001.

cultural dimensions and are meant to ensure procreation. Rules and procedures differ depending on whether the marriage takes place in a matrilineal or patrilineal society. In the patrilineal system, a bridal price (*Lobolo*) is considered an important part of the marriage; it is a compensation for the parents of the bride, in exchange for the children (economic) that she will bear her husband and his family. *Lobolo* also has a spiritual significance, as a message is sent to the ancestors informing them of the departure of a family member to another. *Lobolo* is intended to create matrimonial stability in the new couple and the two families. The involvement of the parents, members of the community, including ancestral spirits is meant to contribute to marital stability, as well as to mutual respect and fidelity.

However, with time only few communities practise *Lobolo* and it has no longer the same value it once had. The diminished significance of *Lobolo* is regarded to be a result of modernisation, and children no longer constitute part of the traditional economy. What is more, couples now often simply inform their parents or relatives of the pending marriage rather than consulting them, or couples simply live together as married.

The implications of these developments is increased instability in marital relations, as traditional rules are no longer observed as strictly, resulting in frequent divorces, multiple sex partners and the subsequent exposure to and risk of HIV/AIDS infection.

2.2.5 Death Rites

The most common death rites identified are those of ritual sex and widow inheritance. Ritual sex is a practice where by a man or woman has to have sexual intercourse with somebody else to "cleanse" herself/himself upon her husband/wife's death. Widow inheritance is a practice whereby a widow is inherited, usually by the brother of the deceased husband, so that the deceased's family can safeguard their property (including the woman). These practices, although declining, are still common among a number of traditional communities in Manica and Tete.

Since the causes of death are often unknown or simply accepted as an act of God, this practice exposes the man to HIV/AIDS infection should the widow have been infected. Obviously, if the man is already married his other wife/wives are also at risk.

2.2.6 Substitution of Wife/Husband – *Sororato*; *Liverato*

Certain customary practices prescribe remarriage upon the death of one member of a couple (see Cipire, 1998, Mohammed, in Sabina H. Syed Ed 2001).

Sororato, practised amongst the Makhuwa and Makonde, prescribes marriage of the widower to the sister of the deceased wife. This practice is also common in Bantu Africa, especially in South Africa, Zimbabwe, Nigeria and Congo (Cipire, 1998) Sterility can be a another reason for which a woman is substituted by her young sister in order to bear her children. The children that are born are then considered as children of the sterile mother. Usually the bridal price that was paid initially covers for this second marriage.

Liverato, is practised in Southern Mozambique, and is also common among the *Maconde*. The practice prescribes the widow to marry her brother-in-law or another member of the family of the deceased (Mohammed in Sabina H. Syed ed. 2001. See above)

Substitution spreads the risk of infection of the new bride (often a young girl, who has not yet been engaged in sexual relations), if the couple is HIV positive. The risk is even higher if the man (in the case of *liverato*) further engages in a polygamous marriage, besides the one/two wives (sisters).

2.2.7 Multiple Sex Partners

A number of studies carried out show that multiple sex partner arrangements (see INPS, PSI, 1998) are common in Mozambique, especially among young people in cities. The reasons for this include lack of sexual satisfaction with a regular partner, partner migrating for work reasons, infertility for which the women are blamed, alcoholism, infidelity on the part of either partner, and seeking material gain, and peer influence (common among young people). It goes without saying that having multiple sex partners increases the risk of exposure to HIV/AIDS.

2.2.8 Divorce

According to Cipire (1998), reasons for divorce among traditional communities in Mozambique, include infertility and impotence, domestic violence, laziness on the part of women, adultery (women), if a man is unable to provide a better life for his wife and children, frequent deaths occurring among the children, and witchcraft. Among the urbanised populations economic factors (material and financial support to the family) and multiple sex partners, neglect, maltreatment (domestic violence) by either partners are the most important reasons for divorce or separation (UNESCO country report on Uganda, 1999).

The search for partners who are able to provide better economic conditions, or those that are able to bear children increases the exposure to multiple partners and therefore increases the risk to HIV/AIDS transmissions.

Generally, divorce initiated by men is socially more acceptable than divorce initiated by women. Once a woman is divorced, a tendency among men is to expect her to be sexually available and she is usually considered a prostitute. In some cases this may actually be the only option available to the woman to sustain herself – i.e. to engage in commercial sex or multiple sex partner arrangements.

2.2.9 Taboos – The Do's and Don'ts - *swayila*

Taboos are rules or teachings that serve to prevent activities/behaviour that are considered harmful and/or detrimental, whether to an individual or a community. There are taboos dictating behaviour during pregnancy, childbirth, and within sexual relations. For example, among certain ethnic groups in Africa a pregnant woman is prohibited from eating certain foods, e.g. eggs and bananas. Pregnant women also have to abstain from sexual intercourse during pregnancy and after delivery, until the child is weaned. Menstruating women form another group of women who should abstain from having sexual intercourse. Taboos surrounding child delivery include: delivery of a baby should only be done in the back yard and when a woman has complications during delivery, it is assumed that she has been involved in an extra-marital relationship. To break the bad omen the woman will have to confess, making it possible for the child to be born. Lastly, it is a taboo for parents to speak about sex and reproductive health to their children.

Boys are prohibited from engaging in sexual intercourse with adult women (although this in contradiction to what was described earlier). Other rules to regulate sexual behaviour of couples and discourage promiscuity are those prohibiting oral and anal sex and the sucking of breasts. Violation of these taboos traditionally could lead to heavy sanctions. A number of these taboos are still enforced in some traditional communities, but much less among urbanised population[5].

A CAP study carried out by Amodefa et al shows that some taboos are disappearing. Due to the influence of education, parents and children start speaking to each other about sex and reproductive health. The intervention of parents in sexual and reproductive education is a positive change, given the fact that uncles, aunts and elderly men and women (including mentors) no longer play this role. However, parents are only slowly taking on this new role.

The taboo stating that a woman should give birth in the backyard has implications for health of the child, mother as well as the traditional birth attendant (*Anamuku*). Furthermore, traditional birth attendants often make use of unsterilised equipment. All in all therefore, the conditions under which a mother gives birth (and a child is born) are not hygienic. If the mother is infected with the HI virus, the traditional birth attendant runs the risk of being infected as well. It is quite obvious therefore that this taboo, in combination with the general poor and unhygienic conditions have implications for the health of people, women in particular.

It has been found that some perceive HIV/AIDS to be the result of promiscuous behaviour (see UNESCO, Malawi Country Report). At the same time, traditional belief dictates that this disease is only curable by traditional medicine/doctors or that the person in question should be subjected to social sanctions (isolation, deprivation, discrimination). According to information provided by Kindlimuka, in *Meditar* (Monazo newsletter, July-September, 2001), about 46% of PLWHA have been neglected by their families, friends or had divorced after having revealed that they were HIV positive. In the same study about 61% of PLWHA report that, in order to avoid stigma, they had refrained from telling their families and partners for at least one year, after finding out they were HIV positive.

Diagnosis and going public, although having negative consequences such as those described above, are also known to have contributed to positive changes in behaviour. A report by Kindlimuka (2000) states that 50 % of PLWHA, who had more than one sexual partner before diagnosis, reduced their sexual partners to one following diagnosis. It is also known that positive behavioural changes have been observed among members of family and/or friends of those affected by HIV/AIDS (see EQUAR, 2000- PSI & reports on Uganda).

2.2.10 Traditional Medicine (healers)/ Witchcraft

Among many communities in Southern Africa, HIV/AIDS is associated with witchcraft, meaning traditional doctors can cure it. This belief can further increase the risk of exposure to HIV/AIDS of others.

In Mozambique, traditional doctors (*curadeiros*) have been reluctant to participate in government programmes aimed at increasing awareness of the seriousness of the epidemic. However, since traditional healers are generally respected (and feared) and because they strongly influence the behaviour of persons in their communities, they are important cultural

[5] The study carried out by PSI (EQUAR, 2000) identifies oral and anus sex as being common among the youth in Maputo.

references in the combat against HIV/AIDS. Increasing their understanding and securing their participation to effect positive changes in behaviour remains a big challenge for Mozambique.

2.2.11 Migration and Unemployment

Migration is another important risk factor. In Mozambique migrants include war returnees from Zimbabwe, Zambia and Malawi as well as migrants involved in cross border trade. Organised labour migration in search for jobs in the mines in South Africa, is most considered as the main predisposing factor to HIV/AIDS in the south of Mozambique (NASP, Project "Kulhuvuka - FDC"). Most migrant miners have a wife at home in Mozambique, as well as another wife or partner in South Africa. The miners visit regularly their home in Mozambique, when on leave.

Recently, with the on-going labour retrenchments in South African mines, Mozambican miners diagnosed as HIV positive are being sent back to Mozambique. Back in Mozambique they usually join their wives - who may already have been infected either through their husbands or during extra-marital relations. Although the need for Mozambican labour has reduced in South African mines, migrating to South Africa to secure a job is still considered as a main source of gaining a reasonable income (see report by MJD, 2001), and a way of attaining high social status. Returning miners (*madjonidjon*i) bring back modern articles, such as radios, bicycles, cars and nice clothing for their wives.

Recently, the development of the Maputo Corridor, which has brought in projects such as MOZAL, has triggered off population mobility in the region, increasing the vulnerability of people to HIV/AIDS infection. The results of the economic and infrastructural development have been great movement of the people to the Maputo area from within the region and from South Africa and Swaziland in search for scarce jobs. An additional result has been an increase in tourism due to improved roads and social infrastructure.

2.2.12 Alcohol and Drugs

The effects of alcohol and drug consumption is regarded as leading to lowering of barriers and inhibitions, and as such can lead to greater risk taking, e.g. having unprotected sex. According to a study carried out by *Kindlimuka*, 49% of PLWHA interviewed (mainly men), declared that before they were diagnosed with HIV/AIDS, they used to consume alcohol (beer), and 27% of these in excess. In the same study, 17% PLWHA interviewed (mainly men), reported having consumed drugs (marijuana).

2.2.13 Commercial Sex / Prostitution

According to a study carried out by PSI (EQUAR, 2000), two types of commercial sex have been observed in Maputo:

a) A commercial, yet socially acceptable relationship between a girl/woman and a rich man. Usually there is a big age difference – with the man being more advanced in years. The girl/woman is offered gifts in exchange for sexual intercourse. This relationship with a rich man appears to increase the social status of the girl – she may now have new and 'fancy' clothes, a car and flat, and be seen in night clubs etc.

b) Commercial sex, i.e. sex in exchange for money. Prostitution, unlike the relationship with the rich man, is not socially accepted.

According to a study carried out by *Kindlimuka* (2000), 50% of men interviewees who had contracted HIV/AIDS (PLWHA) declared they had had sexual intercourse with prostitutes before they were diagonised as HIV positive. Studies carried out in preparation of the NASP, state that commercial sex is the major determinant of HIV/AIDS infection in Mozambique. Increased migration and population mobility either in search for employment (South Africa, Economic Zones in the country) or better conditions, have been identified as being the main reasons men and women have casual and unprotected sex. Men report engaging in commercial sex because they spend long periods away from their regular partners, and women report to 'sell sex' in order to earn a living.

2.2.14 Sex with Teachers

Although the extent of sex abuse among teachers with pupils has not been ascertained yet, cases of male teachers having sex with their pupils in exchange for good marks in school (see also UNESCO Country Report on Uganda, 1999) are reported in primary schools in Mozambique. Although the number of deaths among professional trained teachers had dropped from 75.3 % in 1995, to 68% in 1998 (UNDP, 2000), the death rate compared with other professions is very high. It is strongly believed to be an indication of the HIV/AIDS prevalence among teachers.

2.2.15 The (extended) Family

Evidence from countries in the region shows that HIV/AIDS has a strong impact on families. The productive age group between 20-50 years old, who provide income, food, housing, and schooling for children, are most vulnerable. The illness and/or death of these productive family members leads to the family being deprived of much-needed income and family structures breaking down, often leaving the remaining family members in the care of elderly women (See reports on HIV/AIDS: Zambia, Uganda).

This impact is as devastating among families in the higher-income groups. The high medical costs incurred prior to death, in form of drugs and medical care, forms a financial burden, leading to even greater psychological and emotional stress and trauma.

This situation increases the vulnerability of surviving members of the (extended) family. The role, which the extended family previously played, i.e. providing support, is (further) diminished due to urbanisation and increased poverty.

3. INSTITUTIONS INVOLVED IN HIV/AIDS PREVENTION AND CARE: POLICIES AND PROGRAMS

3.1 Institutions and Organisations involved

There are about 58 programmes and projects working in the area HIV/AIDS prevention and care in Mozambique. National NGOs[6]and organisations manage 29 of these, and the remaining 9 by international NGOs. Of these programmes, 7 are supported by the UN agencies and 13 of them by the government (NASP: 16). A list of the institutions and organisations contacted during the study is found in appendix 2.

The main institutions and organisations engaged in HIV/AIDS prevention and care in Mozambique include:

3.1.1 Government Institutions and Ministries

The National Aids Council (NAC) was set up in 1999 to co-ordinate the implementation of the National Aids Strategic Plan (NASP) 2000-2002, the Government's Approach to prevention and care of HIV/AIDS at the national and regional level. The NASP articulates a multi-sector approach to prevention and care of HIV/AIDS in Mozambique, which follows the Short and Medium Plans to combat HIV/AIDS of the Ministry of Health. Following the NASP, the Action Plan to Fight HIV/AIDS in Mozambique was formulated, summarising the plans, financial and institutional resources to operationalise the multi-sector approach.

The final objectives of the NASP are to:

i) Provide essential and high quality services, which include preventive and impact reduction measures to prevent STDS and HIV/AIDS transmission to a population of over 1.600.000, involved in casual sexual relationships (prostitutes);
ii) Reduce the impact and provide care and support to about 15,000 PLWHA and 6,000 orphans and their families.

The implementation of the multi-sector approach of the NASP requires the participation of all government ministries who form part of the Inter-Ministerial AIDS Commission. During the study the following institutions with active (outreach) programmes were identified: the Ministry of Health, Ministry of Education (MINED) and Ministry of Youth and Sports (MJD).

Participation of other Ministries is secured under the "focal point" (*nucleõ de SIDA*), created to deal with the issue of HIV/AIDS in each ministry.

The activities identified for prevention and impact reduction carried out by these institutions are listed in table 1. These include the provision of quality health services and ensuring wide coverage of STDs, and HIV/AIDS diagnosis, and treatment of STDs and HIV/AIDS related illnesses. Other activities include the provision of special health service delivery to in and out of school youth; promotion of the use of condoms; promotion of safe sex practices to groups involved in commercial sex, and support to PLWHA.

[6] A complete list of NGOs implementing HIV/AIDS related activities is available at MONAZO.

3.1.2 Non-Governmental Organisations

This sector, under the co-ordination of MONAZO, is important in providing support at the community level. Activities aimed at prevention of HIV/AIDS carried out by NGOs include training of activists, promotion of condom use, production of education material, and counselling. In the area of impact reduction, activities include psychological and medical support to PLWHA and their families, home-based care and economic support to PLWHA. The NGO sector has also been active in the area of advocacy, aimed at granting legal rights to PLWHA and protecting them from stigmatisation.

The research component of the project " *kulhuvuka"*, "Window of Hope", (FDC, 2001) coming on the scene, will add an important dimension to the contribution of this sector in terms of streamlining HIV/AIDS support to communities. The research will include assessment of social and cultural influences on behaviour; identification of alternative medicines to treat HIV/AIDS related diseases, and the review of the legal system in the country, in order to secure the protection of PLWHA and their families.

3.1.3 United Nations (UN)

UNAIDS Mozambique co-ordinates the UN co-sponsored programme on HIV/AIDS that brings together the efforts and resources of seven[7] UN agencies to help control the epidemic. The UN theme group on HIV/AIDS and the UN Country Programme Adviser represent the programme at the country level.

The response of the UN consists of interventions by individual UN agencies and an integrated intervention based on the United Nations Integrated Framework for HIV/AIDS in Mozambique (2002-2006). The UN response mainly consists of support to the government institutions of Mozambique, to enable them to implement a multi-sector and sustainable response. The UN priorities in Mozambique are to:

- Mainstream HIV/AIDS in all UN activities in Mozambique,
- Support the NASP by providing technical assistance to NAC;
- Dissemination of information on HIV/AIDS, including best practices;
- Mobilise partnerships between Government, NGOs, International Organisations, and the private sector to address the epidemic;
- Mobilise resources.

Private Sector

The private sector response is characterised by individual actions and in-house policies and strategies that target the work force as a whole and the immediate families/communities within the surroundings of the company/industry etc. Companies such as MOZAL and BP were identified during this study. The activities in which the private sector is involved include education and awareness raising, support to public campaigns on HIV/AIDS and free distribution of condoms to the workers and their families.

The activities supported by MOZAL also involved the provision of basic social and economic infrastructure and services to the community within the project area. Services include education (schools), health care, agricultural expertise, support to secure housing for resettled populations, and support to local artists.

[7] The co-sponsors of UNAIDS are UNICEF, UNESCO, UNDP, FAO, UNPFA, UNDCP, WHO, and the World Bank.

4. CULTURAL COMPONENTS IN HIV/AIDS PREVENTION AND CARE: POLICIES AND APPROACHES

Provision for cultural components or underlying dimensions in HIV/AIDS prevention and care by institutions were identified in the following projects:

4.1 The Sale and Distribution of Condoms

The sale and distribution of condoms is the most popular and widespread activity in the country. Condoms are sold and/or distributed in approximately 71 districts in the country. The communication project 'Social Marketing of Condoms' (PSI), introduced in 1998, is the major agent for condom distribution. Other agents are also involved in the sale and distribution preservatives, such as NGOs, the health sector, private companies, and other organisations involved in HIV/AIDS activities.

The intervention policy of PSI is primarily to sell condoms as a preventive measure against the spread of the HIV/AIDS. The organisation has a research project/section which serves the HIV/AIDS and Malaria Project and is one of the main PSI activities as far as integrating cultural characteristics of the population into programming is concerned. According to two studies carried out (PSI: INPS, 1998, EQUAR, 2000), high risk sexual behaviour is prevalent and the use of condoms still limited, despite the fact that the majority of the population know that the use of condoms is one effective way of preventing HIV/AIDS transmission.

The gap between knowledge and practices led PSI to conclude that these other high risk sexual behaviours and attitudes would require a different "social marketing strategy". This strategy started with an assessment of "sexual scripts". This assessment (carried out by PSI) identified a number of sexual scripts such as commercial sex, prostitution, *seca cena, pito*[8], as the main high-risk sexual behaviour of in-and out-of school youth in Maputo. The study also identified variations among the group interviewed, according to gender, age and whether the child was going to school or not. The concern to reorient the "social marketing" of condoms to target the "sexual scripts" reflects the recognition of the underlying cultural factors affecting HIV/AIDS prevention and care.

4.2 Gender sensitive and Age based (Life Skills Education) Approaches

The common cultural approaches identified among the institutions include the adoption of gender sensitive approach and Life Skills Model (*Abilidades para Vida*). The latter is widely promoted by UNICEF, and in the Education, Health, Youth and Sports sectors – aimed at teaching adolescents and youth important life skills. The underlying assumption is that children need certain skills to operate in an active and constructive way (Edward de Bono, in UNESCO report on Uganda).

These approaches are widely used in projects and programmes like "*Geração Biz*", "*SEA*", *Meu Futuro minha Escola, Jovens* f*ora da Escola*, which are reflected in activities such as target group identification (mapping), CAP studies, the promotion of youth centres, setting up of health facilities and entertainment centres for the youth. There has been a significant involvement of relevant institutions at community level that have an influence on behaviour

[8] The meaning of sexual behaviour types was not defined in the resume of the main report. The final report was not yet available at the time of the study.

formations of the youth. The cultural issues being addressed cover gender equality, targeting traditional healers in sexual and reproductive health education and providing recreational, and employment support to the youth.

The gender sensitive 'approach' is aimed at raising awareness amongst various actors about particular societal and cultural inequalities, and the disadvantage at which women are often put. In relation to HIV/AIDS, specific projects aim to strengthen women and girls' negotiating powers in sexual relationships, and to raise the awareness of men about their roles within (sexual) relationships, especially in the use or non-use of condoms (see NASP). This approach is being reinforced with the distribution of female condoms and increasing gender awareness through education and training to both men and women.

It is too early to assess the impact of a gender approach to HIV/AIDS prevention and care, i.e. planning for the socio-economic and cultural inequalities that exist between men and women (which furthermore, may vary across the country), contributing to more equal divisions of power (an positive behaviour changes) in (sexual) relationships.

The life skills model is still undergoing testing and adaptation, and has not yet been mainstreamed in the main activities of the institutions.

Educação em pares (inter-personal communication) was found to be common among institutions where focal points (*Nucleõs de HIV/SIDA)* had been established.

4.3 The Use of Music, Dance and Theatre

The employment of music, theatre, dance, in number of IEC activities has also been cited as a way of making use of cultural means/channels, however, from the study it appears that the use of these methods only appear to serve recreational purposes, not necessarily educational purposes. As one activist reports: "some demonstrations sound like simple play" (personal communication).

In Malawi some traditional dances like *Manganje, Ngokwe*, and *Gule wa Mkule* performances include music and dances that have sexual connotations, and are considered by some to actually encourage sexual promiscuity (Sabina H. Syed ed).

A discussion with a musician revealed that some singers prefer to adopt happy melodies while others use sad melodies when they talk about the HIV/AIDS catastrophe. What effect this has on people in terms of making them aware of the seriousness of the epidemic and the need for behaviour change is unknown!

4.4 Economic and social support

Approaches that aim to secure sustainable livelihoods (Fisheries, Forestry, Agriculture) of local communities, protect land rights, and encourage district planning (Planning and Finance) have had some measure of success in Mozambique, in part because they mobilised the community, including vulnerable groups.

However, until now there has been a lack of community mobilisation on the issue of HIV/AIDS, its impact and the possible response of communities. This would support initiatives

such as traditional healing of HIV/AIDS related illnesses, community based care to provide support to orphans and other vulnerable groups, and community development and strengthening of local organisational structures.

The approaches used by NGOs aim at a more active involvement of the community, thereby increasing the chances for effective communication. Within this framework the use of pamphlets, posters, and education by HIV/AIDS activists, through theatre and dance is common. Promotion of community development activities through strengthening agricultural and rural (infrastructural) development, education, water and sanitation, has an added benefit in that it increases outreach to women and other disadvantaged groups in the society.

The approaches used by the private sector are meant to reduce loss of productivity and resources of companies. According to the BP Regional HIV/AIDS Advisor loss includes: " reduction in productivity due to absenteeism, illness, loss of experienced workers, worker attrition, cost of recruitment and hiring of new employees, training and re-training, increased cost of insurance and pension pay outs, which may well end with loss of customers" (Speech by BP Regional HIV/AIDS Advisor to HIV/AIDS Co-ordinators, 17th of September, 2001).

BP's and MOZAL's approaches mainly target the workforce, their families and communities within which they operate. As for MOZAL, besides adopting IEC activities in HIV/AIDS, using local artists (dance groups), it is also involved in the improvement of social infrastructure such as a establishing clinics, wells, schools, and markets, extension to agriculture, and support to the security district police force.

