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# Nipe-Nikupe: A Multi-level Perspective of Gender and HIV Prevention in Heterosexual Marriages in Kenya

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Heterosexual Marriages in Kenya***

Rose Anne Njeri Njiru, PhD

University of Connecticut, 2015

Global public health HIV behavioral interventions often seek to address gender dimensions of the epidemic through individual sexual behavior change. Further, researchers in sub-Saharan Africa point out that most HIV infections in heterosexual marriages are due to multiple sexual partnerships (infidelity) fuelled by low condom use, which are a result of unequal gender dynamics. However, these studies do not adequately account for *how* gender inequality and infidelity are produced by socio-structural factors. In practice, gender is not an individual level characteristic but an expression of the interplay of past and contemporary dynamic ideologies and local, national, and global political-economic structures that shape the relative positions of power between couples and the likelihood of sexual HIV transmission. My dissertation presents a historically grounded comparative ethnographic study of 27 couples (54 individuals) from marginalized small-scale rural farmers in Embu, and poor and middle class couples in Nairobi, Kenya, supplemented with 27 in-depth interviews with government AIDS agencies, NGOs and CBOs, as well as HIV texts. I ask, *how do the 'give and take' (nipe nikupe) power relationships of marriage impact HIV transmission and the ability to negotiate vulnerability and risks within couples?* I investigate HIV vulnerability and risk at three interrelated structural levels in which marriages are nested: (1). How does the social organization of the marital dyad produce, facilitate, or interrupt opportunities for extramarital sex. (2). How do formal and informal social networks in which couples are embedded produce contradictory

results for gender empowerment and shape HIV transmission. (3). How do public health programs regulate married persons' behavior, and produce tension with local understandings and enactments of gender and intersectional social relationships to structure HIV risks. Overall, I find that the transformation to particular forms of modernity in Kenya—e.g. companionate marriage; neoliberalism and individualism; increased gender segregated and sexualized social spaces; and newer moral discourses on gender—facilitated by global and national forces has reinforced, altered, or produced new forms of gender inequalities that interact with locally existing structures of social difference to exacerbate HIV vulnerability and risk. Hence, contemporary forms of modernity—with its emancipatory promises—is not a panacea for gender inequality or sexual HIV transmission in marriages in Kenya.

*Nipe-nikupe: A Multi-level Perspective of Gender and HIV Prevention in Heterosexual  
Marriages in Kenya*

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A Dissertation

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2015

APPROVAL PAGE

Doctor of Philosophy Dissertation

*Nipe-nikupe*: A Multi-level Perspective of Gender and HIV Prevention in Heterosexual  
Marriages in Kenya

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## Chapter 1

### Introduction: Why Study Marriage and HIV in Kenya?

“Are you married? So you are sitting with your husband at home right now?” A male on television loudly announces in Swahili as a couple sitting on a sofa in their living room comes into view. The wife, uninterested in this direct address to her, is leaning on her husband filing her fingernails and smiling at him but he pays no attention to her. He fixes his eyes on the TV screen in front of them while nodding at the male narrator who continues to say, “Oh, okay. Let me ask you, do you know if your husband has a girlfriend?.... There is *only one way* to stop HIV from destroying your marriage. It’s *very simple*; men, stop *mpango wa kando*<sup>1</sup> (concurrent sexual partnerships). Avoid HIV.” (Public health mass media campaign 2010).

HIV transmission in marriage and cohabiting heterosexual partnerships has become, within the last six years, a major concern for AIDS managers in Kenya. The advertisement described above is one example of a series of mass media marital fidelity campaigns developed in response to data on AIDS gathered during the last decade. These data indicate that close to half (44 percent) of all new HIV infections occur among married<sup>2</sup> and cohabiting partners, making marriage the largest contributor to the overall national HIV infection burden (Kenya National AIDS Control Council [NACC] 2014). Further, prevalence among women is twice (8 percent) that of men (4 percent) among adults aged 15-49 years old (NACC 2009). The marital fidelity campaign assumes simplicity (e.g. “only one way to stop HIV.... It’s *very simple*; men, stop *mpango wa kando*.”). But, the realities of HIV in marriage point to a complicated picture that links public health to wider power structures such as gender, class, age, ethnicity, religion and region, including the past and present histories of Kenya.

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<sup>1</sup> ‘*Mpango wa kando*’ is a Swahili phrase that directly translates to ‘side plan’ or ‘alternative arrangement’. It is popularly used in the local discourse to refer to multiple and concurrent sexual partnerships.

<sup>2</sup> Henceforth, I use the term marriage in this dissertation to refer to both legal marriage and couples who, in the case of my study, have lived together as husband and wife for at least two years.

In an ethnography of marriage and HIV in Kenya, I ask, *how do the 'give and take' (nipe nikupe) power relationships of marriage impact HIV transmission and the ability to negotiate vulnerability and risks within couples?* I investigate HIV vulnerability and risk at three interrelated levels in which marriages are nested, that is, how marital level gender relationships, social network dynamics, and public health HIV programs, create, exacerbate or interrupt vulnerability to sexual HIV transmission.. At the same time, I am cognizant that these levels are embedded within larger global-local social, economic, cultural, legal, and political processes. My historically grounded comparative study of marginalized small-scale rural farmers in Embu, and poor and middle class couples in Nairobi finds that the transformation to particular forms of modernity— e.g. companionate marriage, greater embeddedness in neoliberalism and individualism, capitalism and consumerism, increased gender segregated and sexualized social spaces; and newer gender and sexual moral discourses—has intricately reinforced, altered, or produced new forms of gender inequalities. These interact with class, ethnicity, religion, age, and residence to exacerbate HIV vulnerability and make prevention efforts a daunting task. My argument in this dissertation is not that modernity causes HIV in marriage, but rather how these unfolding global processes together with the often-patriarchal projects of the state have intersected with past and local marital gender norms and practices to shape the sexual HIV transmission and limit capacities to negotiate risks within marriage.

Public health managers—both the state and its allies in the national and international non-governmental organizations, and development agencies (henceforth, I refer to these entities as public health) —recognize gender inequalities in HIV transmission, particularly the power dynamics that favor men's extramarital sexual partnering, are a primary pathway to HIV infection within marital unions. To respond to these inequalities, public health employs

biomedical (e.g. anti-retroviral treatment as prevention, microbicides, and male circumcision) and behavioral (e.g. marital fidelity and condom education, women's economic empowerment) interventions. However, gender and health scholars have consistently pointed out that by emphasizing individual behavior change, public health programs only *superficially* address gender in their responses (Ailio 2011; Connell 2012; Hankivsky 2012; Hirsch et al. 2009; Tamale 2011; Nyanzi 2011). AIDS scholars—not necessarily focusing on marriage—have noted that vulnerability to HIV infection is not merely about individual behavior. It is also influenced by familial and community social relationships, cultural, legal, political, economic, and other social structural contexts (e.g. Blankenship et al. 2000; Dunkle et al. 2004; Gupta et al. 2008; Hirsch et al. 2009; Jewkes, Levin, and Penn-Kekana 2003; Schensul et al. 2009).

I draw upon this scholarship, and build on it by arguing that, in practice, gender is not an individual level characteristic, but an expression of past and contemporary dynamic ideologies and multidimensional political-economic structures that shape the relative positions of power between individuals within marriage. The Swahili phrase '*nipe nikupe*' that directly translates to 'give me, I give you' in the title of this dissertation is used to refer to the 'give and take' gender power relationships—the gender regime—explicit or implicit in negotiating HIV vulnerability and risk within marriages. Further, as I discuss later, my conceptualization of gender is about the intersections of gender with other social-structural hierarchies, in line with more recent theoretical formulations of intersectionality. Thus, interlocking social structures circumscribe and shape individual sexual behavior, and relations between and among married women and men. At the same time, married individuals actively rationalize and negotiate gender and sexual behavior and meanings in their everyday lives within these social contexts. As such, by prioritizing individual behavior change and emphasizing simplicity in HIV education, public



health responses narrowly attribute extramarital sexual behavior to an innate, irresponsible, pleasure seeking behavior of mostly married men, and emphasize married women's victimhood in HIV transmission.