HIV/AIDS has been declared as one of the risk factors of these companies (like markets). For example, the BP policy on HIV/AIDS is that it is an accident, and is preventable. This approach is strengthened by the top personnel's involvement (Director, Human Resource Manager, and Aviation Safety co-ordinator) in the education and campaign to workers and their families about the HIV/AIDS epidemic and its control. The involved of high level personnel, who have been trained to carry out HIV/AIDS education, ensures HIV/AIDS being put on the companies' agenda and that activities receive high-level backing.

4.5 The Human Rights Approach

Besides the gender and age based approaches mentioned above, UN agencies also emphasise/promote the human rights approach, such as the HIV/AIDS advocacy projects, which are also supported by NGOs. Through promoting human rights an attempt is made to fight stigma and discrimination of PLWHA. Since stigma and discrimination have to do with people's perceptions, and beliefs and as such also with socio-economic and cultural factors, it is doubtful whether conferring legal rights alone provide all the protection and support necessary for general well-being of PLWHA. Nevertheless, securing legal rights for PLWHA is an important step towards securing recognition for and protection of PLWHA, which in turn increases their chances to gain access to support.

5. CARE FOR HIV/AIDS PATIENTS AND THEIR FAMILIES

Caring for PLWHA starts from counselling before diagnosis to follow-up, which includes psychological and medical support to PLWHA and their families. The projects identified are those that aim at impact reduction. The approaches used include test and pre-post-counselling, medical and economic support.

Pre-test counselling and medical support is provided by the health department, whereas post-counselling (mainly a psychological support service) is provided for by NGOs (Christian Council, Kindlimuka). Post-test counselling is mainly provided through home-based care and patient visits (by a priest or psychologist). Support to PLWHA and their families to gain sustainable income have been rather limited, as is the care for orphans (NASP, 2000).

A number of problems have been identified in the care for PLWHA. According to the report by Kindlimuka (2000), among these are the fact that:

i) Health staff does not yet fully observe the rules and regulations of getting the consent of the person before an HIV test is carried out and carrying out pre-test-counselling. For example in this study, about 56% of PLWHA, were not warned before an HIV test was carried out and only 52% had received pre-test counselling;
ii) Unprofessional personnel, who are not properly trained, practise counselling.

In general, the care for PLWHA is still limited, there is lack of institutionalised support and a lack of information about coverage and quality of services and the status of families in home-based-care situations.

6. CONCLUSIONS AND RECOMMENDATIONS

The study has identified literature, which provides an understanding of the relationship between socio-cultural, sexual and reproductive health behaviour and HIV/AIDS transmissions. The literature provides background information about the populations, their livelihoods and authority structures, infrastructure and gender relations. These studies, although useful, have failed to incorporate comprehensive socio-cultural assessments of communities and to study the interaction between socio-cultural factors and development as a whole. Impact studies have also been identified. However, there is still need for further impact studies, especially on the impact of HIV/AIDS on the family and how communities are coping with the epidemic.

Cultural specific studies were identified, although these are still not complete and the level of detail is not adequate to understand how cultural practices and traditional beliefs may relate to risky sexual behaviour and as such to the spread of STDs and HIV/AIDS. There is a lack of specialist studies linking cultural beliefs, taboos etc. on the formation of behaviour. Such studies are necessary in order to design effective techniques to bring about positive changes in attitudes and behaviour (where relevant and necessary working/dealing with traditional practices – either as resources or as obstacles to overcome).

With the need to integrate a socio-cultural approach internationally becoming increasingly apparent in the conceptualisation, design, and monitoring of national development efforts, there is a subsequent need to introduce this approach in Mozambique. The leadership of the Ministry of Culture in this becomes pertinent. Other relevant institutions should be identified, such as research institutions and organisations, in particular to define operationalisation of socio-cultural knowledge. The introduction to the socio-cultural approach should be done through workshops, provision and access to short term courses, similar to what has been done for training in Gender and Social assessment.

The study found that those institutions that were clear about their target group had also identified the relevant cultural factors within that group, although addressing the issues was still not fully achieved. When streamlining the socio-cultural approach in projects and programmes among such institutions, priority should be to vulnerable groups. In this way, relevant IEC material can be tailored to address the relevant socio-cultural issues of a particular target group in a more systematic manner.

There is no conclusive evidence that the use of art, music, dance and theatre does contribute to behavioural change. The power of these methods is that they are popular and to attract many people. For this study it was not possible to identify evaluation reports of HIV/AIDS projects and programmes using such like methods to ascertain impact made.

Seeing the need to introduce the socio-cultural approach in HIV/AIDS programmes in order to address risky behaviour, a communication strategy designed to modify behaviour, and one that takes into account relevant socio-cultural issues should be formulated. It is therefore recommended that prior to its design, relevant institutions undertake a specific field study, e.g. NAC with the support of the UN.

The fieldwork planned by UNESCO, within the context of this study, although to be carried out in only two projects sites, should provide lessons on integrating a cultural approach in communication design aimed at behavioural change.

Therefore, it is recommended that the field case study identify relevant institutions and their influence on sexual and reproduction behaviour formations of children and youth. This should include information on the roles of these institutions in education, on communication agents and mechanisms as well as the kind of messages.

Besides providing deep understanding of the socio-cultural factors identified in the documentary review, in two different settings - peri-urban (Manga) and rural area (Morrumbala), the study will provide further information on the necessary institutional responses required to redress the HIV/AIDS epidemic.

PART II - FIELD CASE STUDIES: MANGA (BEIRA), SOFALA PROVINCE AND MORRUMBAL DISTICT, ZAMBÉZIA PROVINCE

LIST OF ABBREVIATIONS

ADPP:	*Ajuda de Desenvolvimento de Povo para Povo*
AIDS:	Acquired Immuno-Deficiency Syndrome
AGRIMO:	*Companhia Agro Pecuária de Moçambique, LDA*
AJUDEMO:	*Associação de Jovens Para Desenvolvimneto de Morrumbala*
ASEM:	Associação a Favor de Crianças Moçambicano
CDM:	Cervejas de Moçambique
FDC:	Fundação Para O Desenvolvimento da Comunidade
FRELIMO:	Frente de Libertação de Moçambique
GTZ:	German Technical Assistance Organisation
HIV:	Human Immunodeficiency Virus
IEC:	Information Education and Communication
IMPS:	Integrated Micro Processing System
MONAZO:	Rede Moçambicana de Organizações contra SIDA
NGO:	Non-Governmental Organisation
PACO:	Programa Para a Assistência a Comunidade
PLWHA:	People Living with HIV/AIDS
PSI:	*Comunicação e Marketing Social para Saúde*
RENAMO:	*Resistência Nacional de Moçambique*
STD:	Sexually Transmitted Diseases
UN:	United Nations
UNESCO:	United Nations Educational, Scientific and Cultural Organisation
UNAIDS:	United Nations Joint Programme on HIV/AIDS

LIST OF TABLES

Executive Summary

Background to the study

About 97 % of the population in Mozambique are aware that HIV/AIDS is a sexually transmitted disease, leading almost certainly to death, yet significant behaviour changes is insufficient to stop the spread of the epidemic. Adult prevalence rate in Mozambique was 12,2% in 2001, and it is on the increase.

UNESCO commissioned this study to clarify the direct and/or indirect impact socio-cultural factors have on the spread, prevention and care of HIV/AIDS.

A desk study was first undertaken to identify relevant socio-cultural issues in Mozambique, and also identify gaps in existing information in order to deepen understanding of the relevant socio-cultural factors. Further, an institutional assessment of organisations involved in HIV/AIDS programmes in Mozambique was undertaken to assess whether institutions took contextual factors into account when aiming to reach desirable behavioural change of people to stop the spread of the epidemic.

Following recommendations of the institutional assessment and desk study, these field case studies, the subject of this report, were undertaken in two settings, namely in Manga (peri-urban) and Morrumbala (rural).

Objectives

The objective of the field case studies was to:

- Identify, in each cultural setting, i.e. Manga (peri-urban) and Morrumbala (rural), dominant socio-cultural factors that influence sexual and reproductive health behaviour of the population, especially youth and adolescents and the implications for the transmission of HIV/AIDS. The study identifies common cultural factors underlying risky sexual and reproductive health behaviour among the target groups, which need to be taken into consideration in interventions aimed at behavioural change.

- Identify the dominant cultural messages (knowledge, attitudes and practices) if any, which are being transmitted by various communication “agents”, and its implications for the spread of HIV/AIDS, its prevention and care. The study also investigates the medium or mechanisms through which culturally related messages and values are passed on.

Methodology

The field study adopted the following methodologies:

a) Researcher-observation, contacts with the local administration and random interviews with youth from the area to identify and locate key agents, institutions and organisations that play a role in sexual and reproductive health education of the population.

Focus group discussions and individual interviews were then carried out according to a flexible meeting schedule. The list of agents, institutions and organisations contacted during the study is found in appendix III.

b) With the help of the local administration authorities and one local guide, data about population size was obtained and site orientation undertaken, to assess the extend of the study area in order to decide on a sample for the survey, that cut across all sections of the population.

In Manga, after two days of training and practical exercises on how to use the survey tool, 10 interviewers (5 of each sex) were selected, who then undertook the survey (under the supervision of the researcher) over a period of 6 days. The survey employed a questionnaire (see appendix) that had been developed and discussed with UNESCO programme staff prior to the fieldwork and was tested in the field and finally adjusted according to each setting.

In order to save on training time, two research assistants, who had performed well during the survey in Manga, carried out interviews in Morrumbala. Two others were employed locally from Morrumbala, thus forming a team of 5 researchers.

In Manga, 300 individual interviews, with young men and women were carried out, representing about 20% of the selected age group of the population. The survey was spread across the 5 sections of the *Bairro da Auto da Manga*, with two interviewers (man and woman) covering each section. In order to spread the interviews among an extensive number of the population of the sections, the interviewers were instructed to interview only one member of one household with an age in the range of 17-28 years old. This means the survey has covered about 300 hundred household in Manga, although this figure fell short by 6 interviews, because two female researcher faced difficulties in carrying out the interviews and their workload had to be taken over by the others. In Morrumbala 109 interviews were carried out within the district headquarters.

Interview data was crosschecked intensively and discussed with the team at the end of each day. This was especially important in Manga, where errors of two weaker female interviewers had to be rectified, through reducing the number of interviews they carried out and allocating those to other, more proficient female interviewers. Close supervision by the other members of the research team and the Consultant was employed to minimise the errors. In Morrumbala, the process went much more smoothly than in Manga, as the researchers had acquired adequate experience. The other two local field assistants hired from Morrumbala, were familiar with the area and had already interview experience with local intervention programmes.

Qualitative interviews with key agents, institutions and organisations formed an important part of the study. Individual and focal group discussions with traditional doctors, priests and other church leaders, teachers and directors of schools, chiefs and administration leaders, nurses, groups of parents, and youth groups gave important insight into the arenas of sexual and reproductive health education. The Consultant, with the help of a local translator carried out these interviews, whenever necessary using the questionnaire guide provided in the appendix.

Data Analysis

The data analysis was done using the software package IMPS 4.1. A gender perspective has been employed in most of the tabulations performed. The tabulations have also already been compared between the two sites, revealing interesting similarities and disparities. The findings

are presented in chapter 3. The answers to "explaining questions" in the questionnaire, focused group discussions and individual interviews with institutions, organisations and agents carried out by the Consultant, have also been processed qualitatively and integrated in the analysis.

Summary of Findings

Conclusions from this study can be summarised as follows:

a) In Manga the livelihood of the population depends on income from salaried employment from a vibrant peri-urban economy and wages from occasional public works or from the rehabilitation works in the *bairro*, income from informal trade and subsistence agriculture produce (mainly rice and potatoes grown in surrounding wetlands). In Morrumbala the livelihood of the population depends on subsistence agriculture production, mainly maize and informal trade in form of exchange of agriculture goods such as fish, cassava and maize. In both study areas, the unemployment rate was found to be high.

b) The dominant ethnic group was found to be the *Sena* who, according to traditional chiefs in Morrumbala, are said to have originated from Zimbabwe. Traditionally the *Sena* were hunters but became subsistence farmers, without any mechanisation. In Morrumbala they still hunt small species of wild animals although this is becoming rare due to population growth and more and more land being used for food production. Fishing is common among the communities that live along the Shire and Zambezi River.

c) The predominant religion in both study areas is Christianity, the majority of the people being Catholics. The Catholic Church, especially in Manga, was found to be an important influence in the area, supporting the only health centre in Nhaconjo and running an orphanage.

d) Health services and facilities were found to be inadequate in both study areas. The situation was especially precarious in Morrumbala, where supplies of medicine were inadequate. In both study areas, traditional healers were found to be an important complement to conventional medicine health facilities. Child delivery by traditional midwifes was an important health service provided by traditional birth attendants to the community in Morrumbala.

e) There are insufficient schools and teachers in both communities, but especially in Morrumbala. All schools had enrolled more pupils then it had the capacity for. In Morrumbala the enrolment rate was also found to be higher for boys than for girls, where factors such as the need to support parents at home, to get married and early pregnancies forced girls to drop out of school.

f) The study found that the HIV/AIDS awareness level was very high in both Manga and Morrumbala, among the respondents. The majority of the respondents also strongly believe in the existence of HIV/AID, had knowledge of somebody who suffered or had died from it and were aware of the fact, that currently there was no cure of the disease, whether through conventional or traditional medicine. However, interviews revealed that there were those who believed that HIV/AIDS, being equated to *m'pepo*, was curable by traditional medicine, when diagnosed in its early stage. This belief was found to be prevalent among cultural leaders, especially in Morrumbala, among chiefs and traditional doctors (herbalists) and initiation rite leaders.

g) Prostitution, extra-marital sex, pre-marital sex were found to be the prevailing risky sexual practises among the communities in both study areas associated with the transmission and spread of HIV/AIDS. Widow inheritance/cleansing and polygamy were found to the prevalent sexual risky practises in Morrumbala, especially among the communities away from the district headquarters.

h) Teachers, youth peer groups, priests, NGOs (volunteers and youth activists), nurses traditional doctors and midwifes, nurses, private company personnel managers were identified as important agents in the sexual and health education of the population. Except for NGOs, the study found that most of these groups of agents have limited knowledge about medical and clinical facts of HIV/AIDS and are currently not using their influence to stimulate positive changes in the population.

i) HIV/AIDS programmes are available in both study areas but with strong emphasis on prevention, especially the use of condoms. Care programmes or activities were found to be limited in both study areas. Most of the programmes target youth and youth peer groups. Agents like traditional doctors (herbalists), chiefs, traditional birth attendants, the Moslem communities, initiation rite teachers; teachers, nurses and the Catholic communities were not reached.

j) Programmes addressing contextual issues such as unemployment and sanitation and the dominant risky sexual behaviours to stem the spread were also identified. Socio-cultural provisions made in these programmes range from offering skills training, employment creation, sanitation (toilets, clean water to drink, cleaning canals), health services and radio programmes addressing the dominant sexual and cultural issues.

CONCLUSIONS AND RECOMMENDATIONS

The recommendations contained in this chapter seek to address the prevailing contextual issues underlying HIV/AIDS transmission and spread that have been identified in the two cultural settings in Manga and Morrumbala. These recommendations further seek to address the dominant cultural beliefs and practises among the different sections of the population in the areas and the need to strengthen relevant institutional responses to stem the HIV/AIDS epidemic in these areas. The recommendations are divided into 3 sections as follows:

Youth Specific Projects

Unemployment and poverty have been identified in both cultural settings in Manga and Morrumbala as predisposing factors to HIV/AIDS among the population. The response to these conditions are the engagement of the population in long distance informal trade which, exposes regular partners to sexual risky behaviour through their involvement in extra-marital relations and prostitution. The issue of unemployment was found to be especially acute in both study areas, especially among the youth, who are also unskilled (as shown by the education levels attained). The major complaints from adults are that youth are unoccupied, bored and loitered around in drinking places, clubs or at church premises (in the case of girls).

In order to generate employment opportunities among the youth, to keep them busy, occupied and entertained, it is recommended that specific and relevant projects are identified, designed or strengthened/empowered by UNESCO and tailored to each cultural setting which:

- Transfer skills to the youth. Projects such as PACO, *Manja Sifumba, Escola de Artes e Oficio de Morrumbala,* FDC – *Educação da Rapariga* These organisations have great potential to transfer skills, empower girls and integrate the youth into local economy.
- Support self-employment initiatives – backyard gardens, crafts, and income generating activities for women. Support could be developed and channelled through the Churches, Mosques Schools and among informal groups.
- Attachment to companies –this is especially relevant to Manga. Promote the involvement of local companies to support youth training efforts and integration into society. Medium level industries such as woodwork industry (sawmills and carpentry workshops), mechanical workshops and bakeries could be strengthened (capacity building, training) to take on the youth on attachments, who would then acquire relevant skills for self-employment or even integration within the same companies.
- Recreation and entertainment – in schools, Churches /Mosques and clubs. This component should aim at promoting cultural interchange and communication among different communities, churches, schools and even districts.

Information Education and Communication (IEC)

The study shows that although there are many similarities, it is important to pay attention to the differentiating factors among the groups of the population. Although predominantly *Sena,* differentiating factors include variations in literacy levels, which are higher in Manga and lower in Morrumbala, and are especially lower among girls. Religious institutions play a role in both sites, but in varying degrees, e.g. the Catholic Church's policy on regard to family planning and the use of condoms. Awareness levels and belief in the existence of HIV/AIDS is high among the interviewed population. More study is needed to know the depth of people's knowledge however. Furthermore, among traditional cultural leaders in Morrumbala,

HIV/AIDS is equated to *m'pepo*. The risky sexual practises generally associated with HIV/AIDS infection and spread identified in this report have been found to be prevalent in Morrumbala and Manga.

It is therefore recommended that in order to address these cultural issues, UNESCO, and its partners should address these differences and similarities among the population in the two cultural settings, through an Information Education and Communication project. This project should take into consideration differences in gender, religion, education, beliefs and practises among the target groups. The differences should be reflected in the design, the messages and approaches used to target them. The approaches to be used may range from issuing of brochures, pamphlets, promoting television or radio programmes with appropriate messages targeting specific groups or agents to conducting workshops:

Group 1:
1. Churches
2. Non-Governmental Organisations (NGOs)
3. Private initiatives

This group of agents needs information, educational material, films, posters, pamphlets, and financial support for specific, on going programmes.

Group 2:
4. Teachers
5. Health Workers

This group needs to undergo education through workshops in order to provide them with medical and clinical facts about HIV/AIDS, so as to remove all myths.

Group 3
6. Traditional doctors
7. Initiation rites teachers

This is probably the most important group to work with in order to achieve a change in attitudes and behaviour in relation to HIV/AIDS. Acceptance and increased awareness of, and knowledge of medical and clinical facts about HIV/AIDS should be the focus. However, it is important to take the current position of this group (i.e. as community leaders) into consideration, as well as their beliefs on HIV/AIDS. Beliefs/perceptions of this target group (as well as others) should simply not be minimised or ignored, but if possible, need to be integrated/linked with 'modern' opinions or otherwise (if proving to have a negative impact on the spread of the disease) be 'dealt' with in a culturally sensitive manner.

The aim should be to closely involve them in the combat against HIV/AIDS, in addition to other relevant role players. Taking the example of the belief that AIDS originates from having sex with a menstruating woman it can easily be seen that medical facts and this particular belief are not far apart. Transmission of the virus from a woman to a man may occur through the (menstruation) blood, but that this not the entire picture. The fact that is this hypothetical case, the woman had been infected by another person, i.e. that the virus was already 'present' needs to be made clear.

Finally in order to increase communication, the interchange of information and experiences amongst organisations and agents involved in similar programmes should be promoted.

7.3 Promoting testing of HIV/AIDS and setting up of care facilities for PLWHA

Although limited, the health department and some Non-Governmental Organisations were identified as promoting voluntary testing as well as taking care of PLWHA in both study sites. A degree of trust and confidence has already been developed between these organisations and the population. The study also found instances showing that people when given appropriate counselling were willing to be tested. Knowing one's HIV/AIDS status is known to have contributed to positive behavioural change and has assisted relevant institutions to channel appropriate assistance to PLWHA.

Some actions towards scaling up voluntary testing would require strengthening of the capacity of relevant government institutions such as *Ministério da Acção Social*, in its support to and the involvement of PLWHA in (the various stages of) its programmes. Provision of material support to clinics in the form of drugs, equipment and disposable material would increase confidence in the health system among the population and this would go a long way to promote and improve current HIV/AIDS counselling/testing at these centres. Parallel to this type of support and partly in order to widen the support base, the capacity of institutions and staff involved in care programmes for PLWHA should be strengthened, through appropriate training and provision of programme equipment.

7.4 Final comments and recommendations for further studies

Although information about respondents' knowledge, beliefs and practices was captured through the survey instrument (questionnaires), the study has very much benefited from the carrying out of the unstructured interview (using the interview guides as background, appendix II). These interview guides not only complemented the information gathered in the survey, but also proved to be appropriate when it came to interviewing cultural leaders, parents and peer groups.

In Morrumbala the interviews and discussions - although lengthy - appeared to be appreciated. Cultural leaders, in particular traditional doctors, were happy to be consulted about issues they felt they were experts on. Giving the space to them to give examples and expressing their opinions and emotions was found to be the good method of interacting with them. Much was learned during these interactions.

Nonetheless, conduct of unstructured interviews requires time (with subsequent financial implications), together with expert facilitation so that the interviews are not derailed. The present study was ambitious, considering the limited possibilities in terms time and budget. The number of days needed to complete this study proved to be more than double the number calculated. There were many issues that had to be covered in the interview guide in addition to the many questions in the questionnaire (120) that had to be answered by respondents. Supervision of the research assistants was essential, but also time consuming (especially in Manga). Two researchers from Manga had to travel to Morrumbala with the researcher in order to cut down on training time, so as to allow the consultant more time to carry out individual interviews and focus group discussions.

For subsequent research it is necessary to review the questionnaires, to remove or reformulate questions, which proved not to draw out relevant information. It has to be remembered that interviewers need to be thoroughly trained before the study and that guided try-out of the

questionnaires and other research instruments and strategies should be planned for. Supervision during the course of the study is also essential. All in all, in order to get in-depth, qualitative information on sensitive subjects such as sexuality, sexual and power relations, sufficient time and resources need to be allocated.

1. INTRODUCTION

1.1 Background to the study

About 97 % of the population in Mozambique are aware that HIV/AIDS is a sexually transmitted disease, leading almost certainly to death, yet no significant behaviour changes are being seen to stop the spread. The adult prevalence rate was 12,2% in 2001, and it is on the increase.

UNESCO commissioned this study to know more about socio-cultural factors that may have a direct or indirect bearing on the spread of HIV, and which therefore need to be understood when designing and/or implementing interventions aimed at behavioural change.

A desk study was first undertaken to identify relevant cultural issues in Mozambique, and also identify gaps in existing information in order to deepen understanding of the relevant socio-cultural factors. Further, an institutional assessment of organisations involved in HIV/AIDS prevention and care in Mozambique was undertaken to assess to what extent institutions took socio-cultural factors into account within the framework of their HIV/AIDS programmes.

Following recommendations of the institutional assessment and desk study, the field case studies, which are the subject of this report, were undertaken in two cultural settings, namely Manga[9](peri-urban) and Morrumbala (rural).

Ms. Florence Luzia Bukali carried out this study, with the help of field assistants at field level (see annex IV).