Therefore, I attempt to show first, *how* infidelity is produced by the social organization of marriage, that is, opportunity structures for extramarital sex (household division of labor and leisure time, labor migration and daily work mobility, and women's financial autonomy or dependence). At the same time, I show how differentially classed women's complicity in their husband's infidelity, or their own infidelity, is intertwined with companionate marriage ideals, survival needs or capitalist consumption that entrench dependence on men. Second, I show how formal and informal social networks—and gender segregated and sexualized spaces in which these network interactions take place—commonly seen to increase women's social capital, power and financial status, also police gender boundaries, therefore, have contradictory effects for gender empowerment and HIV prevention. Three, I demonstrate how the mostly western-led HIV behavioral programs for married persons are often in tension with local understandings of gender and community social relationships and practices and may inadvertently exacerbate the HIV risk.

I examine the case of gender in Kenya from a postcolonial<sup>3</sup> perspective (e.g. Connell 2006; Mohanty 1998; Oyěwùmí 1997; Purkayastha 2010; Tamale 2011). As a Kenyan-African gender scholar, committed to African feminism and decolonizing methodologies, I argue that we cannot fully appreciate HIV in marriage without understanding the gender regime as it has historically evolved in the marriage institution in Kenya, but often unexamined in gender and

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<sup>3</sup> I am aware of the rapidly growing criticisms of the term 'postcolonial' in non-Western contexts (see example Arjomand and Reis (2013) in their edited book *Worlds of Difference*) but I will continue to use the term in this dissertation since it is widely used in the West.

HIV research. Therefore, I attempt to illuminate how the structures that shape the gender regime in marriage transformed during colonialism, and in the neo-colonial period of global-local neoliberal economics, social, cultural, legal, and political influences, and how these transformations shape HIV in marriage in contemporary Kenya. Central to this analysis, then, is how gender concepts and ideologies mostly imported from the West<sup>4</sup>, for example, companionate marriage, individualism, forms of land tenures, capitalism and consumerism, interacted with, and shaped, traditional families and community arrangements, political and socio-economic structures thus entrenching, altering, or creating new gender inequalities that facilitate opportunities for extramarital sex, and the likelihood of HIV transmission. Consequently, this dissertation argues that extramarital sexual behavior is produced by the social structure rather than an irresponsible, irrational, immoral individual level behavior that is commonly assumed in public health interventions. Hence, public health responses should go beyond the individual level to consider these wider social structural contexts that limit capacity to negotiate HIV risks.

Theorizing it this way allows for a better understanding about how AIDS is gendered and to argue that it has deep connections with Kenya's past and current political-economic histories. By so doing, I contribute to African feminist and other postcolonial discourses that insist on alternative ways of explaining AIDS in sub-Saharan Africa: moving away from colonialist and imperialist approaches of an uncontrolled, uncivilized, or backward sexual conduct explanation that dominates global discourses and many interventions, to a contextualized and historicized approach to the epidemic (Tamale 2011).

Nairobi, the capital city of Kenya, is a critical site for the nexus between global and local

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<sup>4</sup> A lot of literature also uses "North", but I use "West" for consistence.

ideologies on marriage, gender and sexuality, and, therefore, important for studying gender and HIV within contemporary changes. It is a regional (Eastern Africa) economic hub. It also hosts numerous international agencies, including international and regional AIDS agencies and organizations that aim to, among other things, respond to gender inequalities. I compare Nairobi with a rural agricultural community in Embu—located about 100 Miles North East of the capital—not as binaries but to investigate how structural processes and public health programs differentially impact rural and urban marital gender ideologies and their implications for HIV. Further, within the last five years, the country has undergone a tremendous legal regime change including new legislation on marriage—from earlier colonial laws that governed marriage and matrimonial property. Notably, the 2010 constitution with an elaborate Bill of Rights<sup>5</sup>; the Matrimonial Property Act 2013; and the Marriage Act 2014. Taken together, these factors make Kenya a significant empirical case for examining the interactions of various social structural contexts that both emerge from, and circumscribe individual behavior.

To analyze gender relations in marriage, and how couples negotiate HIV vulnerability and risks, I adopt a comparative multi-level, multi-dimensional approach that examines this question at three interrelated levels in which marriages are nested:

1. At the marital relationship level, how do ideologies about marriage and gender—including the ideologies about marital division of labor, access to financial resources and other decision-making processes—and practices that reflect these understandings create, exacerbate or interrupt vulnerability to HIV transmission?

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<sup>5</sup> The Constitution also provides the general rules of international law, and states that any treaty or convention ratified by Kenya forms part of the law of Kenya. This allows for the automatic application of international statutes on equality and non-discrimination. It imposes on the State the obligation to enact and implement legislation to fulfill its international obligations in respect of human rights and fundamental freedoms.

2. At the social networks level, how do the married partners' networks foster particular relationships between—and expectations for—married women and men? How might these networks affect HIV vulnerability?
3. At the policy/ program (public health) level, how do programs attempt to regulate married person's behavior, what assumptions about behavior do they make? How do married persons interpret, and act on HIV messages and how do they negotiate these learned sexual behavior choices? How might programs inadvertently exacerbate HIV risks within marriages?

Through examining how the transformation to modernity re-organizes extant gender relationships to exacerbate the HIV risk, I show how individuals at the marital and community social network levels, consciously and unconsciously, regulate or govern gender and sexual behavior—their own and those of others through social controls and, sometimes, prohibitive customary norms. At the level of public health, I show how the state and its partners regulate individuals' behavior through laws, policies and programs. These three levels of power reveal the challenges, contradictions and ambivalences of the emancipatory promises of modernity that make prevention efforts a difficult task. In explaining these issues, I draw on gender theory, especially Connell's ideas on gender regimes, dimensions of gender, and masculinities (e.g. 1987, 2005, 2009). I also draw on Michel Foucault's (1998, 2004) understandings of surveillance, control, and management of population health (concepts of governmentality and biopower). I discuss this theoretical orientation in chapter 2.

As I conceptualized my research proposal, I recognized that marriages are not homogenous, there are differences within and across couples that affect HIV vulnerability and risk. Research has clearly shown that HIV is not indiscriminate in its impact; age, gender, race,

ethnicity, and class (socio-economic status) all play a role in its distribution. Further, most social science research on HIV tends to emphasize marginalized (poor) populations perhaps due to power structures that limit access to privileged persons and ability to gather data on their lives. Researchers are also often politically committed to social change and, therefore, conduct research that foregrounds the suffering of those who are systematically oppressed in order to empower them. I argue that in the case of HIV, a disproportionate focus on studying poverty and HIV risks hides the gendered power realities that shape the epidemic within dominant groups who are largely neglected by public health initiatives on the assumption that they are economically empowered and well educated to understand and avoid HIV risks. This is a risky assumption especially given that in the last Kenya national HIV survey, for persons aged between 15-64 years old, HIV prevalence is lowest among women (4 percent) and men (2.4 percent) reporting no primary education and highest among women (7.4 percent) and men (4.8 percent) with secondary or higher education levels. Prevalence is also highest in households in the middle and fourth wealth quintiles and among employed women (NASCOP 2014). Hence, as this dissertation will argue, it is not really, or only, lack of knowledge or financial resources—that dominate public health interventions—that drive HIV transmission. The pathways to HIV infection are multifarious and complex and an intersectional approach helps to illuminate these composite factors.

Thus, I employ a qualitative comparative, and intersectional approach (Collins 1990; Purkayastha 2012) to examine how gender interacts with different axes of inequalities, including socio-economic status, age, religion, and rural/urban residence (geographical location) to structure HIV transmission, and the ability of individuals within marriage to negotiate HIV risks. By employing an intersectional framework, this dissertation attempts to reveal, more clearly,

how gendered power operates to shape HIV in marriage. Before turning to these theoretical issues, I provide a background to the HIV pandemic in Kenya.

### **AIDS in Kenya: Emergence of the Epidemic in the Context of Marginalization**

This section highlights *some* of the interrelated factors that shaped the emergence and spread of HIV and AIDS in Kenya, such as the colonial and post-independence politics of resource marginalization, neoliberalism, and AIDS denialism. It also highlights early stigmatization of AIDS—seen primarily as a disease of ‘immorality’ (female sex work)—and a narrow focus on ‘harmful’ cultural practices, and how these persistent moral discourses shape AIDS perception to date. In the following section, I discuss how public health interventions have addressed HIV transmission in marriages.