1.2 Objectives

The objectives of the field case studies were to:

- Identify dominant socio-cultural factors[10] that influence sexual and reproductive health (SRH) behaviour of the population in Manga and Morrumbala, and especially that of youth and adolescents, as well as the implications of these behaviours on HIV/AIDS transmission.

- Identify dominant cultural messages, who transmits them and what the implications are for the spread of HIV/AIDS, and the prevention and care thereof. The study also investigates the medium or mechanisms through which culturally related messages and values are passed on.

[9] The township has lost most of its urban interface. Facilities such as water, electricity and sewage have broken down in most of the cement and corrugated iron houses. Many pole and grass houses with no such urbanised facilities are located here often in unsuitable areas or waterlogged places.

[10] 'Socio-cultural factors' includes perceptions of people, traditional beliefs and practices, power structures/relationships etc.

1.3 Methodology

The field study adopted the following methodologies:

a) Observation and contacts with the local administration and random interviews with youth from the area to identify and locate key agents, institutions and organisations that play a role in sexual and reproductive health education of the population.

Focus group discussions and individual interviews were then carried out according to a flexible meeting schedule. The list of agents, institutions and organisations contacted during the study is found in annex III.

b) With the help of the local administration authorities and one local guide, data about population size was obtained and site orientation undertaken, to assess the extent of the study area in order to decide on a sample for the survey, that cut across all sections of the population.

In Manga, after two days of training and practical exercises on how to use the survey tool, 10 interviewers (5 of each sex) were selected who then undertook the survey (under the supervision of the researcher) over a period of 6 days. The survey employed a questionnaire (see annex) that had been developed using guidelines of the UNESCO-UNAIDS project 'A Cultural Approach to HIV/AIDS Prevention and Care', and was discussed with UNESCO Maputo. The questionnaire was tested in the field and adjusted according to each setting.

In order to save on training time due to budget limitations, two research assistants, who had performed well during the survey in Manga, carried out interviews in Morrumbala. Two others were employed locally from Morrumbala, thus forming a team of 5 researchers.

In Manga, 300 individual interviews, with young men and women were carried out, representing about 20% of the selected age group of the population. The survey was spread across the 5 sections of the *bairro da Alto da Manga*, with two interviewers (man and woman) covering each section. In order to spread the interviews among an extensive number of the population of the sections, the interviewers were instructed to interview only one member of one household with an age in the range of 17-28 years old. This means that the survey covered about three hundred (300) household in Manga, although this figure fell short by six (6) interviews, because two female researcher faced difficulties in carrying out the interviews and their workload had to be taken over by the others. In Morrumbala, 109 interviews were carried out within the district headquarters.

Interview data was crosschecked intensively and discussed with the team at the end of each day. This was especially important in Manga, where errors observed between the two weak female interviewers had to be rectified in the process, through reducing the number of interviews to be carried out by them and allocating those to other female interviewers who were more proficient. Close supervision by the other members of the research team and the Consultant was employed to minimise the errors. In Morrumbala, the process went much more smoothly than in Manga, as the researchers had acquired adequate experience. The other two local field assistants hired from Morrumbala, were familiar with the area and already had interview experience.

Qualitative interviews with key agents, institutions and organisations formed an important part of the study. Individual and focal group discussions with traditional doctors, priests and other church leaders, teachers and directors of schools, chiefs and administration leaders, nurses,

groups of parents, and youth gave important insight into the arenas of sexual and reproductive health education. The Consultant carried out these qualitative interviews with the assistance of a local interpreter and using the questionnaire guide when necessary (see Annex II).

1.4 Data Analysis

The data analysis was done using the software package IMPS 4.1. Data has been gender disaggregated in most of the tabulations performed. The tabulations have also already been compared between the two sites, revealing interesting similarities and disparities. The findings are presented in chapter 3. The answers to "explaining questions" in the questionnaire, focus group discussions and individual interviews with staff from institutions/organisations and other individuals (carried out by the Consultant), have also been processed qualitatively and integrated in the analysis.

2. BACKGROUND INFORMATION TO STUDY AREAS

2.1 Bairro Alto da Manga (Beira), Sofala Province

Beira, second largest city of Mozambique, is the provincial capital of Sofala province. The Beira port, railway line and international road links Beira to Harare, Zimbabwe, forming the so-called Beira corridor. During the war, most of Beira's economic and tourism infrastructure deteriorated to a great extent. Some degree of economic recovery is taking place through rehabilitation and privatisation of old companies and factories. However, these developments are still inadequate. This recovery process is also very much influenced by the unstable political and economic situation in Zimbabwe.

Beira has approximately 400,000 inhabitants and is divided into four administrative posts. Inhamizua, situated northwest has slightly over 100,000 people of which about 17.000 are residents of the *Bairro Alto da Manga*. The rest are distributed among the other 5 residential areas of the Inhamizua Administrative post. Inhamizua, is the most productive area of Beira, with extensive areas of wetland, used by its residents for cultivation of rice and sweet potatoes.

Alto da Manga boasts a vibrant peri-urban economy with a number of small scale manufacturing industries in operation, such as sawmills, carpentry workshops, hammer mills, tailoring stalls, bakeries and a number of informal markets and stalls scattered around selling consumables and agricultural products. Nonetheless, most of its original industrial base, which provided employment to local population, is non-operational and unemployment rates are high. Except for the rehabilitated and privatised beer factory – *Cereveja de Moçambique - CDM (*formerly called *Sogere*) and the new Coca-Cola distribution centre, a number of shops and factories have closed down, e.g. the textile industry of Pungué, *Celmoque, Fabrica de Caixões, Fábrica Maxmórite*.

Social infrastructure include a number of government primary schools, community primary schools, a few secondary schools, a primary school teacher training institute, two orphanages, a wide range of Churches, a Mosque, bars, horse stables and drinking clubs. The nearest health centres are in *bairro Nhaconjo,* one run by Catholic nuns and one belonging to CDM. Another government health centre in located in *bairro Vila Massane*.

2.2 Morrumbala District, Zambézia Province

Morrumbala, is an isolated district located in Zambézia province bordering southern Malawi. Two main roads, namely Tete-Milange (through Malawi) and Beira-Quelimane, by-pass the province. The district is divided into four administrative posts: Scole, Chire, Derre and Megaza. Morrumbala, is generally known as the capital of traditional doctors (witchdoctors) of Mozambique.

During the war the district was depopulated; the majority of the rural population taking refuge in neighbouring Malawi and around the district capital. With the flooding of the Chire River in 2000, those living in the lowlands in Megaza Post and Chire had to be moved into settlement camps in safer upland areas (*Gradaçe, Dambwenda, Sampinda, Jeira, Micaula).* In *Dambwenda* resettlement camp (1,255 people), a proportion of the camp inhabitants consisted of a community (or part thereof) and its chief that was moved there from *Mutarara* district in Tete province on the other side of the river. This fact is given simply to show the frequent displacement many people have experienced in these areas. At the time of the interview, a significant number of people were living in resettlement camps where only basic services such as health posts and schools had been put up.

The economy of Morrumbala district is predominantly dependent on subsistence farming – with maize and fish forming the main cash crops. Maize is sold for cash or exchanged for other food crops (beans, fish, cassava) in other districts in Zambézia province and Malawi. Although cotton is grown in the district, introduced by a foreign agro-industrial company (AGRIMO), only about 6 000 households (equivalent to 5.500 ha.) have adopted it[11]. Although credit from GAPI/AGRIMO is provided to plough, weed and harvest cotton, maize production is still preferred. The price for maize had risen sharply due shortages in 2001, caused by flooding in some areas. This made it attractive for peasant families to employ their family labour for the maize production. Maize can also be sold at a high price in Malawi and Quelimane.

[11] Data provided by Resident Manager during interview.

3. SURVEY FINDINGS: MANGA AND MORRUMBALA

3.1 Population Characteristics

Table 1a: Age groups of respondents – Manga (n=294).

Age groups		17-20 years	21-24 years	25-28 years
Sex	total			
Male	152	52	51	49
%	*100*	*34.2*	*33.6*	*32.2*
Female	142	49	43	50
%	*100*	*34.5*	*30.3*	*35.2*
Total male/female	294	101	94	99

Table 1b: Age groups of respondents – Morrumbala (n=109[12]).

Age groups		17-20 years	21-24 years	25-28 years
Sex	total			
Male	51	24	8	19
%	*100*	*46.2*	*15.4*	*38.5*
Female	56	26	9	21
%	*100*	*46.4*	*16.1*	*37.5*
Total male/female	107	50	17	40

In the two study areas interviews were addressed to a sexually active youth group between 17-28 years, equally distributed into 3 age groups of 17-20 years, 21-24 years and 25-28 years.

Table 2a: Religion of respondents by sex - Manga

Religion		Catholic	Muslim	Protestant	Apostolic	IURD	assembly	Zion	atheist	ancestral	other	not stated
Sex	total											
Male	152	57	18	5	7	9	14	2	1	20	11	8
%	*100*	*37.5*	*11.8*	*3.3*	*4.6*	*5.9*	*9.2*	*1.3*	*0.7*	*13.2*	*7.2*	*5.3*
Female	142	80	8	7	3	2	16	6	3	7	8	2
%	*100*	*56.3*	*5.6*	*4.9*	*2.1*	*1.4*	*11.3*	*4.2*	*2.1*	*4.9*	*5.6*	*1.4*
Total male/female	294	137	26	12	10	11	30	8	4	27	19	10
%	*100*	*46.6*	*8.8*	*4.1*	*3.4*	*3.7*	*10.2*	*2.7*	*1.4*	*9.2*	*6.5*	*3.4*

In Manga the majority of respondents were Christian, with Catholics (46.6%) being the largest group.

[12] N.B. Of the total of 109 respondents in Morrumbala, one male and one female respondent did not give their age. The total n occasionally varies in the tables, indicating that respondents did not respond/it was not possible to pose the question to them.

Table 2b: Religion of respondents by sex – Morrumbala.

Religion		Catholic	Muslim	Protestant	Apostolic	IURD	assembly	Zion	atheist	ancestral	other	not stated
Sex	total											
Male	52	10	3	15	-	-	-	-	-	23	1	-
%	*100*	*19.2*	*5.8*	*28.8*	*0.0*	*0.0*	*0.0*	*0.0*	*0.0*	*44.2*	*1.9*	*0.0*
Female	57	19	2	11	-	-	11		1	2	1	10
%	*100*	*33.3*	*3.5*	*19.3*	*0.0*	*0.0*	*19.3*	*0.0*	*1.8*	*3.5*	*1.8*	*17.5*
Total male/female	109	29	5	26	0	0	11	0	1	25	2	10
%	*100*	*26.6*	*4.6*	*23.9*	*0.0*	*0.0*	*10.1*	*0.0*	*0.9*	*22.9*	*1.8*	*9.2*

In Morrumbala most of the respondents were Christians, 26.60% of which were Catholic and 23.9% Protestant.

Table 3a: Marital status of respondents by sex – Manga.

Respondent		single	married	de facto	separated	divorced	widow/widower	not stated
Sex	total							
Male	152	119	12	13	1	1	-	6
%	*100*	*78.3*	*7.9*	*8.6*	*0.7*	*0.7*	-	*3.9*
Female	142	56	30	37	4	5	1	9
%	*100*	*39.4*	*21.1*	*26.1*	*2.8*	*3.5*	*0.7*	*6.3*
Total male/female	294	175	42	50	5	6	1	15
%	*100*	*59.5*	*14.3*	*17.0*	*1.7*	*2.0*	*0.3*	*5.1*

Of the total respondents in Manga, 59.52% reported that they were single. This figure being the average of 78,3% male and 39,4% female respondents.

Table 3b: Marital status of respondents by sex – Morrumbala.

Respondent		single	married	de facto	separated	divorced	widow/widower	not stated
Sex	total							
Male	50	24	18	5	3	-	-	-
%	*100*	*48.0*	*36.0*	*10.0*	*6.0*	-	-	-
Female	57	5	4	37	3	-	2	6
%	*100*	*9.8*	*7.8*	*72.5*	*5.9*	*0.0*	*3.9*	*11.8*
Total male/female	107	29	22	42	6	0	2	6
%	*100*	*27.1*	*20.6*	*41.6*	*5.9*	*0.0*	*2.0*	*5.9*

Combining the categories of married (28.7%) and 'living as married'/de facto (41.6%), 63,4% of the respondents in Morrumbala were engaged in a marital relationship.

Table 4a: Ethnicity of respondents by sex – Manga.

Ethnic group		Sena	Ndau	Macua	Lomwe	Tsonga	Chuabo	Manhawa	Shangana	Other	Not stated
Sex	total										
Male	152	67	44	4	2	1	3	-	10	18	3
%	*100*	*44.1*	*28.9*	*2.6*	*1.3*	*0.7*	*2.0*	*-*	*6.6*	*11.8*	*2.0*
Female	142	72	38	5			1	-	13	12	1
%	*100*	*50.7*	*26.8*	*3.5*			*0.7*	*-*	*9.2*	*8.5*	*0.7*
Total male/female	294	139	82	9	2	1	4	-	23	30	4
%	*100*	*47.3*	*27.9*	*3.1*	*0.7*	*0.3*	*1.4*	*-*	*7.8*	*10.2*	*1.4*

Table 4b: Ethnicity of respondents by sex – Morrumbala.

Ethnic group		Sena	Ndau	Macua	Lomwe	Tsonga	Chuabo	Manhawa	Shangana	Other	Not stated
Sex	total										
Male	52	33	2	2	7	-	-	-	3	5	-
%	*100*	*63.5*	*3.8*	*3.8*	*13.5*	*-*	*-*	*-*	*5.8*	*9.6*	*-*
Female	57	40	-	4	1	-	-	-	8	4	-
%	*100*	*70.2*	*0.0*	*7.0*	*1.8*	*-*	*-*	*-*	*14.0*	*7.0*	*-*
Total male/female	109	73	2	6	8	-	-	-	11	9	-
%	*100*	*67.0*	*1.8*	*5.5*	*7.3*	*-*	*-*	*-*	*10.1*	*8.3*	*-*

In both Manga and Morrumbala, the dominant ethnic group is *Sena*, 47.3% and 67% respectively.

Table 5a: Education level of respondent by sex – Manga.

Sex	both sexes	%	male	%	female	%
Level						
Total	282	*100.0*	148	*100.0*	134	*100.0*
Completed	59	*20.9*	37	*25.0*	22	*16.4*
Not completed	*91*	*32.3*	*34*	*23.0*	*57*	*42.5*
In school	132	*46.8*	77	*52.0*	55	*41.0*
Lower primary	61	*100.0*	14	*100.0*	47	*100.0*
Completed	*15*	*24.6*	*6.0*	*42.9*	*9.0*	*19.1*
Not completed	16	*26.2*	2	*14.3*	14	*29.8*
In school	30	*49.2*	6	*42.9*	24	*51.1*
Upper primary	132	*100.0*	70	*100.0*	62	*100.0*
Completed	28	*21.2*	22	*31.4*	6	*9.7*
Not completed	55	*41.7*	20	*28.6*	35	*56.5*
In school	49	*37.1*	28	*40.0*	21	*33.9*
Secondary school	67	*100.0*	49	*100.0*	18	*100.0*
Completed	12	*17.9*	7	*14.3*	5	*27.8*
Not completed	16	*23.9*	9	*18.4*	7	*38.9*
In school	39	*58.2*	33	*67.3*	6	*33.3*
Commercial school	6	*100.0*	4	*100.0*	2	*100.0*
Completed	3	*50.0*	1	*25.0*	2	*100.0*
Not completed	1	*16.7*	1	*25.0*	-	*0.0*
In school	2	*33.3*	2	*50.0*	-	*0.0*
Industrial school	6	*100.0*	5	*100.0*	1	*100.0*
Completed	1	*16.7*	1	*20.0*	-	*0.0*
Not completed	1	*16.7*	1	*20.0*	-	*0.0*
In school	4	*66.7*	3	*60.0*	1	*100.0*
Visual arts school	2	*100.0*	2	*100.0*	-	-
Completed						
Not completed						
In school	2	*100.0*	2	*100.0*	-	-
Artes oficios						
Completed						
Not completed						
In school						
Pre university	2	*100.0*	1	*100.0*	1	*100.0*
Completed						
Not completed						
In school	2	*100.0*	1	*100.0*	1	*100.0*
University	3	*100.0*	1	*100.0*	2	*100.0*
Completed						
Not completed						
In school	3	*100.0*	1	*100.0*	2	*100.0*
Others	3	*100.0*	2	*100.0*	1	*100.0*
Completed						
Not completed	2	*66.7*	1	*50.0*	1	*100.0*
In school	1	*33.3*	1	*50.0*	-	-

The table shows that the majority of the respondents in Manga are still in school (46.8%), followed by those who have not completed School (32.3%). The highest education level attained among the respondents was secondary school education.

Table 5b: Education level of respondent by sex – Morrumbala.

Sex	both sexes	%	male	%	female	%
Level						
Total	95	*100.0*	50	*100.0*	45	*100.0*
Completed	6	*6.3*	6	*12.0*	-	-
Not completed	*42*	*44.2*	22	*44.0*	20	*44.4*
In school	47	*49.5*	22	*44.0*	25	*55.6*
Lower primary	60	*100.0*	20	*100.0*	40	*100.0*
Completed	*3*	*5.0*	*3.0*	*15.0*	-	-
Not completed	30	*50.0*	11	*55.0*	19	*47.5*
In school	27	*45.0*	6	*30.0*	21	*52.5*
Upper primary	28	*100.0*	23	*100.0*	5	*100.0*
Completed	2	*7.1*	2	*8.7*	-	-
Not completed	11	*39.3*	10	*43.5*	1	*20.0*
In school	15	*53.6*	11	*47.8*	4	*80.0*
Secondary school	5	*100.0*	5	*100.0*	-	-
Completed	1	*20.0*	1	*20.0*	-	-
Not completed						
In school	4	*80.0*	4	*80.0*	-	-
Commercial school						
Completed						
Not completed						
In school						
Industrial school	1	*100.0*	1	*100.0*	-	-
Completed						
Not completed						
In school	1	*100.0*	1	*100.0*	-	-
Visual arts school						
Completed						
Not completed						
In school						
Artes oficios						
Completed						
Not completed						
In school						
Pre university						
Completed						
Not completed						
In school						
University						
Completed						
Not completed						
In school						
Others	1	*100.0*	1	*100.0*	-	-
Completed						
Not completed	1	*100.0*	1	*100.0*	-	-
In school						

The table shows that the majority of the respondents in Morrumbala were still in school (49.5%), followed by those who had not completed school (44.2%). The highest education level attained among the respondents was upper primary school.

Table 6a: Occupation of respondents by sex – Manga.

Occupation		peasant f.	house k.	driver	trader	student	health w.	teacher	artist	employee	other	not stated
Sex	total											
Male	152	3	29	10	11	61	-	1	1	9	19	8
%	*100*	*2.0*	*19.1*	*6.6*	*7.2*	*40.1*	*-*	*0.7*	*0.7*	*5.9*	*12.5*	*5.3*
Female	142	17	77	6	11	19	-	-	-	1	1	10
%	*100*	*12.0*	*54.2*	*4.2*	*7.7*	*13.4*	*-*	*-*	*-*	*0.7*	*0.7*	*7.0*
Total male/female	294	20	106	16	22	80	-	1	1	10	20	18
%	*100*	*6.8*	*36.1*	*5.4*	*7.5*	*27.2*	*-*	*0.3*	*0.3*	*3.4*	*6.8*	*6.1*

The table shows that the majority of the respondents in Manga have no formal occupation (36.1% - housekeepers). 27.2% of the respondents reported that they were still studying, the majority in this group being men.

Table 6b: Occupation of respondents by sex – Morrumbala.

Occupation		peasant f.	house k.	driver	trader	student	health w.	teacher	artist	employee	other	not stated
Sex	total											
Male	52	16	6	2	11	12	-	2	-	1	2	-
%	*100*	*30.8*	*11.5*	*3.8*	*21.2*	*23.1*	*-*	*3.8*	*-*	*1.9*	*3.8*	*-*
Female	57	45	1	-	-	9	-	-	-	-	-	2
%	*100*	*78.9*	*1.8*	*-*	*-*	*15.8*	*-*	*-*	*-*	*-*	*-*	*3.5*
Total male/female	109	61	7	2	11	21	-	2	-	1	2	2
%	*100*	*56.0*	*6.4*	*1.8*	*10.1*	*19.3*	*-*	*1.8*	*-*	*0.9*	*1.8*	*1.8*

In Morrumbala, the majority of the respondents (56.0%) stated that they were peasant farmers, followed by students (19.3%) and informal traders (10.1%).

Table 7a: Respondents living or not living with parents/guardians, by age – Manga.

Age of respondent		17-20 years	21-24 years	25-28 years
Dependent/independent	total			
Living with parents	89	38	23	28
%	*30.3*	*42.7*	*25.8*	*31.5*
Living without parents	205	63	71	71
%	*69.7*	*30.7*	*34.6*	*34.6*
Total male/female	294	101	94	99

From this table, we can see that 69.7% of the respondents in Manga are not living with their parents/guardians, that is, they have set up their own household, whilst 30.3% live with their parents/guardians.

Table 7b: Respondents living or not living with parents/guardians, by age – Morrumbala.

Age of respondent		17-20 years	21-24 years	25-28 years
Dependent/independent	Total			
Living with parents	13	11	1	1
%	*11.9*	*84.6*	*7.7*	*7.7*
Living without parents	96	39	18	39
%	*88.1*	*40.6*	*18.8*	*40.6*
Total male/female	109	50	19	40

This table shows that 88.1% of the respondents in Morrumbala are not living with their parents, 11.9% are living with their parents, the majority of which are in the age group of 17-20 years.

Table 8a: Sources of income of respondent's family by sex – Manga.

Sources of income		subsist. agricult.	informal trade	Artis. Activities	fisheries	Other	not stated
Sex	total						
Male	152	45	25	6	5	69	2
%	*100*	*29.6*	*16.4*	*3.9*	*3.3*	*45.4*	*1.3*
Female	142	48	32	22	1	36	3
%	*100*	*33.8*	*22.5*	*15.5*	*0.7*	*25.4*	*2.1*
Total male/female	294	93	57	28	6	105	5
%	*100*	*31.6*	*19.4*	*9.5*	*2.0*	*35.7*	*1.7*

In Manga, the main sources of family income include subsistence agriculture (31.6%) and 'other' sources (35.7%). Other sources were reported as being wages from formal (permanent or seasonal) employment in the manufacturing and industrial sector of the area.

Table 8b: Sources of income of respondent's family by sex – Morrumbala.

Sources of income		subs. Agricult.	informal trade	Artis. Activities	Fisheries	Other	not stated
Sex	total						
Male	52	23	16	2	-	11	-
%	*100*	*44.2*	*30.8*	*3.8*	-	*21.2*	-
Female	57	26	13	-	-	18	-
%	*100*	*45.6*	*22.8*	-	-	*31.6*	-
Total male/female	109	49	29	2	-	29	-
%	*100*	*45.0*	*26.6*	*1.8*	-	*26.6*	-

In Morrumbala, subsistence agriculture was reported by the respondents to be the main source of family income (45.0%), followed by informal trade (26.6%) and other (26.6%).

Table 9a: Members of household who contribute to income, by sex - Manga.