Kenya has the third largest population of people (1,192,000) living with HIV and AIDS in sub-Saharan Africa—after South Africa and Nigeria—and the highest national HIV prevalence of any country outside Southern Africa (NACC and NASCOP 2012; UNAIDS 2008). The origin of AIDS is shrouded in mystery. Literature suggests that AIDS made its way into Kenya in the late 70s to early 80s and the first case of AIDS was identified in 1984 (NACC and NASCOP 2012). Retrospective studies carried out on samples of men with chancroid and female sex workers in Nairobi showed how quickly AIDS spread peaking at about 10.5 percent in national prevalence levels in 1995-1996 (Marmor et al. 2006, NACC and NASCOP 2012). Geographical distinctions had also quite well emerged at this time, with 8 percent in rural and 18 percent in urban areas (KDHS 2003; NACC and NASCOP 2012).

In the urban areas, the most common explanation for the rapid spread of AIDS was “transactional sex” between truck drivers and commercial sex workers, who are among the population categorized as “high risk” within AIDS management. Yet, scholars have found the

concepts “transactional sex” and “high risk”, problematic, stigmatizing, and inadequate for explaining AIDS (Hirsch et al. 2009; Parker and Aggleton et al. 2002; Smith 2009). As explanatory factors for the spread of AIDS in Kenya, they do not fully capture the embodied realities of structural violence (Farmer et al. 2004) and how these translate into people’s every day sex lives, both among the “high-risk” groups, and as AIDS spread in the general population. This link between structural violence and AIDS implies that the story of the spread of AIDS in Kenya cannot be told separately from the effects of the colonial histories of violent dispossession of resources, ethnicization, post-independence politics, neoliberal economics, denialism, and the gendered embodiment of structural inequalities that result. Here, I briefly discuss part of this story by focusing on colonial and post-independence Kenya politics of land and ethnic marginalization, and neoliberalism, while remaining cognizant of other social and cultural transformations and their specific impact on marriage, as I will elaborate in my findings chapters.

The politics of land—as the key resource—and ethnicity, both central to colonialism, are inseparable factors of analysis for the health experiences of many Kenyans. The colonial history of Kenya was based on the divide and rule policy. The division by the British, the colonial ethnicization and ethnic identity construction processes, and resource marginalization of some regions planted the seed of the persistent discord between some ethnic groups (Kanyinga 1998, 2009; Okoth-Ogendo 1981; Oyugi 2009). Post-independence governments have failed to transcend this colonial past in their ability to reorganize the political, legal, and economic systems that continue to push majority of the population to the edge of life. Kenya is today characterized by serious ethno-geographic inequalities in distribution and access to resources and infrastructure which constitute important tools for political leaders as they draw on land and ethnicity to negotiate power while giving back little once elected to leadership. Further ethnic

marginalization has resulted from the insistent personalization of power around the presidency. Presidents have used patronage to entrench their own position and, in return, ensure that supporting ethnic groups (and individuals) are rewarded both economically and politically (Hornsby 2011; Kanyinga 2009; Oyugi 2009). These processes, essentially, contribute to the widening gap between the rich and the poor and are a politics that define the ability to access basics including health, or in other words, politics of life and death.

Historical political ethno-geographic marginalization is reflected partly, perhaps, in the HIV trends in Luo Nyanza, a region in the Western part of Kenya that currently constitutes the fourth largest ethnic population in Kenya with over four million persons (Kenya National Bureau of Statistics [KNBS] 2010). Luo Nyanza has over the years ranked one of, if not, the poorest regions in Kenya. It has also consistently recorded exceedingly high HIV prevalence levels compared to both national and other regional-level prevalence rates. The prevalence rate for Nyanza is 14.9 percent, twice the national average (NACC 2009). By saying this, I do not suggest that poverty alone accounts for HIV prevalence given that other poor regions have lower prevalence). It is more so how ethnicity-based clashes among the post-independent political elite politically and economically sidelined the region (Mboya 2009; Oyugi 1992), and how these interact with local cultural and gender practices, and ecology, to entrench gender inequalities that exacerbate HIV transmission. For example, many households in this region rely heavily on fishing, and the fishing community alone records extremely high HIV prevalence—between 25 percent and 30 percent—nearly double Nyanza's average infection rate (Camlin, Kwena and Dworkin 2013). Public health managers and humanitarian organizations simply attribute these rates of infection among the fishing community to ignorance and the “sex-for-fish” economy in which women exchange sexual favors for fish from the fishermen of Lake Victoria. They then



sell the fish in the local markets in order to feed their families (see e.g. Integrated Regional Information Networks [IRIN] 2005 documentary and analysis, on “Deadly Catch: Lake Victoria’s AIDS crisis”).

A more contextualized analysis by gender scholars has attributed the sex-for-fish phenomena to the convergence of economic marginalization and ecological processes (that diminish fish in the lake) with the gendered economy of Kenya. That is, the gendered structure of the local labor markets, skewed compensation structures, and unequal gender power relations that make women vulnerable to participation in transactional sex for subsistence (see examples, Béné and Merten 2008; Camlin et al 2013; Mojola 2011). Camlin et al. (2013) clearly document the high mobility of, especially, widows and married women fleeing marital and family conflicts, and women’s active role in the sex-for-fish negotiations, as part of these broader processes. Yet, majority of the literature and interventions in this region (Agot et al. 2010; Ambasa-Shisanya 2007; Bailey et al 2007; NACC 2009; NACC and NASCOP. 2012; Perry et al. 2014; WHO 2007) leads to a stigmatization of women involved in the sex-for-fish trade. As scholars Béné and Merten (2008) and Camlin et al. (2013) point out, this literature confuses the sex-for-fish trade with prostitution, and women are discursively placed as victims.

The beach community, and Luo Nyanza in general, has been a key research site for scholars particularly from the West, clinical studies led by Western “experts”, and a locus of a plethora of international and national NGO interventions targeting the community’s ‘harmful’ traditional practices. Resulting from such studies, public health professionals have tended to *foreground* traditional cultural practices of this ethnic group, mainly widow inheritance (thought to increase the probability of HIV infection given the high AIDS incidences and related deaths) and lack of circumcision among the ethnic male. Thus, as part of intervention strategies, health

managers have aggressively pursued education on the harmfulness of widow inheritance and more recently “voluntary adult medical male circumcision” programs following World Health Organization (WHO) and Joint United Nations Programme on HIV/AIDS (UNAIDS) recommendations based on clinical trials in the area, and elsewhere in sub-Saharan Africa. Particularly, male circumcision as a strategy for preventing HIV remains controversial among scholars<sup>6</sup> but is beyond my scope here. The Luo are among the very few ethnic groups in Kenya that do not traditionally circumcise their male, but because of their large population and consistent record of the highest HIV rates in the region, they are a key focus of public health. The success of these programs so far is not clear as the region continues to lead in HIV prevalence. The most recent national AIDS survey (National AIDS and STI Control Program [NASCOP] 2014) indicates that HIV prevalence in Nyanza is about three times (15.1 percent) the national average, suggesting that it remained unchanged whereas national prevalence went down by about 1.5 from the 7.1 percent reported in 2009.

Nonetheless, while public health entities point out that traditional cultural practices often reflect and reinforce gender inequality and women’s disempowerment (NACC 2012:13), these interventions highlight a privileging of a cultural framework for HIV transmission, and a

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<sup>6</sup> There are divergent views on male circumcision as a method of HIV prevention. One group of scholars suggests that male circumcision reduces the risk of HIV transmission from female to male by about 60 percent (Baeten et al. 2005; Kawamura et al. 2005; Szabo and Short, 2010). Epstein (2007) Wamai et al. (2011) and public health professionals support adult male circumcision in reducing HIV transmission based on evidence from clinical trials. An opposing view argues that male circumcision does not have a significant effect on HIV reduction (Siegfried et al. 2003; Dowsett and Couch 2007). For example, Siegfried et al. (2003) note that clinical trials were terminated early thus exaggerating benefits of circumcision. Non-circumcised males contract HIV infection more quickly than circumcised males partly because circumcised males require a period of abstinence after their circumcision, suggesting that circumcision in itself does not reduce HIV risks. Dowsett and Couch (2007) argue that this practice is a violation of human rights enforced in communities that did not traditionally circumcise. Further, the risk of male-to-female transmission is much higher than that of female-to-male transmission, so a method of partial prevention that targets only the second means at the expense of the first would be counterproductive.

decontextualized conceptualization of risk that narrowly targets elimination of ‘harmful’ traditional practices (Hirsch et al. 2009; Nyanzi 2011; Tamale 2011). For public health, a deeper engagement with how the intersecting factors of political ethnic marginalization, ecology, and other social and economic structures shape gender relationships and community practices might be useful for this region. The spread of AIDS is also partly a reflection of the contradictions of neoliberal economic policies—that have had dire effect on gender—beginning in the 1980s.

Following independence the government of Kenya promoted rapid economic growth through public investment, encouragement of smallholder agricultural production, and incentives for private (often foreign) industrial investment. Gross domestic product (GDP) grew at an annual average of 6.6 percent from 1963 to 1973 (Bunutu-Gomez 2011) and thus spending on social services such as education, health, and other infrastructure increased in the 1970s. Notably, Kenya had been receiving loans from the International Monetary Fund (IMF) and the World Bank after independence. These Bretton woods institutions then started to build conditionalities into its loans in order to accelerate economic growth.

In 1980, Kenya signed a structural adjustment loan with the World Bank (Nduta 2006). What followed was a series of Structural Adjustment Policies (SAPs) aimed at improving economic growth while at the same time servicing the loans. During the 1980s, Kenya complied with World Bank and IMF conditions and began replacing the import-substitution policies it had pursued since independence with liberal economic policies: currency devaluation, lowering tariffs, and loosening controls on imports and export-promotion programs (hence ending government control of most non-food commodities) (Gurushri 1994). By the end of that decade, at the time when AIDS emerged and spread, spending on wages, salaries, and economic and social services (e.g. education, health, food subsidies, subsidized housing provided by

government) declined while spending on repaying and servicing debts, as a share of total government spending, went up (Rono 2002).

Beginning in mid-1993, as national HIV prevalence peaked at 10 percent, the Kenyan government became more active in pursuing structural adjustments while government support systems to its citizens continued to shrink. By 1996, it had started privatizing and restructuring both non-strategic and key public enterprises; removed all trade restrictions; and started reducing the size of the civil service. By July 1993, 33,000 civil service jobs had been lost (Government of Kenya 1996). What began to happen during this period was that many of the state's basic functions—health, education, food—were now met by the family, and humanitarian international agencies and NGOs stepped in to provide basic services acting as a double for the government. The gendered effects of the neoliberal policies were innumerable. Women, as nurturers, producers and providers of food, bore the heaviest burden. As these changes were taking a toll on the already marginalized lives of Kenyans, a transnational movement of civil society organizations on health and AIDS had emerged to demand for more action against AIDS from government, and for the international community to provide antiretroviral (ARV) drugs to those HIV infected. According to Nguyen (2010) during this time, the international policy on HIV emphasized raising awareness and encouraging condom use in Africa and not treatment: ARV drugs could not be provided to Africans due to 'cost and logistical challenges.' Yet, the then president Daniel Toroitich arap Moi failed to effectively recognize the reality of AIDS in Kenya.

Even as AIDS quickly became national in scope, also partly fuelled by myths and misconceptions<sup>7</sup> about HIV transmission, president Moi (and by extension, government)

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<sup>7</sup> Despite HIV education, the epidemic persisted partly fueled by myths and misconceptions. For example, some communities believed HIV is a curse from God; others believed that having sex with a virgin would cure HIV; HIV

engaged in HIV denialism. Religion, particularly the Catholic Church, played an important role in the denialism project. For instance, in 1996, the late Cardinal Maurice Otunga of the Catholic Church condemned the use of condoms and set fire to boxes containing condoms and pamphlets advocating safe sex in favor of abstinence and faithfulness. By 1997, an estimated one million out of 28.4 million Kenyans were HIV infected and the government passed a 15 year national AIDS policy (Ministry of Health 1997; Cheluget et al. 2006). Due to high prevalence among female sex workers, AIDS came to be associated with “prostitution” and “immorality”, thereby creating an AIDS stigma that continues to shape the epidemic to date. Following pressure from the civil society in 1999, Moi gave in and declared AIDS a “national disaster” (WHO 2005) and publically encouraged the use of condoms for the first time. He stated, “*The threat of AIDS has reached alarming proportions and must not be treated casually; in today's world, condoms are a must*” (Achieng’ 1999:1). But by this time local cultural, religious and political discourses on condoms had already set the stage for moral perceptions about condoms—associating them with ‘immoral’, ‘risky’, and unmasculine behavior—which continues to haunted effective condom education and uptake to this day. The president’s declaration led to the formation of the National AIDS Control Council (NACC) and global funds to “battle” AIDS could now be more effectively channeled to the country. NACC and partners developed massive HIV campaigns—TV, radio, and billboards—that often carried scary messages on the ‘deadly killer disease’, *ukimiwi* (Swahili word for HIV/AIDS) further setting the stage for how people came to form notions about HIV, stigma, and avoidance of risk. I will discuss these issues in my analysis.

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only affects homosexuals and drug users; or that mosquitoes transmit it. These myths vary with cultural/ethnic groups and AIDS activists have named “culture” as a challenge to HIV prevention efforts.

Meanwhile, the belief that liberalization of national and global markets inevitably produces the best outcome for growth and human welfare, including gender equality, continued to collapse. The neoliberal policies failed to deliver broad macroeconomic success as had been envisioned. After having experienced several years of strong growth during the early years of independence, Kenya's economic performance began to fall. Spending on social services further declined as the longer-term effects of the neoliberal policies took hold on the Kenyan population. Sectors such as health care and education implemented a cost-sharing model where individuals already feeling the effects of the policies were now expected to pay for part of the services. By 2002, the annual growth rate had plummeted to 1.5 percent, which was below the population growth estimated at 2.5 percent per annum (Kenya Economic Center 2013).

When President Mwai Kibaki came to power in 2002, more than 2.5 million Kenyans had been infected with HIV and 892,000 children had been orphaned (UNAIDS 2002). By this time, Kenya's economic growth lagged due to a complex of factors; erratic rains affecting agricultural output (in an economy where over 70 percent of the population rely on agriculture), low investor confidence, meager donor support, corruption, and political infighting (Kuria 2007). The IMF, which had resumed loans in 2000 to help Kenya through the drought, again halted lending in 2001 when the government failed to institute several anticorruption measures (Nduta 2006) affecting the lives of many Kenyans, especially those in the lower income brackets and farmers. In 2003, the Kenya Demographic and Health Survey (CBS, MOH, and ORC Macro 2004) reported that women aged between 15-49 years accounted for 9 percent HIV prevalence while men aged 15-54 were at 4.6 percent. 9 percent of couples were HIV positive while 7 percent were discordant couples (where only one partner is HIV-infected), and another 7 percent were pregnant women. In that year, Kibaki declared 'Total War on AIDS' (TOWA) at community

level (NACC website) which became a government project supported by the International Development Agency (IDA) of the World Bank to implement HIV and AIDS strategic plans. With this donor support, NACC re-launched AIDS education on prevention (Abstinence, Be faithful and Condom use—known as the ABC model in global public health circles) as well as living positively with the HIV virus.

At the same time, president Kibaki started an ambitious economic recovery and reform program in his first term in office. In 2003, progress was made in rooting out corruption, and encouraging donor support, but the government did not sustain these efforts and even though economic growth rose to about 7 percent in 2007, it did not translate into improved quality of life for majority of Kenyans. Today, more than half of the population live below the poverty line, that is, below 1.25 dollars per day (extreme poverty) (World Bank 2013) meaning that most Kenyans experience compounding effects of hunger, malnutrition, inaccessible basic health care and other basic needs and services, which all shape gender relations.

By the end of 2003, AIDS prevalence was said to have dropped to 6.7 percent but the death rate had peaked at 120,000 per year (NACC 2012). In 2006, it fell again to around 5.1 percent. However, *global prevalence was revised downwards as a result of improved reporting methods* in 2007. Contrary to beliefs about a declining prevalence, data suggested that prevalence had actually been rising since 2004 and had reached 7.8 percent by 2007. The political violence of 2007/8, which displaced thousands of Kenyans forcing them to flee to camps, increased the incidences of HIV infection (Feikin et al. 2008). Many people, especially women, experienced various forms of gendered sexual violence placing their health at risk. HIV also spread both in and outside camps as women and men, including those in marriage, forged

sexual relationships for economic survival (Njiru and Purkaystha 2015). The political violence also markedly affected the economy and delivery of social services.