Contribute to income		father	mother	brothers/sisters	wife/husband	Children	other	not stated
Sex	total							
Male	152	62	20	22	8	8	31	1
%	*100*	*40.8*	*13.2*	*14.5*	*5.3*	*5.3*	*20.4*	*0.7*
Female	142	39	18	10	51	5	19	-
%	*100*	*27.5*	*12.7*	*7.0*	*35.9*	*3.5*	*13.4*	-
Total male/female	294	101	38	32	59	13	50	1
%	*100*	*34.4*	*12.9*	*10.9*	*20.1*	*4.4*	*17.0*	*0.3*

34.4% of the respondents in Manga stated that the father was the main contributor to the income of the household, 20.1% of the respondents reported that their spouse was the main contributor to the household income.

Table 9b: Member of household who contributes to income by sex – Morrumbala.

Contribute to income		father	mother	brothers/sisters	wife/husband	Children	other	not stated
Sex	total							
Male	52	11	9	3	-	-	29	-
%	*100*	*21.2*	*17.3*	*5.8*	-	-	*55.8*	-
Female	57	9	5	1	40	-	2	-
%	*100*	*15.8*	*8.8*	*1.8*	*70.2*	-	*3.5*	-
Total male/female	109	20	14	4	40	-	31	-
%	*100*	*18.3*	*12.8*	*3.7*	*36.7*	-	*28.4*	-

In Morrumbala 36.7% of the respondents reported that the spouse was the main contributor to household income. 'Other' members of the household were also found to be important contributors to household income (28.4%).

Table 10a: How members of household contribute to income by sex- Manga

Manga

How family members Contribute to income		sell agric. surplus	monthly salary	sale of goods	remittances	other	not stated
Sex	total						
Male	152	23	88	29	6	5	1
%	*100*	*15.1*	*57.9*	*19.1*	*3.9*	*3.3*	*0.7*
Female	142	26	89	19	4	3	1
%	*100*	*18.3*	*62.7*	*13.4*	*2.8*	*2.1*	*0.7*
Total male/female	294	49	177	48	10	8	2
%	*100*	*16.7*	*60.2*	*16.3*	*3.4*	*2.7*	*0.7*

In Manga the majority of the respondents' family income was derived from monthly earnings (60.2%), followed by sale of agricultural surplus (16.7%) and sale of goods (16.3%).

Table 10b: How members of household contribute to income by sex - Morrumbala

Morrumbala

How family members Contribute to income		sell agric. surplus	monthly salary	sale of goods	remittances	other	not stated
Sex	total						
Male	52	23	12	13	3	1	-
%	*100*	*44.2*	*23.1*	*25.0*	*5.8*	*1.9*	-
Female	57	25	14	17	1	-	-
%	*100*	*43.9*	*24.6*	*29.8*	*1.8*	-	-
Total male/female	109	48	26	30	4	1	-
%	*100*	*44.0*	*23.9*	*27.5*	*3.7*	*0.9*	-

In Morrumbala the majority of the respondents family income was derived from the sale of agricultural produce (44.0%), selling of trade-able goods (27.5%) and monthly earnings (23.9%) from the formal sector (such as NGO's and public sector, sex workers).

Table 11a: Who decides on the use of income, by sex – Manga.

Who decides on use of income		respondent	father	mother	wife/husband	uncle/aunt [13]	grandma/pa	Other	not stated
Sex	total								
Male	152	40	74	13	8	5	7	3	2
%	*100*	*26.3*	*48.7*	*8.6*	*5.3*	*3.3*	*4.6*	*2.0*	*1.3*
Female	142	11	51	15	7	51	3	4	-
%	*100*	*7.7*	*35.9*	*10.6*	*4.9*	*35.9*	*2.1*	*2.8*	-
Total male/female	294	51	125	28	15	56	10	7	2
%	*100*	*17.3*	*42.5*	*9.5*	*5.1*	*19.0*	*3.4*	*2.4*	*0.7*

In Manga the majority of the respondents reported that fathers (42.5%) decided over the use of income, followed by uncles (19.0%) and the respondent herself/himself (17.3%).

Table 11b: Who decides on the use of income by sex – Morrumbala.

Who decides on use of income		respondent	father	mother	wife/husband	uncle/aunt	grandma/pa	other	not stated
Sex	total								
Male	52	31	6	7	3	-	3	1	1
%	*100*	*59.6*	*11.5*	*13.5*	*5.8*	-	*5.8*	*1.9*	*1.9*
Female	57	3	10	3	1	37	1	1	1
%	*100*	*5.3*	*17.5*	*5.3*	*1.8*	*64.9*	*1.8*	*1.8*	*1.8*
Total male/female	109	34	16	10	4	37	4	2	2
%	*100*	*31.2*	*14.7*	*9.2*	*3.7*	*33.9*	*3.7*	*1.8*	*1.8*

In Morrumbala, the female respondents reported that uncles 33.9% decided over the use of household income. Male respondents reported themselves as being the main decision-makers (59.6%).

[13] N.B. response given by a respondent living with uncle/aunt.

Table 12a: Existence of commercial sex workers, by sex – Manga.

Commercial sex workers		yes	no	not stated
Sex	total			
Male	152	83	69	-
%	*100*	*54.6*	*45.4*	-
Female	142	101	41	-
%	*100*	*71.1*	*28.9*	-
Total male/female	294	184	110	-
%	*100*	*62.6*	*37.4*	-

In Manga 62.6% of the respondents reported that they had commercial sex workers in their community, i.e. persons who sell sex to gain an income.

Table 12b: Existence of commercial sex workers, by sex – Morrumbala

Commercial sex workers		yes	no	not stated
Sex	total			
Male	52	31	20	1
%	*100*	*59.6*	*38.5*	*1.9*
Female	57	57	-	-
%	*100*	*100.0*	-	-
Total male/female	109	88	20	1
%	*100*	*80.7*	*18.3*	*0.9*

In Morrumbala the majority (80.7%) of the respondents stated that they had commercial sex workers in the community, i.e. those who use sex as a source of income.

Table 13a: Groups of people who engage in commercial sex by sex of respondent – Manga.

Who engages in Commercial sex		teachers	traders	pupils	health workers	other	not stated
Sex	total						
Male	152	8	99	16	6	17	6
%	*100*	*5.3*	*65.1*	*10.5*	*3.9*	*11.2*	*3.9*
Female	142	6	100	10	8	17	1
%	*100*	*4.2*	*70.4*	*7.0*	*5.6*	*12.0*	*0.7*
Total male/female	294	14	199	26	14	34	7
%	*100*	*4.8*	*67.7*	*8.8*	*4.8*	*11.6*	*2.4*

In Manga the majority (67.7%) of the respondents reported that traders were the main group of people who engaged in commercial sex.

Table 13b: Groups of people who engage in commercial by sex of respondent – Morrumbala.

Who engages in Commercial sex		teachers	traders	pupils	health workers	other	not stated
Sex	total						
Male	52	-	27	18	-	4	3
%	*100*	*-*	*51.9*	*34.6*	*-*	*7.7*	*5.8*
Female	57	1	56	-	-	-	-
%	*100*	*1.8*	*98.2*	*-*	*-*	*-*	*-*
Total male/female	109	1	83	18	-	4	3
%	*100*	*0.9*	*76.1*	*16.5*	*-*	*3.7*	*2.8*

In Morrumbala the majority (76.1%) of the respondents reported that traders were the main group of people who engaged in commercial sex, followed by pupils (16.5%).

3.2 Health Services/Facilities

Table 14a: Which health provider does respondent visit, when ill, by sex – Manga.

Health provider		health centre	church/prayers	trad. doctors	others	not stated
Sex	total					
Male	152	148	1	3	-	-
%	*100*	*97.4*	*0.7*	*2.0*	*-*	*-*
Female	142	136	4	2	-	-
%	*100*	*95.8*	*2.8*	*1.4*	*-*	*-*
Total male/female	294	284	5	5	-	-
%	*100*	*96.6*	*1.7*	*1.7*	*-*	*-*

The majority (96.6%) of respondents in Manga reported that they visit a health centre when they are ill.

Table 14b: Which health provider does respondent visit, when ill, by sex – Morrumbala.

Health provider		health centre	church/prayers	trad. doctors	others	not stated
Sex	total					
Male	52	49	1	2	-	-
%	*100*	*94.2*	*1.9*	*3.8*	*-*	*-*
Female	57	54	2	1	-	-
%	*100*	*94.7*	*3.5*	*1.8*	*-*	*-*
Total male/female	109	103	3	3	-	-
%	*100*	*94.5*	*2.8*	*2.8*	*-*	*-*

The majority (94.5%) of respondents in Morrumbala reported that they visit a health centre when they are ill.

Table 15ab: Health provider recommended to person with HIV/AIDS, by sex - Manga/Morrumbala.

Manga

Health provider recommended for HIV/AIDS		health centre	church/prayers	trad. doctors	others	not stated
Sex	total					
Male	152	144	6	1	1	-
%	*100*	*94.7*	*3.9*	*0.7*	*0.7*	-
Female	142	133	7	-	2	-
%	*100*	*93.7*	*4.9*	-	*1.4*	-
Total male/female	294	277	13	1	3	-
%	*100*	*94.2*	*4.4*	*0.3*	*1.0*	-

Morrumbala

Health provider recommended for HIV/AIDS		health centre	church/prayers	trad. doctors	others	not stated
Sex	total					
Male	51	50	1	-	-	-
%	*100*	*98.0*	*2.0*	-	-	-
Female	57	57	-	-	-	-
%	*100*	*100.0*	-	-	-	-
Total male/female	108	107	1	-	-	-
%	*100*	*98.2*	*0.9*	-	-	-

In both Manga (94.2%) and Morrumbala (98.2%), the majority of the respondents reported that they would recommend a visit to the health centre to someone with HIV/AIDS.

Table 16: Health facilities utilised by women during child delivery, by location.

Health provider used for child delivery		health centre	distr. hospital	trad. doctor	other	not stated
Location	total					
Male / female (Manga)	294	148	72	70	3	1
%	*100*	*50.3*	*24.5*	*23.8*	*1.0*	*0.3*
Male / female (Morrumbala)	108	39	10	57	2	-
%	*100*	*36.1*	*9.3*	*52.8*	*1.9*	-
Total male/female, Manga/Morr.	402	187	82	127	5	1
%	*100*	*46.5*	*20.4*	*31.6*	*1.2*	*0.2*

In Manga the majority of the respondents (50.3%) reported health centres to be the most commonly utilised health facilities by women during child delivery, followed by district hospitals (24.5%) and traditional birth attendants (23.8%). In Morrumbala traditional birth attendants (52.8%) were reported to be the most commonly utilised health facility by women during child delivery, followed by health centre facility (36.1%).

Table 17: If HIV/AIDS or STD's tests are conducted during pregnancy, by location.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	275	13	6
%	*100*	*93.5*	*4.4*	*2.0*
Male / female (Morrumbala)	109	103	4	2
%	*100*	*94.5*	*3.7*	*1.8*
Total male/female, Manga/Morr.	403	378	17	8
%	*100*	*93.8*	*4.2*	*2.0*

In both Manga and Morrumbala the majority of respondents (93.8%) reported that STDS and HIV/AIDS tests are conducted during pregnancy. It can safely be assumed that these are only STD tests as, according to information given by the local health centres, HIV/AIDS tests are rarely carried out.

Table 18: If condoms are freely available in the community, by location.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	271	22	1
%	*100*	*92.2*	*7.5*	*0.3*
Male / female (Morrumbala)	109	105	3	1
%	*100*	*96.3*	*2.8*	*0.9*
Total male/female, Manga/Morr.	403	376	25	2
%	*100*	*93.3*	*6.2*	*0.5*

The majority of respondents (93,3%) reported that condoms were freely available in both Manga as in Morrumbala.

Table 19: If women can acquire condoms easily, by location.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	275	11	8
%	*100*	*93.5*	*3.7*	*2.7*
Male / female (Morrumbala)	109	102	4	3
%	*100*	*93.6*	*3.7*	*2.8*
Total male/female, Manga/Morr.	403	377	15	11
%	*100*	*93.5*	*3.7*	*2.7*

In both Manga and Morrumbala it was reported by 93.5% of respondents that women could obtain condoms easily.

Table 20: Can women compel condom use, by location.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	156	138	-
%	*100*	*53.1*	*46.9*	-
Male / female (Morrumbala)	109	47	58	4
%	*100*	*43.1*	*53.2*	*3.7*
Total male/female, Manga/Morr.	403	203	196	4
%	*100*	*50.4*	*48.6*	*1.0*

In both study areas approximately equal numbers reported that women could oblige men to use a condom and approximately equal numbers responded by saying that women could not compel condom use (50.4% and 48.6% respectively)

Table 21a: Main causes of illness reported in the community, by sex – Manga.

Manga

Causes		poverty	lack of respect[14]	promiscuity	other	not stated
Sex	total					
Male	152	20	4	79	47	2
%	*100*	*13.2*	*2.6*	*52.0*	*30.9*	*1.3*
Female	142	8	12	110	10	2
%	*100*	*5.6*	*8.5*	*77.5*	*7.0*	*1.4*
Total male/female	294	28	16	189	57	4
%	*100*	*9.5*	*5.4*	*64.3*	*19.4*	*1.4*

Table 21b: Main causes of illness reported in the community, by sex – Morrumbala

Morrumbala

Causes		poverty	lack of respect	promiscuity	other	not stated
Sex	Total					
Male	52	2	-	18	31	1
%	*100*	*3.8*	-	*34.6*	*59.6*	*1.9*
Female	57	5	1	51	-	-
%	*100*	*8.8*	*1.8*	*89.5*	-	-
Total male/female	109	7	1	69	31	1
%	*100*	*6.4*	*0.9*	*63.3*	*28.4*	*0.9*

In Manga both male and female respondents (64,3%) reported that sexual promiscuity was the main cause of illness in the community. In Morrumbala the majority of female respondents (89,5%) reported sexual promiscuity to be the main cause of illness in the community. Male respondents reported 'other' (59,6%) causes such as poor hygiene and hunger as the main reasons for illness, followed by sexual promiscuity (34,6%).

[14] Lack of respect of elders (etc.) can lead to bad luck according to some respondents as in showing a lack of respect a person can anger his/her ancestors.

Table 22a: Main causes of death in the community, by sex – Manga.

Manga

Causes		malnutrition	witchcraft	diarrhoea	malaria	old age	HIV/AIDS	other	not stated
Sex	Total								
Male	152	9	-	8	32	12	65	26	-
%	*100*	*5.9*	*-*	*5.3*	*21.1*	*7.9*	*42.8*	*17.1*	*-*
Female	142	-	1	-	12	9	115	5	-
%	*100*	*-*	*0.7*	*-*	*8.5*	*6.3*	*81.0*	*3.5*	*-*
Total male/female	294	9	1	8	44	21	180	31	-
%	*100*	*3.1*	*0.3*	*2.7*	*15.0*	*7.1*	*61.2*	*10.5*	*-*

Table 22b: Main causes of death in the community, by sex – Morrumbala.

Morrumbala

Causes		malnutrition	witchcraft	diarrhoea	malaria	old age	HIV/AIDS	other	not stated
Sex	total								
Male	52	-	-	1	9	3	27	11	1
%	*100*	*-*	*-*	*1.9*	*17.3*	*5.8*	*51.9*	*21.2*	*1.9*
Female	57	-	-	2	-	6	47	2	-
%	*100*	*-*	*-*	*3.5*	*-*	*10.5*	*82.5*	*3.5*	*-*
Total male/female	109	-	-	3	9	9	74	13	1
%	*100*	*-*	*-*	*2.8*	*8.3*	*8.3*	*67.9*	*11.9*	*0.9*

HIV/AIDS was reported to be the main cause of death in the community in both Manga (61.2%) and Morrumbala (67.9%). There was a significant difference between male and female respondents about HIV/AIDS being the main cause of death in the community. Female respondents stated that HIV/AIDS was the main cause of death in both Manga and Morrumbala, namely by 81% and 82,5% respectively. Male respondents on the other hand, mentioned malaria and "other" causes as the main causes of deaths.

Table 23a: Family planning methods adopted by the community, by sex – Manga.

Manga

Methods		condoms	pill	sterilisation	trad. methods	not stated
Sex	total					
Male	151	30	66	27	19	9
%	*100*	*19.9*	*43.7*	*17.9*	*12.6*	*6.0*
Female	142	5	89	29	17	2
%	*100*	*3.5*	*62.7*	*20.4*	*12.0*	*1.4*
Total male/female	293	35	155	56	36	11
%	*100*	*11.9*	*52.9*	*19.1*	*12.3*	*3.8*

Table 23b: Family planning methods adopted by the community, by sex – Morrumbala.

Morrumbala

Methods		condoms	pill	sterilisation	trad. methods	not stated
Sex	total					
Male	52	4	19	3	3	23
%	*100*	*7.7*	*36.5*	*5.8*	*5.8*	*44.2*
Female	57	1	15	1	39	1
%	*100*	*1.8*	*26.3*	*1.8*	*68.4*	*1.8*
Total male/female	109	5	34	4	42	24
%	*100*	*4.6*	*31.2*	*3.7*	*38.5*	*22.0*

The pill was reported by the majority of the respondents in Manga (52.9%) to be the main method of family planning adopted by the community. In Morrumbala the majority of female respondents (68.4%) reported that traditional methods were the main methods of family planning adopted by the community (68.4%), followed by the pill (26.3%).

3.3 Knowledge, Attitudes and Beliefs of HIV/AIDS

Table 24: Knowledge about HIV/AIDS – Manga/Morrumbala.

Manga

Yes / no		yes	no	not stated
Sex	total			
Male	152	149	1	2
%	*100*	*98.0*	*0.7*	*1.3*
Female	142	140	-	2
%	*100*	*98.6*	*-*	*1.4*
Total male/female	294	289	1	4
%	*100*	*98.3*	*0.3*	*1.4*

Morrumbala

Yes / no		yes	no	not stated
Sex	total			
Male	52	52	-	-
%	*100*	*100.0*	*-*	*-*
Female	57	57	-	-
%	*100*	*100.0*	*-*	*-*
Total male/female	109	109	-	-
%	*100*	*100.0*	*-*	*-*

Almost all respondents (98.3% in Manga and 100% in Morrumbala) stated they had heard or knew about HIV/AIDS.

Table 25: Belief in existence of HIV/AIDS- Manga/Morrumbala.

Manga

Yes / no		yes	no	not stated
Sex	total			
Male	152	151	1	-
%	*100*	*99.3*	*0.7*	*-*
Female	142	140	1	1
%	*100*	*98.6*	*0.7*	*0.7*
Total male/female	294	291	2	1
%	*100*	*99.0*	*0.7*	*0.3*

Morrumbala

Yes / no		yes	no	not stated
Sex	Total			
Male	52	52	-	-
%	*100*	*100.0*	*-*	*-*
Female	57	56	1	-
%	*100*	*98.2*	*1.8*	*-*
Total male/female	109	108	-	-
%	*100*	*99.1*	*-*	*-*

All respondents in both Manga (99%) and Morrumbala (99.1%) stated they believed in the existence of HIV/AIDS.

Table 26: Perception of respondent of being at risk of HIV infection, Manga/Morrumbala.

Manga

Yes / no		yes	no	not stated
Sex	total			
Male	152	123	28	1
%	*100*	*80.9*	*18.4*	*0.7*
Female	142	126	5	11
%	*100*	*88.7*	*3.5*	*7.7*
Total male/female	294	249	33	1
%	*100*	*84.7*	*11.2*	*0.3*

Morrumbala

Yes / no		yes	no	not stated
Sex	total			
Male	52	27	25	-
%	*100*	*51.9*	*48.1*	-
Female	57	57	-	-
%	*100*	*100.0*	-	-
Total male/female	109	84	25	-
%	*100*	*77.1*	*22.9*	-

In both study areas the majority of the respondents (84.7% and 77.1% respectively) perceived themselves to be at risk of infection of HIV/AIDS. It is significant that in Morrumbala only 51.9% of males regarded themselves to be at risk, whereas all female respondents perceived themselves to be at risk of infection.

Table 27: Knowledge of people who died of, or suffer from HIV/AIDS, by location.

Manga

Yes / no		yes	no	not stated
Sex	total			
Male	152	149	3	-
%	*100*	*98.0*	*2.0*	-
Female	142	135	5	2
%	*100*	*95.1*	*3.5*	*1.4*
Total male/female	294	284	8	2
%	*100*	*96.6*	*2.7*	*0.7*

Morrumbala

Yes / no		yes	no	not stated
Sex	total			
Male	52	49	2	1
%	*100*	*94.2*	*3.8*	*1.9*
Female	57	57	-	-
%	*100*	*100.0*	-	-
Total male/female	109	106	2	1
%	*100*	*97.2*	*1.8*	*0.9*

In both study areas the majority (96.6% and 97.2%) of respondents knew or heard of someone who had died of HIV/AIDS.

Table 28: Behaviour change adopted by respondent – Manga/Morrumbala.

Manga

Change		use of condom	seeking counselling	HIV/AIDS test	reduce no of sex partners	not stated
Sex	total					
Male	152	16	10	13	105	8
%	*100*	*10.5*	*6.6*	*8.6*	*69.1*	*5.3*
Female	142	3	25	34	78	2
%	*100*	*2.1*	*17.6*	*23.9*	*54.9*	*1.4*
Total male/female	294	19	35	47	183	10
%	*100*	*6.5*	*11.9*	*16.0*	*62.2*	*3.4*

Morrumbala

Change		use of condom	seeking counselling	HIV/AIDS test	reduce no of sex partners	not stated
Sex	total					
Male	52	22	-	1	25	4
%	*100*	*42.3*	-	*1.9*	*48.1*	*7.7*
Female	57	1	1	1	53	1
%	*100*	*1.8*	*1.8*	*1.8*	*93.0*	*1.8*
Total male/female	109	23	1	2	78	5
%	*100*	*21.1*	*0.9*	*1.8*	*71.6*	*4.6*

In Manga and Morrumbala the majority of the respondents, 62.2% and 71.6% respectively, reported reducing the number of their sex partners as their main behavioural change.

3.4 Population Mobility

Table 29: Population mobility if prevalent – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	268	23	3
%	*100*	*91.2*	*7.8*	*1.0*
Male / female (Morrumbala)	109	106	2	1
%	*100*	*97.2*	*1.8*	*0.9*
Total male/female, Manga/Morr.	403	374	25	4
%	*100*	*92.8*	*6.2*	*1.0*

The majority of respondents in both Manga (91.2%) and Morrumbala (97.2%) reported that population mobility was prevalent in their community.

Table 30: Population mobility – places visited – Manga/Morrumbala.

Places Visited		border/ Malawi	border/ Zimbabwe	other districts	Provincial Capital	other	not stated
Sex / location	total						
Male/female, Manga	294	4	30	71	117	50	22
%	*100*	*1.4*	*10.2*	*24.1*	*39.8*	*17.0*	*7.5*
Male female, Morr.	109	23	3	40	22	19	2
%	*100*	*21.1*	*2.8*	*36.7*	*20.2*	*17.4*	*1.8*
Total male/female	403	27	33	111	139	69	24
%	*100*	*9.2*	*11.2*	*37.8*	*47.3*	*23.5*	*8.2*

In Morrumbala the majority of the respondents (36.7%) reported that 'other districts' within the same province were the most common places visited during travel, followed by the border with Malawi and/or in Malawi (21.1%). Maputo was reported to be the most common place visited by respondents in Manga (39.8%), followed by visits to 'other districts' (24.1%). The respondents mentioned business/trade as the reasons for population mobility in Manga and Morrumbala. The majority of respondents in both study areas reported that the length of stay away from home by travellers was over one week.