Nonetheless, AIDS slowly declined to the current 5.6 percent (NASCOP 2014). AIDS managers in Kenya attribute their success to improvements in linkage to care and the rollout of antiretroviral therapy. Since 2011, as donor policies have significantly shifted to biomedical prevention, access to treatment has grown and ARVs have become more accessible and affordable than before (NACC 2012). However, it is not clear whether the decline or success in stabilizing the epidemic is attributable to public health programs such as treatment and care; AIDS education; gender and empowerment programs; or the natural evolution of the epidemic where AIDS deaths exceed incidence.

Kenya relies heavily on external funding—mainly the Global Fund to Fight AIDS, TB and Malaria (Global Fund)<sup>8</sup>—for AIDS response but this funding was expected to decline by beginning of 2013 as a result of global financial crisis and new donor priorities (UNAIDS 2013). Furthermore, Kenya is expected to achieve middle-income status by 2030 and donor resources may decline further thus exacerbating the funding situation. But UNAIDS (2013) indicated that Kenya had taken steps for a future with fewer external funds by developing alternatives to increase and sustain funding for AIDS response, such as allocating one percent of ordinary government revenues to an HIV trust fund (UNAIDS 2013). On the contrary, HIV managers in

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<sup>8</sup> The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM or the Global Fund) was established in 2002, as an innovative financing mechanism to attract, manage and disburse resources rapidly and to make available and leverage additional resources. It seeks to make a sustainable contribution to the reduction of infection, illness and death caused by these three communicable diseases. It is structured as a partnership between developed countries, developing countries, the private sector, civil society and affected communities. The Global Fund model finances programs developed by the recipient countries themselves, in line with national strategic health plans and priorities (World Bank website. Accessed Monday 07.21.2014).



the country have noted that “even more alarming, were AIDS funding to decline, the number of new infections and AIDS deaths would be *substantially higher* in 2030 than they are today” (NACC 2012:iii). This contradictory response by the Kenya AIDS managers informs us of the precarious HIV situation in the country: that because programs primarily focus on biomedical prevention, they are not sustainable without external funding.

Kenya has also experienced shifts in HIV prevention. Currently, there is more emphasis on treatment for prevention mainly driven by shifting donor interests. Treichler (1999a) uses the concept of “epidemic signification” to describe a situation where conflicting discourses and ideologies about the disease abound where many believe that biomedical solutions are the country’s only salvation. AIDS managers in Kenya today primarily perceive HIV as preventable through biomedical interventions and the largest share of AIDS resources is geared towards this endeavor while the remaining resources focus on behavior change, primarily, educating masses and women’s economic empowerment programs.

The above account partly highlights multiple and interrelated factors that have broadly shaped the AIDS epidemic in Kenya. But how are public health initiatives specifically related to marriage? I will briefly discuss this question in the following section.

### **Acknowledging Marriage as a Site for HIV Transmission: An Overview**

In the last section, I noted that earlier years of the pandemic associated AIDS with a specific stigmatized practice, ‘prostitution,’ which public health professionals did not envisage posing a threat to the general public (National Council for Population and Development [NCPD] et al. 1994). Early surveys on the epidemic, such as the 1993 and 1998 Demographic Health Survey primarily focused on individual knowledge on HIV transmission, prevention, and misconceptions on AIDS, thus limiting the scope of interventions to individual behavior.

However, in these surveys, there were few questions on number of lifetime sexual partners and condom use by marital status (unmarried, married monogamous, married polygamous). The results indicated some level of extramarital sexual behavior among married people.

Additionally, data from hospital records and sentinel sites (specific sites selected for surveillance) disaggregated by geographical location (rural/urban), indicated high levels of infection among pregnant women in specific sites (NCPD et al. 1994; NCPD et al. 1998).

Despite these slowly emerging trends on HIV in marriage and other heterosexual partnerships in the 1990s, there was no real effort to address HIV transmission within such unions. This must also be understood within the context of AIDS denialism in the 1990s, amongst other factors that I have pointed out in the last section. Political commitment of the State to respond to HIV and AIDS did not come forth until the President's declaration of AIDS as a national disaster in 1999 and consequent formation of the NACC, thus lending force to a more vibrant national and transnational AIDS activism.

Initial trends on HIV prevalence within marriage, and particularly high levels of HIV infection among pregnant women emerged more clearly in the 2003 Kenya Demographic and Health Survey (Central Bureau of Statistics [CBS], Ministry of Health [MOH] and ORC Macro 2004). The findings that 4 percent of couples were HIV positive concordant (both partners HIV-infected) while 7 percent were discordant, led to establishment of "couple-oriented" voluntary testing and counselling (VCT) services. However, these services remained largely unutilized because majority of married women and men would not attend a VCT center as a couple (CBS et al. 2004) due to high levels of AIDS stigma. Largely, marriage, as a site for HIV transmission, remained outside the purview of public health policy, which continued to assume that it was safe from the HIV risk.

Things took a new turn from 2007 with two government surveys. The first inaugural survey on AIDS, “The Kenya AIDS Indicator Survey”, carried out in the same year highlighted couple discordance and concordance, and showed that condom use was lowest in marital and cohabiting partnerships (Government of Kenya [GoK] 2009). A second survey was conducted in 2008, the “Modes of Transmission” study. Health managers pointed out that this study “shockingly” revealed that 44 percent of all new HIV infections occurred among married and cohabiting partners while prevalence among women was twice (8 percent) that of men (4 percent) among adults aged 15-49 years old (NACC 2009). This, amongst other new “evidence-based information” from the two national surveys sparked various HIV interventions. Markedly, the earlier 2005/6-2009/10 Kenya National AIDS Strategic Plan (KNASP II) was revised before the end of its term in order to address the emerging trends on transmission (NACC 2009). The revised 2009/10-2012/13 KNASP III’s four pillars were aligned to the universal access to services on management and prevention of HIV; the Kenya vision 2030’s objective to create a globally competitive and prosperous nation with a high quality of life; and Millennium Development Goal (MDG) 6 which aims to combat HIV/AIDS, malaria and other diseases (NACC 2009).

Beginning in 2009 and with a new reactive policy in place, HIV managers from the ministry of health and AIDS agencies (NACC and NASCOP) and non-governmental organizations, supported overwhelmingly by external funding sources and implementers, rolled out a series of both behavioral and biomedical interventions specifically now targeted at married women and men. Biomedical interventions, which consume the largest share of AIDS resources (NACC 2011), included scaled-up treatment of HIV concordant and discordant couples, ‘voluntary’ adult medical male circumcision, and prevention- of -mother -to- child transmission

(PMTCT). They also launched an intensive national mass media education campaign on marital fidelity as the “*only one*” and “*very simple*” way to avoid the HIV risk in marriage, as the advertisement that opens this dissertation indicates. After a period of marital fidelity education, and perhaps realizing that this did not effectively reduce extramarital sexual behavior, public health managers introduced mass condom use education for both married women and men involved in extramarital sex. These behavioral change interventions form the impetus for this dissertation: I argue that these responses are driven by an individual level gender ideology, and are, therefore, inadequate for stemming the HIV risk in marriage. While I discuss these public health initiatives and the disjuncture between the official public health policy and practice in chapter 7, that discussion is derived from the data I present in this dissertation that shows that multiple level intersectional structures play a part in gendered HIV transmission and that group and institutional level structures, together, affect individual level outcomes.