Table 31: Do men and women engage in extra marital affairs when partners are away – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	243	51	-
%	*100*	*82.7*	*17.3*	-
Male / female (Morrumbala)	109	106	3	-
%	*100*	*97.2*	*2.8*	-
Total male/female, Manga/Morr.	403	349	54	-
%	*100*	*86.6*	*13.4*	-

Respondents in both Manga (82.7%) and Morrumbala (97.2%) reported that extra-marital affairs were prevalent among both men and women when regular partners were away.

Table 32: If yes, with whom do they have extra marital affairs – Manga/Morrumbala.

Partners for extramarital affairs		relatives	known person	sex worker	other	not stated
Location	total					
Male / female (Manga)	294	4	7	122	80	81
%	*100*	*1.4*	*2.4*	*41.5*	*27.2*	*27.6*
Male / female (Morrumbala)	109	-	-	54	53	2
%	*100*	-	-	*49.5*	*48.6*	*1.8*
Total male/female, Manga/Morr.	403	4	7	176	133	83
%	*100*	*1.0*	*1.7*	*43.7*	*33.0*	*20.6*

The majority of the respondents in both Manga (41.5%) and in Morumbala (48.6%) reported that sex with commercial sex workers during partner's absence was most common.

Table 33: Does casual sex commonly happen during parties – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	148	146	-
%	*100*	*50.3*	*49.7*	-
Male / female (Morrumbala)	109	69	39	1
%	*100*	*63.3*	*35.8*	*0.9*
Total male/female, Manga/Morr.	403	217	185	1
%	*100*	*53.8*	*45.9*	*0.2*

Casual sex during parties was reported to commonly happen in Manga (50.3%) and in Morrumbala (63.3%).

Table 34: If drinking stimulates engaging in casual sex – Manga /Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	230	63	1
%	*100*	*78.2*	*21.4*	*0.3*
Male / female (Morrumbala)	109	101	7	1
%	*100*	*92.7*	*6.4*	*0.9*
Total male/female, Manga/Morr.	403	331	70	2
%	*100*	*82.1*	*17.4*	*0.5*

The majority of respondents in Manga (78.2%) and in Morrumbala (92.7) reported that drinking alcohol stimulates people to engage in casual sex.

Table 35: If there are people who smoke marijuana or take drugs–Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	280	12	2
%	*100*	*95.2*	*4.1*	*0.7*
Male / female (Morrumbala)	109	104	3	2
%	*100*	*95.4*	*2.8*	*1.8*
Total male/female, Manga/Morr.	403	384	15	4
%	*100*	*95.3*	*3.7*	*1.0*

Smoking marijuana was reported to be prevalent by the majority of the respondents in Manga (95.2%) and Morrumbala (95.4%).

Table 36: Groups of people who smoke marijuana or take drugs –Manga/Morrumbala.

Groups		youths	adolescents	adults	other	not stated
Location	total					
Male / female (Manga)	294	64	48	166	9	7
%	*100*	*21.8*	*16.3*	*56.5*	*3.1*	*2.4*
Male / female (Morrumbala)	109	22	29	50	1	7
%	*100*	*20.2*	*26.6*	*45.9*	*0.9*	*6.4*
Total male/female, Manga/Morr.	403	86	77	216	10	14
%	*100*	*21.3*	*19.1*	*53.6*	*2.5*	*3.5*

In both Manga and Morrumbala smoking marijuana was reported to be most common among adults (53.6%), followed by youths (21.3%) and adolescents (19.1%).

Table 37: If respondent believes that smoking marijuana or taking other types of drugs stimulates people to engage in casual sex – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	235	57	2
%	*100*	*79.9*	*19.4*	*0.7*
Male / female (Morrumbala)	109	95	6	8
%	*100*	*87.2*	*5.5*	*7.3*
Total male/female, Manga/Morr.	403	330	63	10
%	*100*	*81.9*	*15.6*	*2.5*

The majority of the respondents in Manga (79.9%) and in Morrumbala (87.2%) stated they believed that smoking marijuana or taking other types of drugs makes people more liable to have casual sex.

3.5 Sexual and Health Practises and HIV/AIDS

Table 38: Prevalent marital arrangements - Manga/Morrumbala.

Marital arrangements		customary with payment	marriage in church	de facto marriage	civil registration	customary+ registration	customary without payment	Not Stated
Sex / location	total							
Male/female, Manga	294	17	64	46	110	28	27	2
%	*100*	*5.8*	*21.8*	*15.6*	*37.4*	*9.5*	*9.2*	*0.7*
Male female, Morr.	109	29	20	57	2	-	-	1
%	*100*	*26.6*	*18.3*	*52.3*	*1.8*	-	-	*0.9*
Total male/female	403	46	84	103	112	28	27	3
%	*100*	*15.6*	*28.6*	*35.0*	*38.1*	*9.5*	*9.2*	*1.0*

In Manga civil registration (37.4%) followed by marriage through the church (21.8%) was reported to be the most common marital arrangements by the majority of the respondents. In Morrumbala de facto (living as married) marriages were reported by 52.3% of the respondents to be prevalent, followed by customary marriage with payment of bridal shawl (26.6%).

Table 39: If extra-marital affairs are prevalent in the community – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	259	32	3
%	*100*	*88.1*	*10.9*	*1.0*
Male / female (Morrumbala)	109	107	1	1
%	*100*	*98.2*	*0.9*	*0.9*
Total male/female, Manga/Morr.	403	366	33	4
%	*100*	*90.8*	*8.2*	*1.0*

The majority of the respondents in both Manga (88.1%) and Morrumbala (98.2%) reported that extra-marital affairs were prevalent in their community.

Table 40: How the issue of infidelity is considered[15] – Manga/Morrumbala.

Men/women		men		women		not
Tolerated or not		tolerated	not tolerated	tolerated	not tolerated	stated
Location	total					
Male/female, Manga	585	193	69	157	128	38
%		*73.7*	*26.3*	*55.1*	*44.9*	*6.5*
Male female, Morr.	250	52	57	5	104	32
%		*47.7*	*52.3*	*4.6*	*95.4*	*12.8*
Total male/female	835	245	126	162	232	70
%		*66.0*	*34.0*	*41.1*	*58.9*	*8.4*

In Manga the majority of respondents reported that infidelity of both men and women was tolerated in their community (73.6% stated infidelity of men was tolerated and 55.1% stated infidelity of women was tolerated). In Morrumbala there was a balance in the response as to whether infidelity of men was tolerated or not (52.0% and 57.0%, respectively), but an overwhelming percentage claimed infidelity of women was <u>not</u> tolerated (95.4%).

Table 41: Who initiates sex in a relationship in the community – Manga/Morrumbala.

Men / women		men	women	not stated
Location	total			
Male / female (Manga)	294	212	81	1
%	*100*	*72.1*	*27.6*	*0.3*
Male / female (Morrumbala)	109	89	19	1
%	*100*	*81.7*	*17.4*	*0.9*
Total male/female, Manga/Morr.	403	301	100	2
%	*100*	*74.7*	*24.8*	*0.5*

The majority of respondents in both Manga (72.1%) and in Morrumbala (81.7%) reported that in their communities sex was initiated by men.

[15] Men and women were asked to provide an answer for 'infidelity by men' tolerated/not tolerated and 'infidelity by women' tolerated/not tolerated (this explains the larger number of responses). The category 'not stated' refers to both male and female respondents.

Table 42: Can women can say no to unwanted sex – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	254	37	3
%	*100*	*86.4*	*12.6*	*1.0*
Male / female (Morrumbala)	109	104	4	1
%	*100*	*95.4*	*3.7*	*0.9*
Total male/female, Manga/Morr.	403	358	41	4
%	*100*	*88.8*	*10.2*	*1.0*

The majority of the respondents in Manga (86.4%) and in Morrumbala (95.4%) said that women could say "no" to unwanted sex in a relationship.

Table 43: If sex is encouraged after initiation rites – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	109	89	96
%	*100*	*37.1*	*30.3*	*32.7*
Male / female (Morrumbala)	109	89	19	1
%	*100*	*81.7*	*17.4*	*0.9*
Total male/female, Manga/Morr.	403	198	108	97
%	*100*	*49.1*	*26.8*	*24.1*

In both Manga (37.1%) and Morrumbala (81.7%), the majority of the respondents (49,1%) stated that sex was encouraged after initiation rites. Many of the respondents in Manga did not state anything, as they did not know what initiation rites were because it was not commonly practised among them.

Table 44: Sexual harassment /forced sex prevalent – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	137	154	3
%	*100*	*46.6*	*52.4*	*1.0*
Male / female (Morrumbala)	109	13	92	4
%	*100*	*11.9*	*84.4*	*3.7*
Total male/female, Manga/Morr.	403	150	246	7
%	*100*	*37.2*	*61.0*	*1.7*

In Manga the majority of the respondents (52.4%) reported that forced sex was not prevalent in their community, although the number was close to those who reported that forced sex was prevalent (46.6%). In Morrumbala forced sex was reported to <u>not</u> be prevalent (84.4%).

Table 45: Sexual harassment perceived to be most commonly practised by – Manga/Morrumbala.

Harassment practised by		teachers	family member	neighbour	strangers	not stated
Location	total					
Male / female (Manga)	294	9	1	21	103	160
%	*100*	*3.1*	*0.3*	*7.1*	*35.0*	*54.4*
Male / female (Morrumbala)	109	1	-	8	4	96
%	*100*	*0.9*	-	*7.3*	*3.7*	*88.1*
Total male/female, Manga/Morr.	403	10	1	29	107	256
%	*100*	*2.5*	*0.2*	*7.2*	*26.6*	*63.5*

35.0% of the respondents in Manga reported that forced sex was most commonly 'practised' by strangers. As can be seen, most respondents in Morrumbala did not respond to the question, whether they did not wish to talk about the subject or were not able answer is not clear.

Table 46: Prevalence of pre-marital sex – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	281	13	-
%	*100*	*95.6*	*4.4*	-
Male / female (Morrumbala)	109	94	11	4
%	*100*	*86.2*	*10.1*	*3.7*
Total male/female, Manga/Morr.	403	375	24	4
%	*100*	*93.1*	*6.0*	*1.0*

The majority of the respondents in Manga (95.6%) and in Morrumbala (86.2%) reported that pre-marital sex was prevalent in their community.

Table 47: If HIV/AIDS prevention and care programmes exist in the community – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	234	51	9
%	*100*	*79.6*	*17.3*	-
Male / female (Morrumbala)	109	87	22	-
%	*100*	*79.8*	*20.2*	-
Total male/female, Manga/Morr.	403	321	73	9
%	*100*	*79.7*	*18.1*	*2.2*

The majority of respondents in both Manga (79,6%) and Morrumbala (79.8%) reported that HIV/AIDS prevention and care programmes were available in their community.

Table 48: If respondents participated in these programmes – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	153	95	46
%	*100*	*52.0*	*32.3*	*15.6*
Male / female (Morrumbala)	109	82	5	22
%	*100*	*75.2*	*4.6*	*20.2*
Total male/female, Manga/Morr.	403	235	100	68
%	*100*	*58.3*	*24.8*	*16.9*

In Manga 52.0% and in Morrumbala 75.2% of the respondents reported that they actively participated in these programmes.

Table 49: Means of communication available in the community – Manga/Morrumbala.

Means		radio	television	newspaper	music	theatre	pamphlet	Other
Location	total							
Male / female (Manga)	294	5	36	52	40	48	92	21
%	*100*	*1.7*	*12.2*	*17.7*	*13.6*	*16.3*	*31.3*	*7.1*
Male / female (Morrumbala)	109	17	-	18	5	62	6	1
%	*100*	*15.6*	*-*	*16.5*	*4.6*	*56.9*	*5.5*	*0.9*
Total male/female, Manga/Morr.	403	22	36	70	45	110	98	22
%	*100*	*5.5*	*8.9*	*17.4*	*11.2*	*27.3*	*24.3*	*5.5*

In Manga, pamphlets/posters were reported to be the main means of communication used (31.3%), followed by theatre (16.3%), newspapers (17.7%), music (13.3%) and television (12.2%). Theatre was reported to be the most common means of communication used in Morrumbala (56.9% of the respondents).

Table 50: If the means of communication available are useful for the dissemination of information on HIV/AIDS – Manga/Morrumbala.

Yes / no		yes	no	not stated
Location	total			
Male / female (Manga)	294	258	17	19
%	*100*	*87.8*	*5.8*	*6.5*
Male / female (Morrumbala)	109	102	6	1
%	*100*	*93.6*	*5.5*	*0.9*
Total male/female, Manga/Morr.	403	360	23	20
%	*100*	*89.3*	*5.7*	*5.0*

The majority of respondents in Manga (87.8) and Morrumbala (89.3%) felt that the means of communication available were useful in disseminating information on HIV/AIDS.

4. DISCUSSION

4. 1. Characteristics of the Population

Age and sex of respondents
The age groups, 17-20; 21-24; 25-28 had been purposely selected in order to target a sexually active age group (table 1a&1b). The sample was thus convenience sampling to target this age group. Both female and male interviewers were engaged to interview an equal number of men and women and to overcome barriers people may have when interviewed by or interviewing the opposite sex, especially in the case of sensitive questions on sexual and reproductive health. The chosen age group proved to be readily available to respond to the 120 questions in the interview questionnaires.

In Manga 294 interviews were conducted (152 men, 142 female). Interviewing more women in focal group discussions offset the small difference between male and female respondents. In Morrumbala the sample size for women was deliberately increased by 9 respondents, to compensate for problems as faced in Manga. The total number of interviews in Morrumbala came to 109. In Manga, the interviews were spread out in the 5 sections of the Bairro. In Morrumbala district, the survey covered the *bairros* within the district headquarters. Information about sexual and health practices of the rest of the population and/or the younger age groups of 12-16 years was obtained through the individual interviews with cultural leaders, parents, peer groups and from institutions and organisations working in the areas. These interviews were more spread out in the rest of the *bairros* of *Inhamizua* Administrative Post, in Beira and in Morrumbala, they covered Megaza and Derre Administrative Posts.

Marital status and family structure
According to table 3a and table 3b, the majority of the respondents (59.5%) in Manga reported that they were single, followed by those who reported that they were living as married (de facto union) and married (31%). In Morrumbala the majority of the respondents (38.5%) were living as married. In both study areas it can therefore be stated that the majority of the respondents are already engaged in hetero-sexual relations as evidenced by their stated marital status of "married " and "living as married" (de facto). In tables 7a and 7b we see that an equal proportion (69.7%) of the respondents in Manga were already members of separate households, i.e. independent of their parents. In Morrumbala this figure was found to be much higher. Of the total population interviewed, 88.1% of the respondents stated that they no longer lived with their parents. From the interviews conducted in the area, this can be explained by the fact that in Morrumbala uncles/aunts were also reported to be important heads of households (see table11b)[16]. The average household in both study sites was found to consist of 5 members.

Ethnicity
The findings indicate that in both Manga (47%) and Morrumbala (66%) the dominant ethnic group is the *Sena.* In Manga the data also show that other groups have settled in the area. These are the *Madau* and *Machagana* and other groups, which include descendants of Portuguese settlers.

In Morrumbala during focal group discussions it was found that the *Lolo* ethnic group, with slight variations in the dialect (*Cisena),* are often associated with the *Sena group.* However, although the *Lolo* also set up education camps to initiate adolescents into adulthood they do not

[16] The concept of **parents** in most traditional African cultures also encompass in it the concept of **guardians**, who may not necessarily be father and mother.

undertake circumcision. This highlights the fact that it is important to look at differences among certain groups of a given population of an area as this may explain the existing differences in sexual and reproductive health education between them. Another important ethnic group found in Morrumbala district is *Lomwe* (also found in Nampula province) whose ethno-linguistic characteristics are closely associated with *Makhuwa*. Given the presence of other ethnic groups in both study areas, it can be expected that the cultures or traditional practices associated with the *Sena* people are slowly undergoing changes.

According to oral tradition, the *Sena* are said to have originated from Zimbabwe. Traditionally the *Sena* were hunters but became subsistence farmers, with no mechanisation. In Morrumbala hunting of small species of animals still takes place during dry season, although this is becoming scarce due to population growth and as potential hunting land gives way to food production. Fishing is common among the communities that live along the Shire and Zambezi rivers.

Education level

The majority of the respondents in Manga (44.9%), and Morrumbala (43.1%) were still attending school (tables 5a & 5b). The highest education levels attained in Manga are general secondary school education (up to grade 10) and in Morrumbala upper primary school education (up to grade 7). Those that had not completed schooling were 31.0% of the respondents in Manga, and 33.5% of the respondents in Morrumbala.

This situation reflects the overall levels of high illiteracy rates in the country, especially in the rural areas. In rural areas there is a limited availability of educational institutions, most of which were previously destroyed during the armed conflict between RENAMO and FRELIMO. Although education facilities are being built or rehabilitated (community schools, private, and government) by the government of Mozambique, progress to upgrade the levels of education among the population is slow. According to interview information, poverty forces many youth to drop out of school. Young men have to seek work and young women marry or stay at home to help their parents.

Religion

The survey shows that the majority of the respondents are Christian, with Catholics forming the majority in both Manga (46.6%) and Morrumbala, (26.60%) (tables 2a & 2b). In Manga, the influence of the Catholic Church could be seen. The Church was active and organised various events prior to and after baptism and weddings. The Church organisation was also found to be active in promoting some form of youth community entertainment, such as the organisation and conduct of the "Miss Manga" contest. The Catholic Church also manages institutions such as the health centre in bairro *Nhaconjo, and* an orphanage, named *Santos Inocentes da Docese da Beira*, which was at the time of the study was preparing to accommodate PLWHA, or provide them with regular meals. In Morrumbala, church wedding processions and parties in preparation for baptism were also observed as popular forms of entertainment in the community.

Occupation of respondent and sources of income

Table 6a shows that the majority of the respondents in Manga had no formal occupation, this figure being higher among female respondents. The majority of the respondents reported to either be students (27.2%) - the majority in this group being men – and/or as housekeepers[17] (26.2%). The majority (56.0%) of the respondents in Morrumbala stated that they were peasants farmers, followed by students and informal traders. The majority of the respondents in

[17] N.B. 'housekeepers' refers to men/women who (mainly) manage their own household

Morrumbala (85.3%) reported that subsistence agriculture and the sale of agriculture surplus was the major source of household income, followed by informal trade.

These statistics reflect the unemployment rate in Manga/Beira partly due to the closed down industries and partly because of lack of skills of the respondents themselves. However, despite the unemployment situation and although meagre, salaried employment (see table 8a) from the emerging informal sector and public works, road rehabilitation, short term contracts with workshops, loading and offloading at beer factory were reported to be major contributors to household income in Manga. Other sources of income include sale of surplus from agriculture production (mainly rice seed, rice and sweet potatoes), informal trade and commercial sex.

4.2 Health Services/facilities

The majority of the respondents reported that the health centres in *Nhaconjo* run by government and Catholic nuns, the district hospital in Beira, and the government run district health centre in Morrumbala, were the main health service providers. In Manga, respondents also mentioned a private clinic run by *Cereveja de Moçambique* -CDM as an important health provider in the area. Although health centres were cited as the most important health provider, the study found that the capacity at these public health centres left a lot to be desired. For example the health centre in *Nhaconjo* had a laboratory, but no maternity wing. The health centre in *Derre* was only stocked with Chloroquine. There were only three beds in the maternity wing and the wards leaked.

A shortage of medicine, long queues and lack of specialised attendance were reported as the major concerns or inadequacies of conventional health facilities. Faith healing through prayer and herbal treatment, which is provided by traditional doctors, were mentioned as important alternatives to the available conventional health care. The significance of traditional doctors in the communities in Manga and Morrumbala becomes more apparent when one looks at the role traditional birth doctors have. According to table 16 in Manga (19.4%), as well as in Morrumbala (64.2%), the majority of respondents reported that traditional birth attendants commonly conducted child delivery. The interview with the health staff at Morrumbala health centre, revealed that chronic illnesses were usually only referred to a conventional health facility after the patient had undergone several consultations with traditional doctors.

4.3 Population Mobility and HIV/AIDS

The civil war caused massive relocation of people, especially from rural areas to urban areas. The peace agreement was signed in 1992, and with that came the re-resettlement of people. This however, has been a slow and complicated process (especially in the case of resettlement in rural areas). In Manga, relocation during the war lead to an increase of the total population and a concentration thereof in areas unsuitable for human residence, e.g. swamps and water logged places. In Morrrumbala the result of the war was a concentration of people around the district capital; people who came from the interior areas of the district. Following the war those that had sought refuge in Malawi resettled in the district capital.

Greater pressure came on already weakened social urban services and facilities, ranging from drainage, roads, sewerage, clean water supply, health care and education, which lead to a further breakdown of these services and subsequent deterioration of public health. With the influx of people, but without a labour market capable of absorbing them (partly because several

large industries closed their doors), unemployment has also increased. In rural areas, the effect of the war was a reduction of the productive labour force and a subsequent disruption of traditional ways of living.

With the shortages of formal employment, men are increasingly engaged in long distance informal trade. As table 29 shows, the majority of the respondents in both Manga (91.2%) and Morrumbala (92.8%) reported that population mobility was common in their community. Respondents from Morrumbala primarily reported 'other districts' within the province as the most frequented places (36.7%), followed by Malawi or the border with Malawi (21.1%). In Manga the majority of respondents (39.8%) cited Maputo as being the place visited most frequently, followed by 'other districts' within the same province (24.1%, see table 30).

The study found that inter-district trade was a very important means of earning income as well as the exchange of goods among the communities. Using a bicycle as the main means of transportation, fish traders from communities along the Shire and Zambezi river exchanged or sold fish at the market in Morrumbala headquarter (*sede da villa*) or Quelimane city. Inter-community trade of products such as cassava, beans and maize among different communities in the district and in Malawi, was also found to be important.

The impoverishment of people, caused by factors as described above in combination with the high mobility of people, places the population in both study areas at high risk of HIV infection. According to the study, the majority of the respondents reported that the visits took as long as one week to one month and those travelling did not travel with their usual sexual partners. Moreover, the majority of respondents in Manga (82.7%) and Morrumbala (86.6%) also reported that extra-marital relations were prevalent among both men and women in the absence of their partners. A majority of respondents in both Manga (41.5%) and Morrumbala (43.7%) further reported that sex between traders and sex workers was prevalent. In both Manga and Morrumbala, reasons put forward to explain the prevailing extra-marital relationships was poverty in communities, and unemployment due to lack of formal employment opportunities in the area and limited skills for self-employment.

4.4 Knowledge, Attitudes and Beliefs about HIV/AIDS

Stated knowledge and awareness about HIV/AIDS was found to be very high amongst the interviewed respondents in Manga and Morrumbala. All respondents in Manga (98,3%) and Morrumbala (100%) stated they had heard of or knew about HIV/AIDS (see table 24). All respondents in Manga (99.0%) and in Morrumbala (99,1%) reported they believed in the existence of HIV/AIDS (table25). Many of the respondents in the survey and focal group discussions admitted having been confronted with the epidemic in one way or another. However, it appears that there seem to be a lack of understanding of certain details of the disease which the survey and guided interviews were unable to capture as the questions only dealt with the basic knowledge and acceptance of the disease. None of the questions gauged the depths of knowledge of the disease.