Despite the five-year phase of targeting HIV discordant and concordant couples, and married women and men more broadly, the end term review of the 2009/10 - 2012/2013 strategic framework that guided interventions in marriage reported that both the behavior change and biomedical programs have not effectively addressed HIV within couples:

The poorest result in the strategic goals of the KNASP (Kenya National AIDS Strategic Plan) was in reaching couples (19%) of target.... *Progress in reducing infections within marriages/couples, as the largest contributor to the overall national HIV infection burden, was unsatisfactorily behind target.* Although HIV Testing and Counselling (HTC) increased nationally, according to a recent study by Kaiser et al, most (83.6%) of HIV-positive married or cohabiting couples did not know their partners’ HIV status. Furthermore, according to KAIS 2012, awareness of a partner’s status remained low (48% for women and 6% for men, aged 25-64 years). Persistent condom use was low among partners of discordant and unknown status, at 5% for women and 14% for men, aged 25-64. *Thus, behavior change strategies to increase testing, encourage disclosure, correct condom use in (discordant) couples, and to reduce (concurrent) multiple partnerships appear not to have worked particularly well under KNASP III (NACC 2014).*

To be sure, there is sufficient evidence on multiple and concurrent sexual partnerships among married women and men, involving, mainly, cross-generational sex (Kaiser et al. 2011; Longfield et al. 2003; NACC 2012; PSI 2014) evidenced by epidemiological studies, but how extramarital sex is socially organized in marriage has not been accounted for in public health. Further, there are efforts to address power differences between women and men, including, women's empowerment through education and income generation, anti-sexual and gender-based violence, and other campaigns framed through "rights." However, these primarily Western-led interventions have raised debates amongst postcolonial and AIDS scholars within academia. Some scholars argue that they are general narrowness in focus (e.g. Blankenship et al. 2000; Gupta et al. 2008; Sumartojo et al. 2000; Tawil et al. 1995). Others point out the conflation of gender and sex and narrow view of gender, culture and rights in non-Western-contexts (Ailio 2011; Connell 2012; Hirsch et al. 2009; Scheper-Hughes 1992; Farmer 1999); and replication of western HIV intervention models that do not fit local social relations (Kalofonos 2010; Nguyen 2010). Based on my data, I will discuss similar findings and show how my research advances these sets of literature

Marriage, with no doubt, remains an important social institution in Kenya and one in which many people aspire to participate. John Mbiti, a renowned Kenyan scholar of African Theology offered a provoking explanation for the significance of marriage in African societies:

....So long as the living dead is thus remembered, he is in the state of personal immortality. *This personal immortality is externalized in the physical continuation of the individual through procreation, so that the children bear the traits of their parents or progenitors....This concept of personal immortality should help us understand the religious and significance of marriage in African societies.* Unless a person has close relatives to remember him when he has physically died, then he is nobody and simply vanishes out of human existence like a flame when it is extinguished. *Therefore, it is a duty, religious and ontological, for everyone to get married; and if a man has no children or only daughters, he finds a wife so that through her, children (or sons) may be born who will survive him and keep him (with the other living-dead of the family)*

in personal immortality. *Procreation is the absolute way of ensuring that a person is not cut off from personal immortality.* (Mbiti 1969:25) (Emphasis mine)

Mbiti's account of marriage, expectedly, received sharp criticism especially by African feminist Oduyoye (1993), for linking personal immortality and procreation. She argued, and rightly so, that in contemporary feminism, such immortality, attached as it seems, to patriarchal concerns for the perpetuation of the home and passing on of property (to sons), is oppressive. Nonetheless, she, as well as other prominent African scholars such as Mazrui (2014) agree with Mbiti that, the central focus of marriage in African society is immortality of the kin-group and group solidarity<sup>9</sup> and that these African traditionalist attitudes on marriage are still very persistent (Mazrui 2014). My participants emphasized the importance of marriage and of procreation, both sanctioned through religious and other local discourses. Additionally, the importance of children, and particularly the preference for a boy child in order to immortalize their fathers (within a patrilineal descent system), remained significant.

The AIDS pandemic has affected these practices and value system by causing many deaths among young married people raising new questions about the continuity of families. The epidemic has also created a new phenomenon of AIDS orphans and vulnerable children (OVC), many of who are HIV positive. In 2012, there were an estimated 2.6 million OVC aged 0-17 years. Of these, 60.4 percent were classified as single orphans (one parent dead) and 10.8 percent were double orphans (both parents dead) (NASCOP 2014). This estimation data, not only highlights the compounding effects of HIV on families, but also threatens the survival of the very institution highly valued and desired by many individuals in the country. AIDS has also aggravated the social and economic hardships for many families, including those relatively

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<sup>9</sup> For more on John Mbiti's works on African marriage, see "*African Religions and Philosophy*" (1969); "*Love and Marriage in Africa*" (1973). See more in Mazrui Ali (2014). For a critique on Mbiti's ideas on marriage, see Mercy Oduyoye (1993), A critique of Mbiti's view on Love and Marriage in Africa.

wealthy because it affects the most productive age group, leaving older persons to take care of the OVC and further impoverishing them.

In short, gender inequalities that shape sexual behavior and marriage practices in the time of AIDS need to be seriously considered. Global-local public health's focus on educating married women and men to change sexual behavior (or biomedical prevention) is good, but it is insufficient for a successful campaign against HIV transmission in marriage. There is a need to locate marital gender relations and sexual behavior within intersecting micro-, meso-, and macro- social influences that facilitate HIV transmission. Throughout this dissertation, I will argue that the gender regime of the marriage institution has transformed over time, and relationships within marriage and in communities have been part of the series of social and structural changes that have occurred, and, consequently, complicate the efforts to control the epidemic.

Global social, economic, political, legal, and cultural changes introduced to Kenya since the colonial period have impacted marriage ideals and practices such as marital labor and access to resources, women's empowerment, and emotional and sexual relations. Further, HIV intervention models, mostly coming from the West, have targeted to alter gender relations and the sexual behavior of married persons. As all these changes have taken place, they have intricately entrenched, or challenged and modified existing marital gender norms, or created brand new forms of gender inequalities. Lugones (2007) has pointed out that gender regimes are interwoven with the dynamics of colonization and globalization and take on particular forms. Connell (2009, 2014), Mama (1997), Nandy (1983), and others have also highlighted the violent transformation of pre-colonial gender orders in colonized worlds. Oyěwùmí (1997) makes a case for the colonial introduction of western gender rooted in biological determinism and contests the

western assumption that gender is a “universal organizing principle.” Whereas these scholars were not writing about marriage and HIV, their theoretical work on colonialism and gender is crucial to the argument in this dissertation; that the shift to modernity has exacerbated gender inequalities in marriage and heightened the risk of sexual HIV transmission. While anthropologists studying African peoples and cultures have cautioned us against the temptation to represent the past as a golden age (Hunter 2010; Spronk 2009), it is, nonetheless, critical that meaningful gender analyses be rooted in historical processes that disrupt and shape contemporary processes. I use this historically grounded, global-scholarship informed approach to intersectionality to organize this dissertation.

### **Overview of Dissertation Chapters**

Following this introduction chapter, that provides a contextual background of AIDS in Kenya, I engage with various sets of literature to which this dissertation contributes. I simultaneously examine how scholars conceptualize and theorize gender, and how public health HIV interventions have deployed gender since the advent of the AIDS epidemic. I also pay specific attention to culture. The inadequate theorization of culture, especially with regard to what is termed as “abnormal” and “harmful” sexual practices in sub-Saharan Africa, reinforces colonial discourses of “othering.” It also privileges culture as static, bounded to the region, and the single explanatory cause of AIDS because it largely ignores the impact of other structural forces. Consequently, such imperialist ideologies blame and stigmatize the “other” for their cultural practices. The limited view of both gender and culture is critical to highlighting how public health’s programs are shaped by assumptions about social relationships and values in communities and groups, and, therefore, what this means for HIV risk perception and success of intervention programs. In the chapter, I also review some



research on AIDS in marriage in Kenya, and beyond, to identify gaps in existing research, to which I contribute. I end the chapter by discussing the theoretical framework that guided this research: gender and intersectionality, and Foucault's concepts of governmentality and bio-power.

In chapter 3, I outline my methodological considerations. My research is strongly shaped and informed by postcolonial feminist scholars, and I was reflective of methodological choices in both fields—data collection, and analysis and writing. I provide elaborate ethnographic details of my two research sites (Embu and Nairobi) to situate my research. I explain my method, sample selection and data collection, and outline how I coded and analyzed my data. I, thereafter, talk about the necessity of reflexivity in my research process, including how it sometimes pushed me beyond my comfort zone. Finally, I discuss the limitations of my study.