The only reference that showed a lack of depth came from the focal group discussions with teachers (transmission through condoms) in Manga. Among some primary school teachers in Manga, it was stated that HIV/AIDS transmission took place through the use of condoms that have been injected with the virus. Others said that perpetual use of condoms would eventually lead to sexual impotence of men, especially those that started to use them when they were still very young.

In general, the surveyed population described HIV/AIDS in detail, its modes of transmission, and the symptoms ranging from the physical to mental conditions, when one entered the AIDS stage. Respondents made distinctions between the symptoms of STD's such as syphilis and gonorrhoea and HIV/AIDS, stating clearly that they knew the differences. The majority of the respondents in Manga (96.6%) and Morrumbala (97.2%) reported knowing someone who had died of, or who suffered from HIV/AIDS (see table27). This information is further supported by overwhelming responses by the respondents stating HIV/AIDS as being the main cause of disease and death in both Manga and Morrumbala (see tables 21 & 22).

Reducing the number of sexual partners was reported by respondents from both Manga (62.2%) and Morrumbala (71.6%), as the most important behavioural change they had adopted to stem transmission and spread of HIV/AIDS. In Morrumbala 21.1% of the respondents reported use of condoms in order to avoid infection, in comparison with an insignificant 6.5% from Manga. 11.9% and 16.0% of respondents in Manga mentioned seeking counselling and HIV/AIDS as the adopted behavioural change (table 28). However, irrespective of these stated changes in behaviour in both study areas, the majority of the respondents in Manga (84,7%) and Morrumbala (77,1%) still perceived themselves to be at risk of infection of HIV/AIDS. In Morrumbala 51,9% of the male respondents perceived themselves to be at risk of infection while all female respondents reported believing themselves to be at risk of infection. The reasons given for considering themselves to be at risk of infection were that transmission could take place through contaminated instruments, blood transfusions and syringes at the health centres or hospitals or through razor blades and contact with an infected person with sores.

However, individual interviews and focal group discussions with cultural leaders (traditional doctors, chiefs and parents) in Manga and even more so in Morrumbala revealed a prevailing belief about HIV/AIDS transmission and spread. HIV/AIDS mode of transmission and the illness (disease) itself was equated to *M'pepo,* which a man gets when he engages in sex with a menstruating woman or with a woman who has aborted and not cleansed herself by using traditional medicine and sexual rituals. Transmission from a woman to man is also believed to take place through dust or salt, from the uncleansed or menstruating woman or other members of the family when she adds salt to the family relish pot, or if she sweeps the house while others are in the house. A woman who has aborted and has not cleansed herself with traditional medicine and sexual rituals is a potential carrier and transmitter of the disease and will also eventually die from the disease if not treated in time.

The implications of this belief are that women, and especially young girls[18] are blamed for HIV/AIDS transmission and spread. This group of people therefore believe that HIV/AIDS prevention or control is the responsibility of the mother, aunt and daughter who should abstain from having sex whilst menstruating are until cleansing of the abortion has taken place. Cleansing takes place using traditional medicine and through a sexual ritual. A day is announced to the community[19] when a sexual ritual should take place between the woman and her husband after she has been first cleansed with traditional medicine. If the woman is unmarried her parents would perform the sexual ritual on her behalf. It was strongly stated during the interviews that these women should also not lure men into having sex with them when they are menstruating. The cultural leaders further admonished women and girls, saying they should "confess" in time (i.e. at an early stage) if they have engaged in a sexual act under unclean conditions. If they confess then *m'pepo,* which manifests itself through symptoms

[18] Meaning girls and young women; those that are school going, unmarried and/or without children.
[19] To sanctify the ritual no other couples or partners should have sex on this day.

regarded as similar to those of HIV/AIDS, can be reversed or treated using traditional medicine and sexual rituals, bringing the disease to a halt.

According to these groups of people, promoting condom use as a preventive and control measure is only a cosmetic solution to the problem. The cultural leaders believed that efforts aimed at restoring traditional values would be the most important step to take to redress the situation. Traditional values are regarded as having broken down as a result of modernisation, which had also lead to a breakdown in moral and health standards of the population. According to cultural leaders this change or re-adoption of traditional and cultural values was particularly necessary for young people, whom they considered to be the high-risk group for HIV/AIDS infection and the spread of the disease. In general, the cultural leaders themselves did not consider themselves to be at risk of infection of HIV/AIDS. This included traditional birth attendants in Manga who did not perceive they were at risk of infection when assisting in child delivery. In addition, cultural leaders did not perceive breast-feeding to be a risk factor for the child.

Leaders performing initiation rites such as circumcision also did not perceive themselves to be at risk of infection of the HI virus. They did not consider handling and coming in contact with infected blood as a risk factor for themselves but rather considered that the men being circumcised were the ones at risk of infection because of the re-use of knives. Some herbalists criticised the re-use of the knives to circumcise the men (without disinfecting instruments) and further reported that it was the reason why some parents and guardians no longer wanted to send their children to initiation camps for circumcision.

Among the different churches as well as those contacted in the Moslem community, the common opinion was that the general breakdown of morals and infidelity[20] in particular, were the main reasons for HIV/AIDS transmission and spread. According to a Catholic priest and the President of the Mosque in Manga, the risky behaviour that perpetuated transmission of the HIV/AIDS was common among young people, and especially girls, who sought money in exchange for sex. According to religious leaders, young people had lost their moral values; values which previously strongly contributed to healthy sexual behaviour (defined as sex between a man and a woman who are married). They stated that religious institutions and parents responsible for moral education had lost their control or influence over young people. According to these respondents this loss of control or influence over young people set in after independence in 1975, and was accelerated by the civil war. They criticised the government's role in the failed attempt to substitute the church and parents in the (moral) education of youth. They regarded that the outcome of this failure was the loss of traditional social values that promoted healthy sexual practices, and the replacement by new social values such as drug use and alcoholism, which contributed to HIV/AIDS infection and spread.

The churches emphasised abstinence and only having sex when married as the means to stem the epidemic. On the issue of condom use as a preventive measure against HIV/AIDS transmissions, the Catholic Church in Manga remained silent, only stating that the use of artificial contraceptives was against the policy of the Church. The Protestant and Moslem respondents claimed they did not prohibit the use of condoms by members of their congregation. In Manga, when asked if there were people in their congregation who were known to suffer from or live with HIV/AIDS, the religious leaders responded in the affirmative. Both a Catholic and a Moslem leader further reported that care activities were in place for sick people in general, including people living with HIV/AIDS (PLWHA). In Manga

[20] The Catholic Church defines infidelity as a sexual relation outside the Church approved monogamous marriage. Islam defines infidelity as sexual relations outside monogamous or polygamous marital arrangements.

Centro das Minina da Rua (orphanage) *and the Centro dos Santo Innocentes* were mentioned as such care institutions, run by the Catholic Church. The Moslem community's approach was to provide home-based-care, which included the *Chehe's* (Moslem leader) visit to the sick person or a visit by other members of the Moslem community to provide material support (food, clothes), prayer and counselling.

4.5 Sexual and Health Practices and HIV/AIDS

The following sexual and health practices, relevant to the question of transmission and spread of HIV/AIDS were identified in the survey, individual interviews and focal group discussions:

Commercial sex
According to table 16a and 16b, the majority of the respondents in Manga (62.6%) and Morrumbala (80.7%) reported the prevalence of commercial sex workers in their communities. Commercial sex was reported as being one of the sources of income of residents in both Manga and Morrumbala. In Manga it was found that commercial sex was a "service" commonly demanded by long distance truck drivers, who stopped over at *Mangeira*[21] station in Manga on their way to and from Malawi, Zimbabwe, Maputo and northern Mozambique. During the researcher's visits to the *bairro* it was found that some rest houses (brothels) charged by the hour to provide meeting places for sex workers and their clients, with some special rooms costing up to over one million *Meticais*[22]. Interviews with the house caretakers revealed that traders from within Beira, and local residents accompanied by so-called permanent girl friends[23] also frequented these places over the weekends. As tables 17a&b show the majority of respondents in Manga (67.7%) and Morrumbala (76.1%) reported that traders were the principal group of people to engage in commercial sex.

Extra-marital sex/casual sex
The majority of respondents in Manga (82.7%) and in Morrumbala (97.2), reported that both men and women in the communities had extra-marital relations or casual sex. During the interviews and focal group discussions, respondents confirmed extra-marital relations to be prevalent in both study areas. Widespread poverty and lack of employment were reported to be the main factors which forced young women to seek money through engaging in sex with traders.

According to table 41, casual sex was also reported by the majority of the respondents in Manga and Morrumbala to be common during drinking parties. In Manga, 82.1% of the respondents, and in Morrumbala, 92.7% reported that beer drinking stimulated people to engage in casual sex. It was found that beer drinking was quite widespread in both study areas as a form of entertainment among the population, especially young men. Both conventional and traditional local brews (*nipa, cachaço and cabanga*) were found to be in abundance in both Manga and Morrumbala.

Sex after Initiation rites (circumcision) passage / Pre-marital sex and community interventions.
According to the cultural leaders and key informants contacted during the study, in the past the practice of initiation rites associated with the *Sena* people was significant. It served as a means

[21] A meeting place for truck drivers and local residents, where food, alcohol and drugs are sold and consumed, and prior sex arrangements are made.
[22] At the time of the study one million Mozambican Meticais was equivalent to approximately USD42.
[23] Permanent girl friends are long-term sexual partners (see article by Helen Epstein, in **The New York Review of Books: Hidden Cause of AIDS**, May 9, 2002**)**.

to ensure healthy sexual practises by the population. For girls this included extending the labia minora and making tattoos on the legs or body. The boys underwent circumcision at camps set up for the education of adolescents. In addition, both girls and boys were educated to abstain from sexual intercourse until they got married.

The study found that the practice of initiation rites in both Manga and Morrumbala, was disappearing. In Manga, the majority of the respondents, although *Sena*, reported that they did not know what initiation rites were. According to cultural leaders in Manga, initiation rites for adolescents are no longer practised due to the influence of the church and 'modernisation'. According to these respondents, these influences had had a destabilising effect on current marital relations. The result is that pre-marital sex between girls and boys (previously actively discouraged as a part of the initiation rites) is now common and furthermore, most marriages end prematurely in divorce or separation.

The Catholic Church in Manga reported to value the significance of initiation rites in maintaining healthy sexual practices among the population, and with the help of traditional cultural leaders was planning to set up an initiation rites centre for girls. The initiation rites centre would provide girls education in general housekeeping, moral and religious education in preparation of marriage. In Manga a local non-governmental organisation called *Manja Sifumba* (meaning 'ones hands are not for placing on the mat') adopted an integrated approach to community development. The programme emphasised skills development (tailoring, crochet, dyeing and cookery) and HIV/AIDS education and awareness (through use of manuals, and radio campaigns) as well as organised initiation rites education for girls with elderly women serving as mentors.

The importance of this programme was seen in its concern to improve public and sexual health of the community through the cultural messages that were delivered. The programme addressed the problem of cholera in Manga, and criticised the practice of sexual rituals (*m'pepo, Djudhe, futhuthe, pita-motho, pita-cufa*[24]), which although they are disappearing in Manga, are still practised in some communities. Of all these sexual rituals, *M'pepo* was reported to be the most common sexual ritual practised in the communities, and especially in Morrumbala. In an attempt to counter these common practises, beliefs and messages, *Manja Sifumba* aimed at positive behaviour change of people, partly by unravelling common beliefs, practises and messages that have implications for HIV/AIDS transmission and spread with community members themselves.

Those from the Moslem community reported that circumcision was practised among them, and was mainly performed on baby boys whilst in hospital. In Morrumbala it was found that the practise of circumcision in initiation camps (set up in the bush) was still more widely practised than in Manga. This practise is still common among the *Sena group*, despite parents' reputed increasing reluctance to send their sons to initiation rite camps for fear of infection with HIV/AIDS as a result of the re-use of circumcision knives. The *Lolo* tribe, as has already been mentioned earlier, does set up initiation camps for the education of adolescents, but does not perform circumcision. Another reason given by cultural leaders for the disappearance of these practices was the influence of formal education.

[24] *Djuadhe* - a sexual ritual performed after about 4-5 months after birth of a baby, so that woman and husband can have sex again.
Futhuthe - is performed by mother and father if a child is born legs first.
Pita-motho – performed if a couple's house sets on fire accidentally.
Pita-cufa (widow cleansing)– a sexual ritual performed between a widow and a relative of the deceased husband.

Polygamy
Polygamous arrangements were found to be in Morrumbala, especially in rural communities and amongst traditional leaders such as chiefs, traditional doctors and local traders. In Morrumbala one chief was cited as being married to 10 wives. In Manga due to the strong influence of the Catholic Church and modernisation, polygamy was found to be less common. According to a Moslem leader in Manga polygamy, although permitted by his religion, was not a common practice in the Moslem community, because of the advantages men, as the main breadwinner, found in sustaining just one woman. According to traditional cultural leaders, polygamy was not perceived to be risky factor for sexual health. They argued that polygamy had contributed to marital stability and protection from diseases since the man maintained sexual relations with the same women, alternating according to an established 'schedule' or according to menstruation or breast-feeding cycles. However, seeing the mobility of the population and the prevalence of extra-marital sex, polygamy can be described as further exposing the population to the risk of transmission of HIV/AIDS.

Widow cleansing/ inheritance – *Pita- cufa*
Interviews with herbalist, parents, guardians, and the co-ordinator of *Manja Sifumba* revealed that widow inheritance, a practice by which the widow/widower is married to the brother/sister or another member of the family of the deceased husband/wife, was common among some members of the community in Manga. However, interviews in Manga also revealed that, due to the influence of religion and modernisation, the practise was becoming more and more restricted to the performance of sexual rituals. A sexual ritual is performed usually when the members of the deceased believe that the cause of death of their family member was due to unnatural causes (e.g. witchcraft, *m'pepo*). After treatment of the widow/widower by a herbalist (traditional doctor), which ensures that s/he does not pass on the disease, a sexual ritual, is performed by the widow/widower with a relative of the deceased husband or wife (twice per day for 3 days). It was reported that nowadays only few, if any, sexual rituals were preceded by actual marriages between the widow/widower with a member of the family of the deceased husband/wife. In Morrumbala however, cultural leaders reported that the practise of widow cleansing and inheritance was still widespread, especially in areas away from the district centre.

Gender relations: sexual harassment, unwanted sex (rape) and condom use
According to table 42, the majority of the respondents in both Manga (86.4%) and Morrumbala (95.4%) reported that women could say "no" to unwanted sex in a relationship. These responses refer to situations in existing relationships (marriage, permanent girl friend/boy friend) but do not necessarily reflect the existing sexual relations between men and women in the communities. The responses to the question whether women could or could not compel condom use (table 20), and whether women could easily acquire condoms (table 19), also refer to a similar situation of an existing relationship or where having sex between partners is already taken for granted.

One indication of existing gender imbalances within existing sexual relations in both study communities is provided in table 41. The table shows that the majority of respondents in Manga (72.1%) and Morrumbala (81.7%) report that men initiated sex in a relationship, implying that stereotypical roles of men (as having 'the say') and women (as following the men) is reproduced in sexual relationships. Needless to say, the position of women is dictated by traditional cultural values regarding the role of men and women in society (e.g. women's role is to bear children, whilst the men are to provide income and sustenance). These roles also

reflect existing socio-economic differences (age, class, religion, education, and income) between women and men in most African societies.

Included in the study was a question on the prevalence of forced sex (i.e. women forced into having sex). This question also deals with existing power relations between men and women, but it was not possible to adequately assess or form statements on power structures between men and women based on the information gathered. As table 44 shows, although the majority of respondents in both Morrumbala (61.0%) and Manga (52.4%) reported that forced sex or sexual harassment was not common in their communities, the percentages of respondents reporting forced sex was common are high enough to warrant attention (e.g. 46.6% in Manga).

When the issue of teacher-pupil sexual harassment was raised during focal group discussions and individual interviews, neither parents nor teachers admitted that such relationships existed, except for one teacher in Manga, who reported that such a relationship existed when teachers offered higher marks in exchange for sex with a pupil. It was also not possible to verify to what extent the high drop out rates of girls as reported in Morrumbala, were due to pregnancies, and the proportion of those pregnancies that could be attributed to sexual relations between teachers and pupils.

5. SEXUAL AND REPRODUCTIVE HEALTH EDUCATION

The following section deals with institutions, agents and messages identified during the study, as well as the (potential) role they have in sexual and health education of the population.

5.1 Initiation rites and education of adolescents

Even though initiation rites appear to be disappearing and/or are being modified, these rites were found to still play an important role in the sexual and (reproductive) health education of adolescents and the population as a whole.

The initiation camp teacher[25] in Morrumbala, a descendant of the *Lolo* tribe, became an initiation camp teacher through his grandfather, with whom he worked with for a long period of time. Parents usually turn to him to organise the camp, which is set up some 2 km away from the village. In the previous camp (in 2001) there were only 6 boys, aged 15 and above. He was paid 5000 – 20.000 *Meticais*[26] per boy.

The *Lolo* tribe does not circumcise. The S*ena*, *Macua* and the *Lomwe* do circumcise, which means the circumcision and camp training is undertaken by either a *Sena*, *Macua* and/or *Lomwe* teacher. Proceedings include God Parents (mentors) and/or name givers who cook food for their boys and bring this to the camp every day. Respondents described how, after circumcision, boys are covered with a blanket in the hut for at least a day to symbolise the passage from boyhood to manhood. When they come out of the blanket they are declared "men" and can now speak with their parents. The return to home is marked by a party organised by parents with songs and dance.

During the stay at the camp they receive moral, sexual and health education, which includes the following messages or taboos[27]:

- Do not have sex with a menstruating woman or with a woman who has had an abortion and has not been cleansed;
- Be respectful – knock at somebody's door before you enter. If there is no answer, do not make noise but walk away quietly;
- Obey your parents;
- Do not talk back to your parents or elderly people;
- Do not beat your wife;
- First time you have sex with a woman ejaculate on the ground, not into the vagina.
- Do not have sex after camp until after marriage.

According to the initiation camp teacher the *Lolo* and *Sena* generally follow these rules, but other tribesmen tend to misbehave. When a boy misbehaved his father or teacher called him to admonish him. If the youth had undergone initiation rites as described and was true to the moral and sexual norms, then this would 'naturally lead to socially acceptable and healthy sexual practises in the community'. The initiation rites teacher further reported that the most vulnerable group consisted of youth who had <u>not</u> undergone the traditional rites. According to the teacher, non-initiated youths were more likely to have sex before marriage and were more

[25] Initiation rites 'agents' are called initiation rite teachers.
[26] At the time of the study 5.000 – 20.000 Mozambican Meticais is equivalent to approximately 0,21 – 0,83USD.
[27] The level of sanctions used to vary according to the seriousness of the offence, but rules are no longer strictly enforced

sexually promiscuous, resulting in an increase in sexually transmitted diseases, and abortions (with all the associated risks).

In Morrumbala it was not possible to establish whether sex between young boys and older women did actually take place or not. However, according to co-ordinator of *Manja Sifumba* in Manga, most youth had sex with older women, who usually would have gone through initiation rites and knew how to keep a man sexually satisfied. She further reported that most of the girls would have their labia[28] extended - the practise of extending labia minora never having completely disappeared among the *Sena* and *Ndau* tribes. Young girls continued to perform this extension of the labia by themselves as it required little supervision. However, other important messages and values, which were transmitted during the initiation rites for girls, had disappeared. These teachings ranged from codes of conduct towards elderly people (especially the husband's family), to performing sexual dances. The result, according to the co-ordinator of *Manja Sifumba*, was that many young couples divorced or the man would engage in extra-marital relations to seek sexual satisfaction.

In general, apart from the messages on HIV/AIDS, which are integrated in the programmes of *Manja Sifumba*, there is a lack of HIV/AIDS education during the remaining initiation rites for boys and girls. In Morrumbala there was only some general awareness that it was important to use "clean" instruments during circumcision (reported by the herbalists).

5.2 Traditional and modern medicine

Treatment of illnesses and child delivery
The study found that traditional doctors played an important role in both study sites. According to respondents (related during interviews and focus group discussions), traditional doctors provide effective treatment for ailments such as diarrhoea, fever, headaches and stomach pains. Other important services provided by traditional doctors are child delivery (reported by the majority of respondents in both Manga and Morrumbala).

Due to shortages of medicine and other specialised services, such as doctors' attendance to patients, traditional medicine complements the available conventional medicine of the health centres in the communities. According to the midwife at the health centre in Morrumbala, traditional medicine also plays an important role in family planning. Herbalists affirmed this, saying they were able stop gestation.

Family planning services provided by modern health services were usually considered after parents decided that they had enough children or after traditional methods made available by traditional doctors had failed. It appears that modern family planning services are only sought when people wish to completely rule out the possibility of having more children, and not so much for the 'spacing' of children. For this reason the preferred method of modern family planning sought at the health centres is the injection. According to the nurse and midwife in Morrumbala people were of the belief that the injection stopped children from being born. Sterilisation was also mentioned as a preferred method. However, the facilities to perform sterilisation were not available in the study sites themselves, only in Beira city, Quelimane, and Malawi. Although condoms were freely available in both communities, they were not commonly used as a family planning method in either of the communities (table 23). In Manga the pill was reported to be the main method of family planning, whilst in Morrumbala traditional methods were the preferred methods, followed by the pill.

[28] Tattoos on the girl's body were also common in the past but are no longer practised.

Becoming a traditional doctor
The majority of the interviewed traditional doctors stated that they had learned their 'profession' with the guidance of their ancestral spirits that passed healing powers on to them from a deceased member of the close family or ancestors. Some reported having acquired experience by working with a practised traditional doctor whereas others reported to mainly being guided by ancestral spirits.

Healing sickness through Ancestral worship and other rituals
Ancestral worship, which is performed to show respect to elderly people and chiefs as the cultural leaders of the people, takes place through rituals and ceremonies. These ceremonies and rituals aim to appease ancestors and seek healing power. Ancestral worship therefore forms the basis of the power of traditional medicine. Traditional doctors have the power to communicate with ancestors when in trance or in dreams, and are able to call upon the appeased ancestors to heal a sick person. It is believed that traditional doctors are able to evoke good or bad luck in a person, can drive away witches from a sick person or even kill a 'guilty party' if an aggrieved family member believes that that person is responsible for the death of their relative. After all consultations among a number of traditional doctors proved that a particular person was responsible for the illness or death of another, and after all measures to stop the witch from continuing to do harm in the community have failed (such as warnings from the chief or traditional doctors), the witch is killed by using black magic.

Asked whether traditional doctors were able to diagnose and treat HIV/AIDS, the majority of the herbalists and traditional doctors responded that those that sought their help at an early stage of the disease (namely *m'pepo*), and who admitted that they had sex with a woman that had had an abortion or was menstruating, received treatment from them and got well. They claimed that they had cured many in this way. However, they stated that they could not eliminate the disease since the majority of the group at risk, i.e., the youth, had rejected traditional values, which form the basis of traditional medicine. Due to the influence of modern education and religion, the youth had lost respect for elderly people, engaged in pre-marital sex, and although rituals and ceremonies are performed for their well being, traditional healers claimed they could no longer provide protection and ensure good health of the population through the ancestors.

When asked if it was a cultural offence to use condoms, traditional doctors in Morrumbala responded by saying that " times have changed and our children no longer listen to us. It is good that they use these condoms to protect themselves and to stop diseases from entering their bodies" (interviews with female traditional doctors, Morrumbala).

5.3 Religion

All churches reported they teach fidelity, and that they strongly frown upon prostitution and sex outside a monogamous marriage. Whereas the Protestant church and Evangelicals claimed they did not prohibit the use of contraceptives, the Catholic Church does not encourage the use of artificial contraceptives either for prevention or as a family planning method. The Catholic Church teaches prevention through abstinence and courtship without sex until marriage. According to a Catholic Church priest in Manga the Church regarded poverty, the use of drugs (e.g. marijuana) as contributing to sexual promiscuity of some of its followers, especially young girls and boys. However, he also reported that Church believed in increasing awareness through preaching to the followers and targeting individual groups separately with educational programmes.

Islam preaches against prostitution and sex outside marriage (whether monogamous or polygamous). A man is permitted to marry up to four wives, although most of the community members have only one wife. Moral teachings such as these are reinforced at the Moslem schools. In Manga there is a Moslem school with 160 pupils and 2 teachers. Prayers are conducted 5 times per day and according to respondents this has an added value of keeping youth, especially boys, from engaging in mischievous behaviour. For the same reasons recreational activities organised by the mosque also help to keep youth occupied. On Fridays the subject of HIV/AIDS is taught at the school. Respondents mentioned that circumcision of boys is obligatory according to the teachings of the Koran and is carried out at the hospital when baby boys are two months old and above.

In relation to people infected with HIV/AIDS and those dying as a result of the diseases associated with it, all the Christian denominations reported to be teaching love and discouraged discrimination of those infected by the virus. Moslem respondents said that they believed that people were responsible for their own actions and being infected could lead to punishment/'teaching of a lesson[29]'. In Morrumbala Moslem leaders reported that HIV/AIDS awareness programmes had not yet reached them[30].

5.4 Formal Education

The study found that in both Manga and Morrumbala, there were not enough schools and that enrolment rates in all schools visited were well above the capacity of the schools. For example, the *Escola Primária da Manga* has a capacity of 1500 pupils. Actual enrolment is 1658 pupils. This situation is even more acute in Morrumbala. Classrooms are over full and there is a general shortage of teachers. In addition, there is a big gap between enrolment rates of boys and girls. For example, at the time of the study the ratio boys' – girls' enrolment rate in Manga was 60 % for boys as opposed to 40% for girls (personal interview with the Director of *Escola Secundaria da Manga*). At the *Escola Primária Completa da Sede de Morrumbala* we found 675 girls and 1013 boys, with only 19 teachers.

In Manga the drop out rate was minimal, about 2-3% (personal interviews with Director of *Escola Primária da Manga*). The drop out rate was higher for girls in Morrumbala than in Manga, although this situation was reported to be improving slowly. Cultural reasons for favouring education of boys over that of girls; the level of poverty in many rural households, which forces girls to leave school in order to help parents, get married; and/or early pregnancies were given as the reasons for this imbalance. According to the Director of *Escola Secundária Geral de Morrumbala*, the setting up of the boarding school had helped reduce dropout rates at secondary school level and the general completion level had increased from grade 7 to grade 10. The boarding school in Morrumbala had also helped many pupils from far flung places such as Nicoadala and Quelimane, who failed to get into local schools due shortage of space, to further their education.

In order to encourage girls to stay in school the enrolment fees in Morrumbala have been cut to half for girls. Teacher - parents meetings are helping to encourage parents to send girls to school and ensuring their support to continue in school.

[29] I.e. person and community should learn from the misconduct/mistake.
[30] In this area HIV/AIDS awareness, using mainly theatre groups was promoted by an UNESCO sponsored youth group and *Geração Biz*, supported by the department of culture and youth.

Initiatives of *Fundação para o Desenvolvimento da Comunidade* (FDC), *projecto da rapariga*, contributes quite significantly to retaining girls in schools. Vocational training provided through FDC and *escola de arte e oficio* was highly relevant in keeping youth busy after school and also providing skills for integration in local economy after completion.

What was lacking in many schools was a coherent integration of HIV/AIDS awareness education. The majority of the interviewed primary school teachers acknowledged that they had an important role to play in the sexual and health education of the youth, especially those aged between up to 12-13 years (a role previously performed by mentors, e.g. aunts, uncles, initiation rite teachers, and Godparents). The study found that some teachers tried to incorporate HIV/AIDS messages when teaching natural sciences, or when they talked about hygiene and sexually transmitted diseases in general (from grade four onwards). However, most teachers lacked special training and comprehensive information about HIV/AIDS to adequately fulfil their role.

In Manga some NGO's, such as ADPP Esperança - *Ajuda de Desenvolvimento de Povo para Povo* - were cited as working towards the education of teachers in some schools in Manga. However, most of the HIV/AIDS messages were provided by external organisations; primarily by PSI activists who mainly advocated condom use. This was criticised by some of the teachers as they perceived it as encouraging sexual promiscuity among young, 'innocent' children between 12-13 years. The study found that extra-curricular activities, which have the potential of keeping youth occupied (e.g. sports and tournaments) were organised on a small scale in most schools.

5.5 Peer group versus parents' influence

Interviews with cultural leaders and youths revealed that there was a general agreement that parents were no longer able to reach their children. Although they spend most of their time at school and church (especially girls), it was felt that the teachers, priests and nuns did not have influence over them either. Youth, especially boys, were reported as spending most of their time in informal drinking places, at school or simply hanging around.

Traditionally, sexual and health education for children was provided by mentors (uncles, aunts and grandparents, initiation rite teachers). Guidance by a mentor started during childhood and continued until after marriage. As a result of modernisation and the influence of formal education, respondents stated that the role of mentors has disappeared. According to various groups of parents in Manga, the role previously performed by mentors has been taken over by youth peer groups themselves, which are strongly influenced by TV and radios programmes - strongly depicting foreign cultures, sexual acts, violence, drug use, and disrespect for elderly people. These changes are seen to have had serious consequences for traditional African culture, including values regarding sexual and (reproductive) health education of the population. According to a mother in Manga, one of her daughters in secondary school was already using the pill, long before she discovered it. She said that parents had totally lost control over their children and were overwhelmed and ashamed to speak about the problems they have with their children.

5.6 The role of Sexual and (Reproductive) Health and HIV/AIDS intervention programmes

According to table 46 the majority of the respondents in Manga (87.0%) and in Morrumbala (79.8%), know about HIV/AIDS prevention and care programmes in the area. The services offered by these programmes mainly focused on HIV/AIDS education and awareness through means such as theatre, radio, community activists, distribution of condoms and written information (pamphlets). Care of PLWHA was found to be very limited in both study sites. Considering all HIV/AIDS related programmes, there is a strong imbalance in the solutions being offered to the population. The emphasis is on condom use. This may be so because it offers a "quick, fast and cheap solution", which does not require any other behaviour change, such as reducing the number of partners, whereas other programmes may strive for more profound behavioural changes.

The following HIV/AIDS programmes have been identified in both Manga and Morrumbala, to illustrate good practices - integrating a socio-cultural approach to HIV/AIDS in the various stages of the interventions.

Manga:

A private sector initiative of **Cerveja de Moçambique -CDM (Beira)** appeared to be carrying out effective activities for its employees and the surrounding community. CDM (Beira) was privatised in 1995 and the brewery started its operations in 1996. Its Unidade de Formação (technical unit for training), which integrates the HIV/AIDS programmes, was created in 1999.

The company offered HIV/AIDS counselling, and voluntary testing, arranged the showing of films and conduct of debates on the epidemic, and freely distributed condoms to its workers. The head of department of the training section informed that awareness of the disease was increasing and that there was progress in overcoming the silence to talk about the disease. Workers expressed themselves more willingly than when the programme started in 1999 and a few of them had already expressed willingness to do voluntary testing which, according to him, could have a great impact on behaviour of the workers. The company would also benefit from the information and willingness of these workers to undergo voluntary testing, which would help define its policy with regard to employees with HIV/AIDS.

For the community around CDM, the company offered what it called first aid. This was in the form of malaria control in the surrounding communities through the cleaning of canals and regular mosquito spraying. Access to clinical facilities and medical attention at the company's health clinic had also been extended to families of the employees and members of the community referred to them by other organisations (especially those referred to them by Programa Para a Assistência a Comunidade - PACO). The medical services offered focused on malaria treatment, common ailments and attending to emergency cases. In addition to opening health care services to people from surrounding communities, CDM offered small jobs at the factory such as loading and off-loading to youth (also from the surrounding communities) in exchange for cash or services at the clinic.

PACO - Programa para a Assistência a Comunidade- a local NGO, was officially created in 2002. PACO's programme has the following components:

- An outreach programmes that targets truck drivers and drug users. This project is financed by GTZ for 9 months (finance ending in May 2002). The main objective of the project was

to promote condom use amongst truck drivers and commercial sex workers, with 30 girl activists being the main implementers of the project.

- HIV/AIDS counselling financed by Monazo and Oxfam Australia. A telephone line for counselling and information (03-301519) was installed to support this programme. PACO activists, advisors and a co-ordinator advise on symptoms and mediate between clinics, patients and Ministry of Co-ordination of Social Action (Ministério de Coordinação da Acção Social) in order to secure free medication to treat complications.
- Promoting voluntary testing.
- Theatre groups to sensitise the population on cholera prevention (distributing chlorine), HIV/AIDS, distributing information and pamphlets from MONAZO, and using self made wooden posters, which they distribute to offices and schools.
- Working with youth to develop backyard gardens to keep them busy and in order to grow and eat healthy food.
- About fourteen orphans are being cared for directly by PACO.

Although its financial resources are meagre and it carries out small-scale activities, the NGO seems to achieve good results. Motivation is high as is seen by the Co-ordinator, who has donated his house to the programme. Young people spend time around PACO's offices/meeting place, to chat, pick up information, get additional training, or volunteer for work around the community. Jobs such as distribution of chlorine, distribution of condoms or posters, writing letters referring sick people to the hospital in Beira or Clinic at CDC located in Manga, are very often done without any remuneration by project staff.

Manja Sifumba, in the process of being registered as an NGO, was established in 1993, but only took off after the current co-ordinator and founder divorced[31] in 1997. The initial steps taken by the founder were to donate her home to the project as the office/workshop space, and her own sewing machine, and to employ a tailor. Groups of women and young children gather[32] at the workshop and are taught how to sew, crochet, embroider, knit, and dye material. Other lessons include cooking and baking. Each member makes small monetary contributions in order to secure material and pay the tailor. Experienced monitors among the group are used to facilitate the learning process.

Manja Sifumba has a strong cultural focus as well. Activities are organised aimed at promoting and reviving initiation rites among the *Sena* or *Ndau* girls (of 12 to 20 years old). Elderly women from the community serve as initiation rites teachers to impart traditional values of respect and house keeping skills to the girls, whilst at the same time introducing topics such as general hygiene and HIV/AIDS. A radio programme on *Radio Moçambique*, presented by the Co-ordinator herself addresses common risky sexual rituals among the *Sena*, and their implications for the spread of HIV/AIDS. This programme has been strongly praised by the population in Manga, for the fact that it is simple, humorous and at the same time addresses relevant cultural issues and the relationship with HIV/AIDS. There were indications that this programme was also listened to in neighbouring districts, for example in Nhamatanda (the district administrator had forwarded a request to the Co-ordinator of *Manja Sifumba* to set up a similar initiative there).

Ajuda de Desenvolvimento de Povo para Povo – ADPP (Esperança)

ADPP/Esperança was cited among some teachers in Manga as providing training materials and factual information on HIV/AIDS to certain schools.

[31] Her husband did not allow her to proceed with the project.

[32] At the time of the survey there were about 31 women of whom 17 were aged between 12-20 years and 14, between 21-40 years.

Associação a Favor de Crianças Moçambicano - ASEM
ASEM mainly caters for orphans and children with very poor parents (about 94 orphans at the time of study). ASEM runs two training centres and two schools on its premises where general education and vocational training is provided to its target groups. Re-integration into the community is done as soon as a family (real or foster) is identified and has enough food and a secure income. Financiers for ASEM activities include WFP, an Italian organisation of parents (Godfathers), the French Embassy, the Italian Embassy and Care International.

Morrumbala:

World Vision/ Health department
World Vision and the Health Department in Morrumbala target traditional midwives with the aim to increase their capacity to provide safer and more hygienic child delivery services[33].

Escola de Arte e Oficio
This is a vocational training school and although only recently established, it has the potential to effectively impart skills to youth in areas such as welding, carpentry and honey production, and the use of locally available resources. The training, which is integrated with general primary and secondary school education, keeps youth in school longer and prepares them for self-employment.

Fundação para o Desenvolvimento da Comunidade (FDC- Educação da Rapariga)
This FDC project was initiated in 1986 and by 1988 it had started its activities. The project currently targets about 600 girls from 4 schools in Morrumbala and has 10 monitors (who were trained in Malawi). The significance of the project can be seen in its capacity to contribute to retaining girls in school. In 1999 5 girls qualified for a bursary to continue their studies in Quelimane, *Instituto Superior Politécnico e Universitário* - ISPU in Maputo and Niassa. The promotion of skills in general house keeping such as cookery, crocheting, tailoring also helps to prepares girls for self-employment and to generate some income after school.

[33] It was not possible to interview World Vision on the details of this programme as the managers were away in the field most of the time.

6. SUMMARY OF FINDINGS

Conclusions from this study can be summarised as follows:

a) In Manga, the livelihood of the population depends on income from salaried employment from a vibrant peri-urban economy and wages from occasional public works or rehabilitation works in the *bairro*. In addition, people gain an income from informal trade and subsistence agriculture (mainly production of rice and potatoes from the surrounding wetlands). In Morrumbala the livelihood of the population largely depends on subsistence agriculture production (mainly maize) and informal trade, characterised by the exchange of agriculture goods such as fish, cassava and maize. In both study areas, unemployment rates were found to be high.

b) The dominant ethnic group was found to be the *Sena*, which according to traditional chiefs in Morrumbala, are said to originate from Zimbabwe. Traditionally the *Sena* were hunters but became subsistence farmers, without any mechanisation. In Morrumbala they still hunt small species of wild animals but because of the population growth and an increasing amount of land being used for food production, hunting is becoming rare. Fishing is common among the communities that live along the Shire and Zambezi River.

c) The predominant religion in both study areas is Christianity, the majority being Catholics. The Catholic Church, especially in Manga, was found to be an important influence, supporting the only health centre in Nhaconjo and running an orphanage centre.

d) Health services and facilities were found to be poor in both study areas. The situation was especially critical in Morrumbala, where supplies of medicine were inadequate. In both study areas traditional healers were found to be provide important 'complementary' services to those of conventional health care facilities. Child delivery by traditional midwives was an important health service provided to the community in Morrumbala (by traditional birth attendants).

e) There is a shortage of enough schools and teachers in both communities, but especially in Morrumbala, with subsequently negative effects on enrolment rates. All schools had enrolled more pupils than they could effectively cater for. In Morrumbala the enrolment rate was found to be higher for boys than for girls. Parents keeping their daughters at home in order to give a helping hand or because of early marriages were found to be the main causes. Although the situation was improving, it was also reported that early pregnancies forced girls to drop out of school in Morrumbala.

f) The study found that the majority of respondents were aware of HIV/AIDS in both Manga and Morrumbala. The majority of the respondents stated they strongly believed in the existence of HIV/AIDS, had knowledge of somebody who suffered or had died from the disease and were aware of the fact that currently there is no cure for the disease, whether through conventional or traditional medicine. However, interviews revealed that there were those who believed that HIV/AIDS, being equated to *m'pepo*, was curable by traditional medicine, when diagnosed at an early stage. This belief was found to be prevalent among cultural leaders, among chiefs and traditional doctors (herbalists) and initiation rite leaders, especially in Morrumbala.

g) The practice of prostitution, pre-and extra-marital sex was found to be the prevailing risky sexual practise in the communities in both study areas. Widow inheritance/cleansing and polygamy were found to the prevalent sexual risky practises in Morrumbala, especially among the communities away from the district centre.

h) Teachers, youth peer groups, priests, NGOs (volunteers and youth activists), nurses traditional doctors and midwives, nurses, private company personnel managers were identified as important agents in the sexual and health education of the population. Except for the NGO's the study found that most of these groups of agents have limited knowledge about medical and clinical facts of HIV/AIDS and also exerted little influence over the population in sexual health education.

i) HIV/AIDS programmes are available in both study areas. The programmes have a strong emphasis on prevention and especially promote the use of condoms. Care programmes were found to be limited in both study areas. Most of the programmes target youth and youth peer groups. Current programmes appeared not to reach agents such as traditional doctors (herbalists), chiefs, traditional birth attendants, Moslem leaders, initiation rite teachers, teachers in general, nurses and the Catholic Church.

j) Programmes addressing contextual issues in order to stem the spread of HIV/AIDS were also identified, e.g. unemployment and sanitation and dominant sexual risky behaviours. Activities include offering skills training, employment creation, sanitation (toilets, clean water to drink, cleaning canals), health services and radio programmes addressing dominant sexual - cultural issues.

7. CONCLUSIONS AND RECOMMENDATIONS

The recommendations contained in this chapter seek to address the prevailing contextual issues underlying HIV/AIDS transmission and spread that have been identified in the two cultural settings in Manga and Morrumbala. These recommendations further seek to assist how to address dominant cultural beliefs and practises of different groups in the population in the study sites, and emphasises the need to strengthen relevant institutional responses to stem the HIV/AIDS epidemic in these areas. The recommendations are divided into 3 sections, covering 'youth specific projects', 'information, communication and education', and 'promoting testing of HIV/AIDS and setting up of care facilities for PLWHA'.

7.1 Youth Specific Projects

Unemployment and poverty have been identified in both cultural settings in Manga and Morrumbala as factors underlying the vulnerability to HIV/AIDS infection. Because of limited employment opportunities in the area, people seek their luck else where and travel long distances in search of an income. Long distance informal trade and the subsequent long periods of time partners are separated from one another, often lead in extra-marital relations and making use of services provided by sex workers. Unemployment was found to be especially acute in the study areas, and especially amongst the youth who were mostly unskilled and had attained low levels of education. Respondents complained about the youth in their communities, saying they were unoccupied, bored and hung around in drinking places, clubs or at church premises (in the case of girls).

In order to generate employment opportunities for youth, and to keep them occupied it is recommended that specific and relevant projects are identified, strengthened (or new ones designed), tailored to the specific socio-cultural setting. Such programmes should:

- Transfer skills to youth. Projects such as PACO, Manja Sifumba, Escola de Artes e Oficio de Morrumbala, FDC – *Educação da Rapariga* These organisations have great potential to transfer skills, empower girls and generally assist in the integration of youth into the local economy.
- Support self-employment initiatives for women – backyard gardens, crafts, income-generating activities. The support could be developed and channelled through the Churches, schools linked to Mosques and informal groups.
- Promote attachment of youth to companies –this is especially relevant in Manga. The aim would be to promote and facilitate the involvement of local companies to support youth training activities and integration into society. Medium size industries such as woodwork industry (sawmills and carpentry workshops), mechanical workshops and bakeries could be strengthened so that they can employ and train youth at the same time. In such a way youth could acquire relevant skills for self-employment or even integration within the same companies.
- Recreation and entertainment – in schools, Churches /Mosques and clubs. This component should aim at promoting cultural interchange and communication among different communities, churches, schools and even districts.

7.2 Information, Education and Communication (IEC)

The study shows that although there are many similarities, it is important to pay attention to the differentiating factors amongst the various groups within a community. Although predominantly *Sena,* the communities in the two sites differ according to for example, literacy levels, which are higher in Manga than in Morrumbala, and are especially low amongst girls in Morrumbala (related to the lower enrolment rates and high drop-out rates in Morrumbala). Other factors to be considered in any IEC programme are the influence of religion and religious institutions, especially the Catholic Church and its policy on family planning and the use of condoms. It appears the level of awareness of and belief in HIV/AIDS is high amongst the interviewed population. However, among the traditional cultural leaders in Morrumbala, HIV/AIDS is being equated to *m'pepo*. Furthermore, despite reported high levels of awareness and belief in the existence of the disease, risky sexual practises commonly associated with HIV/AIDS infection and spread have been found to be prevalent in both Morrumbala and Manga.

It is therefore recommended that in order to address pertinent socio-cultural issues, these differences and similarities amongst and between the populations in the two cultural settings should be addressed through relevant IEC materials and methods. Factors to take into consideration are differences in gender, religion, education, beliefs and practises among the (communication) agents. The differences should be reflected in the design, messages and approaches used to target the various role players. Methods used may range from spreading of brochures/pamphlets to promoting television or radio programmes with appropriate messages targeting specific groups or agents. Conducting training workshops for the various target groups, focusing on their specific needs/contexts, is also recommended.

Group 1:
1. Churches
2. Non-Governmental Organisations (NGO's)
3. Private initiatives

This group of agents needs information in form of educational material, films, posters, pamphlets and financial support for their specific programmes.

Group 2:
4. Teachers
5. Health Workers

This group has a need for education on HIV/AIDS (medical and clinical facts about the disease and how to address the cultural issues using these facts) so as to remove prevailing myths.

Group 3
6. Traditional doctors
7. Initiation rites teachers

This is probably the most important group to work with in order to achieve a change in attitudes and behaviour in relation to HIV/AIDS. Acceptance and increased awareness of, and knowledge of medical and clinical facts about HIV/AIDS should be the focus. However, it is important to take the current position of this group (i.e. as community leaders) into consideration, as well as their beliefs on HIV/AIDS. Beliefs/perceptions of this target group (as well as others) should simply not be minimised or ignored, but if possible, need to be

integrated/linked with 'modern' opinions or otherwise (if proving to have a negative impact on the spread of the disease) be 'dealt' with in a culturally sensitive manner.

The aim should be to closely involve them in the combat against HIV/AIDS, in addition to other relevant role players. Taking the example of the belief that AIDS originates from having sex with a menstruating woman it can easily be seen that medical facts and this particular belief are not far apart. Transmission of the virus from a woman to a man may occur through the (menstruation) blood, but that this not the entire picture. The fact that is this hypothetical case, the woman had been infected by another person, i.e. that the virus was already there needs to be made clear.

Finally in order to increase communication, the interchange of information and experiences amongst organisations and agents involved in similar programmes should be promoted.

7.3 Promoting testing of HIV/AIDS and setting up of care facilities for PLWHA

Although limited, the health department and some Non-Governmental Organisations were identified as promoting voluntary testing as well as taking care of PLWHA in both study sites. A degree of trust and confidence has already been developed between these organisations and the population. The study also found instances showing that people when given appropriate counselling were willing to be tested. Knowing one's HIV/AIDS status is known to have contributed to positive behavioural change and has assisted relevant institutions to channel appropriate assistance to PLWHA.

Some actions towards scaling up voluntary testing would require strengthening of the capacity of relevant government institutions such as *Ministério da Acção Social*, in its support to and the involvement of PLWHA in (the various stages of) its programmes. Provision of material support to clinics in the form of drugs, equipment and disposable material would increase confidence in the health system among the population and this would go a long way to promote and improve current HIV/AIDS counselling/testing at these centres. Parallel to this type of support and partly in order to widen the support base, the capacity of institutions and staff involved in care programmes for PLWHA should be strengthened, through appropriate training and provision of programme equipment.

7.4 Final comments and recommendations for further studies

Although information about respondents' knowledge, beliefs and practices was captured through the survey instrument (questionnaires), the study has very much benefited from the carrying out of the unstructured interview (using the interview guides as background, annex II). These interview guides not only complemented the information gathered in the survey, but also proved to be appropriate when it came to interviewing cultural leaders, parents and peer groups.