Chapters four, five, six and seven discuss my study findings. Existing studies in Kenya show that gender inequalities are important for HIV transmission, but no research, to the best of my knowledge, has examined changing marital gender dynamics, and how these shape HIV vulnerability and risks. I investigate marriages at three intersecting levels (the marital relationship, social networks, and public health programs) but I isolate them in order to make my discussion more vivid. In chapter 4, informed by participants' accounts of marital gender practices today and in the pre-colonial era, I situate the “modern companionate marriage” within a complex historical context of global-local social, cultural, legal, technological, economic and political transformations that discursively and non-discursively shape gender inequalities, and consequently the probability of sexual HIV transmission.

Chapter 5 addresses gender power relations at the marital level to highlight how these create inequalities between husbands and wives. Research models point out that most HIV

infections in marriage are due to infidelity—and fuelled by low condom use—resulting from unequal gender dynamics between partners (e.g. Kaiser et al. 2012). However, the research does not adequately explain *how* infidelity is produced thereby attributing it to an innate, irrational, pleasure seeking behavior of mostly men, and emphasizing women’s victimhood in HIV transmission. Following Anthropologists Hirsch et al. (2009), I employ the concept of “opportunity structures” to analyze how the social organization of marriage produces opportunities that enable infidelity: household division of labor (domestic and farm work) and leisure time, labor migration and mobility (public space work), and women’s financial autonomy or dependence. I argue that, first, gender ideologies that give rise to ideas on domestic (women) and public (men) spheres of work and institutional gender regime processes that favor men for labor migration, simultaneously facilitate (e.g. through couple separation, leisure time and free mobility) extramarital sex differentially for women and men. Second, the modern companionate marriage ideal (discussed in chapter 4) has bred brand new forms of gender inequality, particularly, dependence on men for consumerism, making *mostly* middle class women vulnerable to HIV infection whereas poorer women are made more vulnerable (from their husbands or their own infidelity) by basic needs. Third, women’s complicity in infidelity or the ability to challenge or resist it are based on the calculation of both basic and consumer needs, and both traditional and modern meanings of marriage, wife, and husband.

Chapter 6 focuses on the formal and informal social networks in which my participants’ lives are embedded. Literature on gender, and AIDS, has highlighted the significance of networks for increasing women’s social capital and power, and facilitating access to resources, therefore attempting to challenge both gender and economic hierarchies (e.g. Oduol and Kabira 1995; Purkayastha and Subramanian 2004). We do not know much about the ways in which the

networks for women and men create and foster gender inequalities and mediate the HIV risk. This chapter situates social networks within historical transformations to make several key arguments. First, whereas informal networks—including the extended<sup>10</sup> family—are key to participant's lives, the prioritization of the individual and nucleated families over traditional collectivities and support systems exacerbates HIV transmission. Second, formal financial networks may seem to increase both gender and economic power of, particularly, middle class women. However, the effects of this are mitigated and complicated by persistent male provider expectations, the companionate marriage and related ideals of romance, intimacy and consumerism that, together, entrench dependency on men. Third, the persistent taken for granted segregation of female and male social spaces in which network interactions take place ensure that their homosociality creates and/or reinforces gender ideologies which are further entrenched by religious messages. Moreover, I foreground the often unexamined contemporary growth—at different magnitudes in the two sites—of gender segregated and sexualized spaces as critical for masculine identity formation and performances, and extramarital sex. I also raise questions about the assumed sexual liberation of some women's participation in these sexualized spaces, and what this means for the HIV risk. This chapter reinforces the previous chapter's argument that, in fact, modernity may exacerbate HIV transmission.

Chapter 7 focuses on public health as a site for directly controlling and regulating married person's sexual behavior (the biopower of public health entities). Transnational and African feminists (e.g. Desai 2008; Tamale 2011) have raised concerns over international and transnational movements' disregard for gender and other social relationships in non-western

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<sup>10</sup> I recognize that "extended" family is a concept borrowed from the West. When many participants (especially in the rural areas) spoke of family, this referred to both nuclear and other kin relations. Because I am interested in particular dyadic relationships that drive the HIV risk, I separated the two and analyzed extended family as social networks.

contexts. Additionally, AIDS scholars focusing on sub-Saharan Africa, (e.g. Decoteu 2013; Kalofonos 2010; Nguyen 2010) have pointed out the exclusionary process of biomedical citizenship, and how western-led HIV networks imagine solidarity and social relationships. However, these scholars do not focus on how these processes reshape gender and economic relationships and what this means for the HIV risk. Here, I examine three HIV intervention programs—fidelity campaign, condom campaign, and AIDS support groups—to emphasize four aspects of public health initiatives. First, that the objective of the western-led interventions is to constitute the subjects (married persons, mostly poorer ones) as active and responsible, rational, individuals with the ability to govern their own sexual behavior. Second, because the programs are largely driven by perceptions of ‘immoral’ and ‘backward’ sexual cultures, and, hence, endeavor to ensure maximum control of individuals and change in sexual norms, they are often self-contradictory; they ignore, oversimplify, or make assumptions about local social behavioral norms and what constitutes gender empowerment. Third, in their attempt to save lives and empower people living with HIV through providing them with free treatment and material items (welfare) and thus enabling them access some form of citizenship, these programs not only create and enhance economic and gender hierarchies but they also exclude a marginalized population leaving them vulnerable to HIV infection. Fourth, in the end, because of these assumptions, the interventions are in constant tension with local social norms and material circumstances that govern individuals’ behavior, and, as such they may inadvertently exacerbate risks.

In the final chapter, I provide a summary of my findings and simultaneously compare the three levels in order to account for gender power interactions at the marital, social networks, and public health program levels. I argue for the need for a historically grounded gender analysis to

understand structures and circumstances that produce gender inequalities. I conclude by making an argument about what transformations to particular kinds of modernity mean for gender equality and for HIV vulnerability and risk in marriage. I then discuss my theoretical implications. I emphasize that theoretical discussions of gender and intersectionality should also consider gendered social, sexualized, spaces where further inequalities are bred and entrenched. I then provide suggestions for public health AIDS policy and programs, and suggestions for further research.

## Chapter 2

### Background and Theoretical Context

In this chapter, I bridge literatures on public health, international development, gender, and politics to promote a feminist intersectional framework of studying marriage, gender and HIV. Existing research on HIV and AIDS recognizes that gender inequalities drive the sexual HIV transmission and there are gender programs responding to HIV. However, the history of the AIDS response indicates that global public health's conflation of sex and gender, and its neoliberal ideology of making individuals responsible for their own health, inadequately addresses gender-as-structure. In addition, particularly in sub-Saharan Africa, responses are driven by a moral discourse on African sexualities while depicting women primarily as both victims and vectors of HIV.

Gender and international development scholars, especially Two-Thirds World feminists have questioned the homogenizing western understandings of gender and racialization of the 'Third World'<sup>11</sup>, perceptions of sexualities and cultures, victim saving practices of some transnational organizations, and disregard for histories and contexts outside the West. The literature on public health highlights how these assumptions on gender affect program models implemented, particularly in sub-Sahara Africa. My historically grounded analysis advances this literature to show how contemporary changes have impacted gender, sexuality and the social organization of marriage in Kenya to produce and facilitate infidelity, and hence the likelihood of HIV transmission. I also attempt a more nuanced analysis of women's agency. Further, I show how public health assumptions and workings may inadvertently exacerbate HIV transmission in

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<sup>11</sup> I use "Third world" when citing or referring to colonizing discourses, otherwise I use "Two-Thirds World" or "South" consistent with transnational feminism.

marriage. The literature on formal and informal social networks in the non-West has shown how these networks are crucial for women's social support and social capital, and hence challenge the gender hierarchy. Whereas these scholars have looked at the significance of women's networks, I contribute to this literature by examining the reverse; how women's and men's social networks may actually reinforce gender inequalities, and consequently, exacerbate the HIV risk. Together, this review on HIV, gender and sexuality, public health, and social networks literatures is important for advancing a multi-level intersectional framework for analyzing HIV transmission.

I examine gender and HIV transmission in marriage as a Kenyan-African gender scholar, which impels me to be both reflective of and critical about how global AIDS discourses represent gender and sexuality in sub-Saharan Africa. I, therefore, find it imperative to situate this analysis within a feminist framework that interrogates Western understandings of gender and the 'Third World,' while closely examining questions of gender and intersectionality as frameworks for analyzing HIV in marriages in Kenya.