In Morrumbala the interviews and discussions - although lengthy - appeared to be appreciated. Cultural leaders, in particular traditional doctors, were happy to be consulted about issues they felt they were experts on. Giving the space to them to give examples and expressing their opinions and emotions was found to be the good method of interacting with them. Much was learned during these interactions.

Nonetheless, conduct of unstructured interviews requires time (with subsequent financial implications), together with expert facilitation so that the interviews are not derailed. The present study was ambitious, considering the limited possibilities in terms time and budget. The number of days needed to complete this study proved to be more than double the number calculated. There were many issues that had to be covered in the interview guide in addition to the many questions in the questionnaire (120) that had to be answered by respondents. Supervision of the research assistants was essential, but also time consuming (especially in Manga). Two researchers from Manga had to travel to Morrumbala with the researcher in order to cut down on training time, so as to allow the consultant more time to carry out individual interviews and focus group discussions.

For subsequent research it is necessary to review the questionnaires, to remove or reformulate questions, which proved not to draw out relevant information. It has to be remembered that interviewers need to be thoroughly trained before the study and that guided try-out of the questionnaires and other research instruments and strategies should be planned for. Supervision during the course of the study is also essential. All in all, in order to get in-depth, qualitative information on sensitive subjects such as sexuality, sexual and power relations, sufficient time and resources need to be allocated.

PART III – ANNEXES

A. LITERATURE REVIEW AND INSTITUTIONAL ASSESSMENT

ANNEX A.I

Activities of Institutions and Cultural Issues Addressed by institutions.

NAME OF INSTITUTION	**TARGET GROUPS**	**CULTURAL ISSUES**	ACTIVITIES/ACTION AREAS
National Aids Council (NAC)/ *Conselho Nacional de combate ao HIV/ SIDA (CNC)*	Government institutions, Private initiatives, International agencies, Community, NGOs	The NASP identifies: Age at first sexual contact, Commercial sex, Sexual taboos, Family sex education, Traditional medicine, Polygamy, Early marriages, Ritual sex, Unemployment, Migration, Poverty, Male dominance in deciding condom use/not	Co-ordination of all HIV/AIDS activities on behalf of the Government of Mozambique

NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
Ministry of Culture/*Ministério da Cultura* - *ARPAC* - *Companhia Nacional de Canto e Dança*	General public; Cultural groups (artists) & associations	Cultural issues, Lack of Information about HIV/AIDS	Awareness campaigns, Training of artists and activists, Civil Education, Socio-cultural research (ARPAC)
Ministry of Youth and Sports - *SEA & HIV/SIDA* - *Geração Biz* - *Meu futuro minha escola*	Out-of-School Youths and their Associations, Traditional and community leaders	Gender relations, Peer education, Initiation rites, Traditional authority	Link out-of-school youths to social and health services, Mapping out-of-school youths, Distribution of IEC material, Training of activists and community leaders, awareness campaigns, Support unemployed youths to develop income generating activities
National Institute of Education/*Instituto Nacional de Desenvolvimento da Educação (INDE)* - *Projecto de Transformação Curricular* - *SEA* - *Educação para os Directos Humanos* - *Democracia/Educação*	Students, Lecturers, Administrative staff, In-and-out of school youths	Taboos, Initiation rites, Gender, Human Rights, Peer education	Production and distribution of IEC material, Training of activists and teachers, HIV/AIDS Education (debates, theatre), National Curriculum Revision to integrate HIV/AIDS education.

Moral e Cívica			
NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
Ministry of Health/ *Ministério da Saude* - *Programa Nacional de Controle das DTS/SIDA* - *Geração Biz* - *SEA*	Doctors, Nurses, Adolescents, In and out of school youths, PLWHA	Gender relations, Taboos, Drug use	Health services provision to diagnose and treat STD's; Education on sexual health and prevention of HIV/AIDS, Use and distribution of condoms, Distribution of contraceptives, drugs, anti-retroviral drugs, Clinico-laboratorial diagnosis and treatment of HIV/AIDS related infections/ illnesses e.g. tuberculosis with HIV (hospital and home-based-care), Training of activists, nurses, youth, Provision of youth friendly clinical (counselling) services, Epidemiological surveillance and monitoring of HIV/AIDS epidemics.
Ministry for Women and Social Action / *Ministério da Mulher e Coordenação da Acção Social* *- Plano Sectorial do MMCAS de Combate as DTS/HIV/SIDA*	Orphans, Families Infected/affected with HIV/AIDS;	Gender, Taboos, Polygamy	HIV/AIDS Education (theatre groups)
Eduardo Mondlane University/*Universidade Eduardo Mondlane (UEM)* *-Grupo de Activistas anti Sida e DTS (GASD)*	Students, Lecturers, Administrative staff	Gender, Multiple sex partners, Alcohol	In-house production and distribution of a newsletter (quarterly) "*Venus*", In-house education (debates, videos), Distribution of condoms, Training of activists, Awareness campaigns, Development and distribution of IEC, Advocates voluntary tests, and treatment of STD

NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
Teaching University/ Universidade Pedagogica (UP) - *NASUP*	Students, Lecturers, Administrative staff	Gender, Traditional values, Lack of information; Stigmatisation	Distribution of IEC material, In-house education (debates, videos projection), Awareness campaigns.
FDC – Fundaçao para Desenvolvimento da Comunidade – Project *kulhuvuka (coredor de Esperança);* - Project *ÊSH – Escola Sem /HIV/SIDA*	In-and-out of school adolescents and youth, Migrants and their partners, Community leaders, School pupils and teachers	Project proposal identifies: Poverty, Unemployment, Migration, Religious factors; Commercial sex, Family/community role	**Planned Activities** Education in sexual and reproduction health to in-*and- out of* school youths, Socio-cultural research baseline study (planned), HIV/AIDS advocacy, Capacity building, Distribution of IEC material, Mass media, Home -based –care.
MONAZO - Mozambican Network of AIDS Service Organisations *Rede Moçambicana de Organizações de Luta Contra O Sida*	NGOs, Private companies, University focal points involved in HIV/AIDS prevention and care	Stigmatisation, Sexual abstinence	Co-ordination of member activities, Production and distribution IEC materials (brochures, posters, folders), Produces quarterly newsletter, Supports NGOs in design, development and monitoring of HIV/AIDS projects, Training of member NGOs, companies & communities, Training of activists, HIV/AIDS advocacy, Awareness campaigns

NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
Christian Council / *Conselho Cristão de Moçambique* - *Projecto SIDA*	Church youths and community in general, through member churches and their Congregations	Stigmatisation, Sin (transgression), Lack of information	Counselling HIV/AIDS infected, Training of church activists, Distribution of IEC materials, CAP study (baseline)
KINDLIMUKA – Associação de Pessoas vivendo com HIV e Simpatizantes -*Educação* - *Advocacia* - *Sustentabilidade* - *Integração/cuidado e apoio PVHS* - *RENSIDA* - *Criança Orfa*	Orphans, PLWHA and their families	Economic support to PLWHA, Stigmatisation	Distribution of IEC material, Promotion of activities (income generating), aimed at integration of PLWHA in society, HIV/AIDS advocacy PLWHA, Counselling, Home-based-care to PLWHA

NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
ADPP – Mozambique - *TCE*	Service providers, HIV-affected, Political, traditional and religious leaders, High risk groups (in-and-out of school youths street children, prostitutes, prisoners, STD's patients), Migrant workers + their partners, General population	Commercial sex, Unemployment, Role of the family	Development and distribution of IEC material; Distribution of contraceptives, condoms; HIV/AIDS Community Education carried out by 50 TCE employed as activists
Association of Mozambican Singers/ *Associação dos Músicos Moçambicanos*	General public	Taboos – *swayila*, Erosion of moral values, Religious beliefs	Awareness campaigns through music (recently produced a CD about HIV/AIDS)

NAME OF INSTITUTION	TARGET GROUPS	CULTURAL ISSUES	ACTIVITIES / ACTION AREA
AMODEFA: *Associação Moçambique para o desenvolvimento da família* - *Juventude e SSR* - *Prestação de Serviços SSR á comunidade* - *Iniciativas de advocacia para promoção de SSR* - *Comunicação e Marketing e Desnvolvimento* - *Desenvolvimento de Recursos Humanos da associação*	Adolescents and in-and-out of school youth, Women and men, PLWHA and those affected	Gender, Age, Drug use	Providing youth friendly social- and health services, Training activists, Production (activists manual), Distribution of IEC material, HIV/AIDS education (debates, video, theatre), Counselling in 5 school, AIDS advocacy
BP – Mozambique	BP workforce and their wives/partners	Gender, Stigmatisation	HIV/AIDS education, Distribution of condoms Awareness campaigns
MOZAL - Community Development Trust - Net care (Clinic) - *TCE* in co-operation with ADPP	Workforce Population living within a radius of 10km	Income generation through small businesses, Unemployment, Stigmatisation	Production and distribution of IEC material, Community projects (malaria control, agriculture, education)

ANNEX A.2

Institutions and informants contacted during the study

NAME OF INSTITUTION OR ORGANIZATION	**NAME OF CONTACT PERSON AND POSITION**	**ADDRESS / TEL. / FAX. / E – MAIL**
UNESCO – Mozambique Office - UNESCO/UNAIDS Cultural Approach to HIV/AIDS Prevention and Care - Youth Project - National Commission for UNESCO/ *Comissão Nacional para UNESCO*	Lupwishi Mbuyamba (Representative) Zulmira Rodrigues (Senior Project Officer) Paulino	Av. Friederich Engels Maputo Tel.493434 Fax 493431 E-mail<uhmpm @ unesco.org> Rua Doutor Egasd Moniz Maputo Tel. 493385; 499236 Fax. 491766 Email: unesco@zebra.ucm.mz
UNAIDS/ONUSIDA - UNAIDS Secretariat	Aida Girma (Country Programme Adviser) Mina Tuominen Peter Haag (Consultant to the UN Integrated Framework on HIV.AIDS in Mozambique, 2000-2006)	Rua Lucas Elias Comato, nº301, Maputo Tel. 492345, 491775 Fax 492345 E mail: unaidsmz @ Virconn. Com
UNICEF - Task force for HIV/AIDS	Viviane Steirteghem Jose Paulo Patrick Devos Cooper Dawson	Av. do Zimbabwe, nº1440 Maputo Tel. 491023 Fax 491679

NAME OF INSTITUTION OR ORGANIZATION	**NAME OF CONTACT PERSON AND POSITION**	ADDRESS / TEL. / FAX. / E – MAIL
UNFPA/FNUAP - Training Programmes	Sr. Odete Cossa	Av. do Zimbabwe, nº 830, Maputo Tel: 490686 Fax: 493577
UNDP/PNUD - Task force on HIV/AIDS	Sr. Stella Pinto (Co-ordinator)	Av. Kenneth Kaunda, Maputo Telef.490334 Fax.491691
National Aid Counci (NAC)/ *Conselho Nacional de Luta Contra Sida (CNC)* - National Aids Strategic Plan (NASP)	Janete Mondlane (President) Cornélio Balane Cristiano Matsinhe (advisor); Alex Nhambiri Diogo Milagre (gender specialist) Gil (Communication specialist)	Rua António Bucarro, nº 106/114, Maputo Tel. 495395/6
Ministry of Culture/ **Ministério da Cultura/ARPAC** - *Projecto HIV/AIDS* Departamento da Acção cultural - *Núcleo de combate ao HIV/SIDA*) - *Companhia Nacional de Canto e Dança*	Anibal Matine David Abílio Mondlane (co-ordinator) Fernando Dava (director, Cell: 82316115)	Av. Patrice Lumumba 1217, Maputo Ho Chi Min Avenue Tel. 407689/400913 Fax:402220 Cell:082306520 E-mail:cncd@virconn.com Rua de Bagamoio nº201 Tel. 430166/305559

NAME OF INSTITUTION OR ORGANIZATION	**NAME OF CONTACT PERSON AND POSITION**	ADDRESS / TEL. / FAX. / E - MAIL
Ministry of Education/ *Instituto Nacional de Desenvolvimento Educacional (INDE)* - *Projecto de Transformação Curricular* - *SEA* - *Educação para os Directos Humanos* - *Democracia/Educação Moral e Cívica* - *Núcleo de combate ao HIV/SIDA*	Sr. Narciso Ofisso (Sociólogo) Sr. Salvador Matavele (Coordenador)	Rua Augusto Comandante Cardoso, Maputo Tel. 421701/2
Ministry of Youth and Sports/*Ministerio De Juventude e Desporto* - *SEA & HIV/SIDA* - *Geração Biz* - *Meu futuro minha escola*	Alfredo Ajana (Director) Rita Badiane Rute Cangela (Técnica)	Av.Amed Secouturé, nº1119, 5º Andar, Maputo Tel. :428650 Cell: 082392369
Ministry for Women and Social Welfare/ *Ministério da Mulher e Acção Social* ***- Núcleo de combate ao HIV/SIDA*** *- Plano Sectorial do MMCAS de Combate As DTS/HIV/SIDA*	Pedro Facitela (Antropologist-ponto focal)	Rua de Tchamba nº 86, Maputo Tel.491838 Cell :082431864

NAME OF INSTITUTION OR ORGANIZATION	NAME OF CONTACT PERSON AND POSITION	ADDRESS / TEL. / FAX. / E - MAIL
Maputo Municipal Council/ *Conselho Municipal da Cidade de Maputo* - *Núcleo da cidade de combate ao HIV/SIDA* - *Conselho Técnico-CT e conselho técnico alargado-CTA)*	Presidente: Artur Canana Srº Cornélio Balane (Co-ordinator)	Praça da Independência, Maputo Tel.420041
University of Eduardo Mondlane Universidade *Eduardo Mondlane(UEM)* *-Grupo de Activistas anti Sida e DTs (GASD)*	Cornélio Balane (Co-ordinator)	Av. Amílcar Cabral , Maputo (Residência unniversitária) Cell: 082300426
Teaching University/ *Universidade Pedágogica (UP)* - *Nuclõe Anti Sida da UP(NUSUP)*	António Osvaldo Paqueleque (Co-ordinator) Eunice Rosatella Chichava Dr.Jacinto Salvador Cuco (Lecturer) Anabela (UP General Secretary)	Rua Comandante Augusto Cardoso nº135, Maputo Telef. 431309 Cell: 082476383 Cell: 082490084
FDC – *Fundação para o Desenvolvimento da Comunidade* *Projecto* kulhuvuka *(coredor de Esperança);* - *Projecto ÊSH – Escola Sem /HIV/SIDA*	Paula Monjane	Av. 25 de setembro, Maputo Prédio Cardoso 5ºE Tel.: 312112

NAME OF INSTITUTION OR ORGANIZATION	**NAME OF CONTACT PERSON AND POSITION**	ADDRESS / TEL. / FAX. / E - MAIL
MONAZO - Mozambican Network of AIDS Service Organisations *Rede Moçambicana de Organizações de Luta Contra O Sida*	Emília Adriano (Executive Director) Keiko Nagano (Advisor)	Av.Ahmed Sekoutouré, nº 2707, Maputo Tel: 425260 Fax: 425256
Christian Council of Mozambique *Conselho Cristão de Moçambique* *- Projecto SIDA*	Job Tembe Bila (Director)	Rua Mtomoni nº57, Maputo Tel..491022; 492900, Cell: 082304377 Fax.492702 E-mail:bilaccm@teledata.mz
KINDLIMUKA – *Associação de Pessoas vivendo com HIV e Simpatizantes* - *Educação* - *Advocacia* - *Sustentabilidade* - *Integração/cuidado e apoio PVHS* - *RENSIDA* - *Criança Orfa*	Sr. Arlindo Fernandes	Rua d Resistência, no. 630, Maputo, Tel./Fax. 422651
ADPP – Mozambique - *TCE*	Birgit Holm (Director) Ana Hempel (Co-ordinator)	Rua Berta Caiada, Machava, C.P. 489, Maputo, Tel.750106; 750107 E-mail: Adppmz @ teledata.mz www.adpp-mozambique.org
Association of Mozambican Singers/ *Associação dos Músicos Moçambicanos*	Anibal Matine (Member) Hortêncio (General Secretary)	Av. Emília Dausse, nº Maputo Mobile phone: 082416610

NAME OF INSTITUTION OR ORGANIZATION	NAME OF CONTACT PERSON AND POSITION	ADDRESS / TEL. / FAX. / E - MAIL
AMODEFA: *Associação Moçambique para o desenvolvimento da família* - *Juventude e SSR* - *Prestação de Serviços SSR á comunidade* - *Iniciativas de advocacia para promoção de SSR* - *Comunicação e Marketing e Desnvolvimento* - *Desenvolvimento de Recursos Humanos da associação*	Joaquim Wate- (Director AIDs program) Natacha (Responsible for IEC)	Av. da Tanzania, nº40, R/C, Maputo Tel. 405109 Fax: 405149
GAS: Grupo África da Suécia	Eva Santimano (co-ordinator)	Av- Amílcar Cabral.nº 865, Maputo Tel. 421423, 427509, 308525
GOAL	Eileen, Carlos, Carolina Matavele	Rua Tomás Ribeiro, nº56, Coop, Maputo Tel. 419118
PSI: *Comunicação e " Marketing" Social para a Saúde*	Balbina da Graça Matavel (Directora da Comunicação)	Av. Patrice Lumumba,, nº204, Maputo Telef.430638, 430307 Fax.430636 E-mail:bmatavel@psi.org.mz
Terre Des Hommes- -Lausanne	Abimbola Lagunjo	Av.Emília Daússe, nº206, Maputo Telef.415882, 428964

NAME OF INSTITUTION OR ORGANIZATION	**NAME OF CONTACT PERSON AND POSITION**	ADDRESS / TEL, / FAX. / E - MAIL
BP – Mozambique	Eugénio Macamo (Director) Eulália Monteiro (Coordenadora)	Av. Mártires de Inhaminga nº170, 8º andar , Maputo Tel. 425021/5 Fax. 426715
MOZAL - Community Development Trust - Net care (Clinic) - *TCE* in co-operation with ADPP	Mr. Alcido Mausse (Director) Ivete Arão (Project Co-ordinator) Adri & Dr. Andrew	CMC offices Cell (082311828) Tel.: 737151 Fax.780614 Email:aclido.mausse.mozal@co.mz Email: malaria@tropical.com.mz

ANNEX A.3

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B. CASE STUDIES

Annex B.1: List of persons contacted/interviewed during the fieldwork in Manga, Beira and Morrumbala, Zambézia district.

Name of person	Position	Address
Florinda Enosse Mboé	Chefe do Posto Inhamizua	*Posto Administrative de Inhamizua,* Tel. 302403; mobile 0823889, Manga
Francisco	Secretário do Bairro da *Alto da Manga*	Sede da *Alto da Manga*
Amenosse Wine Nuanzo	Co-ordinator	PACO, Manga
Alda Fabio Mucambe	Advisor	PACO, Manga, Beira
Alvaro Tomas		
Carolina Cativo	Co-ordinator	Manja Sifumba, *C/O Rádio de Moçambique, Beira*
José Florindo Silvestre Gaiado	Director	*Escola Primaria da Unidade, Manga*
17 teachers Bent Tomás Agostinho Ncuepa	Teachers Director	*Escola Primaria da Manga, Rua 2*
Manuel Zolinho Mugana	Director	*Secundaria da Manga* Manga
Padre Manuel Mashate	Priest	*Paraquial Coração da Maria, Manga*
Maria Bande	Herbalist	Manga
Domingos Carlos Januario Arouca	Head of training	CDM, C.P. 332, Tel. 302022, Beira
Tilia Ferrage	Co-ordinator	Initiative Joven
Celestino Benjamin Simões	In charge of Education and Vocational Training	Initiative Joven, Beira
Alfredo Chico	Secretary	Initiative Joven, Beira
Felix Zunguza	ASEM	ASEM, Manga, Beira
David Madevo Manhacha	District Administrator	Morrumbala, district Administration offices
Aniffa Abudo João	Chefe da Secretariado	Morrumbala, district administration offices
Francisco Capace Cocorico	Administrators secretary	Morrumbala, district administration offices
Jose Sema	Member of staff, Urban development	Urban Sector, District Administration
Jorge Amando Viomo	District Director of Youth Culture and Sports	Morrumbala
Juvecio Manuel	Secretário OJM	
Francisco Valia	Presidente Initiative Jovem	
Dino Oliveira	Primeira Voga, Initiativa Jovem	
Hilario Canga	Director	Escola de Artes e Oficios de Morrumbala
Floriano Pio da Silva	Director	Escola Secundaria Geral de Morrumbala

Carlito Honga Tesoura	Administrative Assistant, Save the Children (UK)	Morrumbala
Hortência Mário Gimo	Midwifery	*District health centre, Morrumbala*
Sergio Manuel Romão	Director	*Escola Primeira Completa de Morrumbala*
Mauricio Viegas Saraiva Alane	*Secretário do grupo dinamizador*	*Bairro Joaquim Chissano, Morrumbala, Sede*
Mario Tau Francisco	Secretário adjunto	Bairro 25 de Setembro
Mamani Tole Minkanji	Chief (regulo)	Morrumbala, Sede
Manuel Armaõ Malawa	Chairman of Herbalists	Morrumbala Sede
Manuel Esteve	Herbalist	
Fambaone Zengarote	Herbalist	
Donato Menejala	Herbalist	
Madeu Thumba	Herbalist	
Chibadula Baela	Herbalist	
Zacaria Vicente	Herbalist	
Alfredo Cocoa	Herbalist	
Manuel Mcoro	Herbalist	
Dalela Chitacha	Herbalist	
Femás Capesse	Herbalist	
Maganiso Domo	Herbalist	
Luis Saine	Herbalist	
Jorge João	Herbalist	
João Cocobine	Herbalist	
Chinafunika Charua	Initiation rite teacher (lolo tribe)	Morrumbala Sede
Mozinho	Private English teacher (translator during study)	DDC
Manito Batobenhase	Secretário do Bairro	Bairro Agostinho neto, Villa Morrumbala
Manuel Maibeque	Secretário do Bairro	Dobune
Nhamasao Thabulane	Secetário do Bairro	Mbobo
Uahido Abudo Simoco		Comunidade Muçulmana/Mesquita Central de Morrumbala
Esmael Aiuba Assane – Banque	Muazine	Comunidade Muçulmana, Mesquita Central de Morrumbala
Chassa Tom Midozo	Herbalist	Bairro 25 de Abril
Farice Camangila Tepa	Herbalist	Bairro Agostinho Neto
Bastiana Passua Quarneia	Chief (regulo)	Cumbapo
Porina Semente Olles	Herbalists	Coqueiro
Amelia Zeca	Project Co-ordinator, Girls Education, FDC	Morrumbala
Francisco Jose Bisopo	President, Posto Administrativo Mingaza	Pinda, Migaza
Rafael Augusto Quintal	7th day Adventist Church	

Annex B.2: List of Field Assistants

1. Francisco Augusto
2. Helena Sovida
3. Alzira Adelino Assane
4. Marcelino Pedro Namarrocolo
5. Lídia Fernandes
6. Xavier Salomão dos Santos
7. Antonio Baltazar
8. Ana Vitória
9. Luna Ataide Soares
10. António Gaspar João
11. Mary Amimo Muarica
12. Juvecio Manuel