In general, Two-Thirds World feminism is concerned with deconstructing and interrogating knowledge production in the West (Ampofo and Arnfred 2006; Bulbeck 1998; Bakare-Yusuf 2003); Connell 2007; Mohanty 1998; Njambi 2004; Oyěwùmí 1997; Purkayastha 2010; Tamale 2011). Taken together, these scholars are partly concerned with the uncritical imposition of conceptual categories and theories bound to Western culture such as gender, woman, family, patriarchy, private/public spheres; homogenization of 'Third World' cultures; and the disregard for historical, social, cultural, political, and economic factors that contribute to the complexity of experiences of the 'Third-world.'

Regarding gender, the Two-Thirds World literature contests the ubiquity of biologically rooted Western explanations for gender differences as a reflection of the pre-occupation with

“biology is destiny” (Oyěwùmí 1997). Oyěwùmí also questions Western assumptions of gender as a universal organizing principle<sup>12</sup> and contends that if gender is socially and culturally constructed, then it cannot be assumed to function in the same way in all societies across time. Additionally, scholars point out that the Western assumption of an essential, universal category “woman” is false (Mohanty 2003; Njambi 2007; Oyěwùmí 1997). Mohanty, in her famous essay, *Under Western Eyes* (1991) informs us that Western feminist theory’s construction of a false image of a subordinated ‘third world woman’<sup>13</sup> assumes a group undifferentiated by factors such as class, geographical location, or ethnicity.

Finally, these scholars argue that Western feminisms selectively focus on the oppression and victimization of the ‘third-world woman’ by ‘harmful’ cultural practices. Mutua (2002) for example, examines how the Eurocentric nature of the rights movement is embedded in the grand narrative of human rights as expressed through the triple metaphor of “savages-victims-saviors.” The savage, or human rights violator, is typically a non-Western state, but as states are merely the expression of their cultures, it is the culture that becomes stigmatized. However, even as we confront the debates about culture, scholars such as Purkayastha and Erturk (2012) warn against cultural essentialism and relativism that prevail in the application of human rights. But because the metaphor of the victim is the driving force of the human rights ideology, by focusing on

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<sup>12</sup>Nigerian feminist Oyěwùmí (1997) makes persuasive arguments that in pre-colonial Yoruba in Western Nigeria the organizing principle was not established by gender but rather by seniority, contrary to Western ideals. Though Bakare-Yusuf (2003) disagrees with Oyěwùmí’s limited view of power, she nonetheless agrees that as a first order principle of inquiry, gender may be insufficient to capture the complexities of Yoruba social reality. Bakare-Yusuf argues that gender did exist but that colonialism changed gender patterns by building on distinctions that already existed in Yoruba culture.

Nandy (1983) also argues that the British conquest and the colonial regime re-shaped Indian culture, including its gender order (masculine, feminine and androgynous). See also Connell (2009); Lugones (2007); Mama (1997) on colonial impacts on gender

<sup>13</sup> This assumes privilege of the western women when in fact socially they may suffer from many of the same disadvantages of being female.



victimization and powerlessness, the rights movement ends up dehumanizing the individuals in the oppressed society. Therefore, focus on oppressive gendered practices socially and discursively, of necessity, should give an account of the historical complex realities of the ‘Third world’ – slavery/colonialism, neo-colonialism and other global influences. Further, Ferree (2006) argues that the ‘Third World’ is no longer merely defined by its history of colonization but by its own diversity, regionally, economically and politically. As such, it is imperative that we pay attention to diversity.

The concerns of Two-Thirds World feminism about homogenizing and essentializing discourses, knowledge production, victim-saving practices, and gender and social relations, offer important reflection points in investigating gender and HIV in marriages in Kenya. This is important, particularly in the era of competing discourses of HIV with, on the one hand, a discourse of gender and health rights, and empowerment, and on the other, the direct or indirect control over people’s bodies and politics of exclusion. In the following sections, I focus on literature that examines how gender, sexuality, and culture have been theorized and deployed in public health programs while at the same time highlighting my contributions. I end by discussing the theoretical framework that guides this project.

## **Gender and HIV**

Gender and HIV (and health, more broadly) scholars have long been concerned with how gender has been conceptualized and deployed in global public health initiatives to highlight the fact that public health is shaped by unexamined assumptions about gender and social relations in societies (Ailio 2011; Hirsch et al. 2009; Parker and Aggleton 2002). During the early years of the AIDS epidemic, very little attention was paid to relations between women and men because HIV was first diagnosed primarily among gay men (Hirsch

et al 2009; Hunter 2010). However, the first major shift, as pointed out by Hirsch et al. (2009), involved feminist activism towards drawing attention to heterosexual transmission and the fact that HIV infections and deaths were occurring amongst women. Getting women to count both epidemiologically and in policy translated into public attention and funding for HIV prevention amongst women. The ensuing inclusion of women in HIV epidemiological and surveillance studies revealed the disproportionate effects of HIV on women, which gave more impetus to international feminist activism on women and HIV transmission. For example, globally, women represent about half of all adults living with HIV, while in sub-Saharan Africa alone, women constitute over 60 percent of this group (UNAIDS/WHO 2008; UNAIDS 2014). Counting how many women were HIV infected gave a woman's face to the epidemic. However, it assumed a homogenous woman, therefore, hiding the contextual social and cultural factors that created these gendered patterns.

As feminist activism around HIV grew, more attention was given to women's HIV risks. Policy research and advocacy reports began to examine the relations between women and men that shaped women's HIV infections. Even though this activism noted the importance of taking a gendered approach towards HIV prevention and treatment (Gupta, Whelan, and Allendorf 2003; Hirsch et al. 2009), they primarily targeted women (Ailio 2011; Connell 2012; Kako et al. 2012). For example, Ailio (2011) examined a 2004 joint report by UNAIDS, UNFPA, and UNIFEM titled *Women and HIV/AIDS* to reveal the nature of global policies. She found that the policies isolated gender as the key driver for the HIV pandemic in sub-Saharan Africa yet targeted women as a category and made explicit strategies to respond to women's needs and circumstances essential. Men were not included in HIV prevention efforts. Connell (2012) cites policy documents by World Health Organization's Commission on the Social determinants of

Health set up to explore social effects on health, and the United Nations' Millennium Development Goals whose third MDG is to "promote gender equality and empower women." She points out that the policy documents' interest centers on the disparities between women and men as distinct groups and takes them as fixed, unproblematic categories.

Gender and health theorists point out that the ways in which gender has been theorized in both biomedical and public health research is problematic (Krieger 2003; Connell 2009). Whereas gender was introduced in the 1970s as an alternative for sex in order to counter biological determinism, gender and sex continue to be used interchangeably thus reifying biology, and in public health programs and AIDS activism, both terms have commonly been used interchangeably to refer to women. Moreover, Connell (2009:9) noted that in its most common usage the term gender means "the cultural difference of women from men, based on the biological division between male and female." Gender is understood as a binary emphasizing difference between male and female (Acker 1989; Connell 2012; Reczek and Umberson, 2012; Stacey and Thorne 1985). This functionalist view of gender, as Connell (2009:11) notes, has the problem of "squeezing of biological complexity and adaptability into a stark dichotomy, and the idea that cultural patterns simply express bodily difference." This conceptualization, therefore, poses several limitations for gender analysis in HIV. First, gender (like sex) is assumed to be a biological category, naturally ordained and cannot be changed (Connell 2005, 2012; Fausto-Sterling 2000; Reczek 2012). Second, it obscures the various forms of femininity and masculinity that women and men can and do demonstrate (Connell 2005, 2009, 2012; Courtenay 2000; Ferree 1990). The binary view of gender led to the skewed response to HIV, including the neglect of men.

In the third decade of the epidemic, both scholars and policy makers explored how

gender inequality shapes both women's and men's risks. However, because HIV occurs primarily through sex, any explanation for women's infection was quickly attributed to men's behavior (Hirsch et al. 2009). This view not only cast women as victims, it essentialized men for portraying a particular men's role in HIV infection. The intellectual contributions of scholars such as Connell (1995) and Kimmel (1987), particularly in the field of masculinities and men's studies, revolutionized the ways in which scholars theorize gender. For example, Connell compels us to think about a relational approach to gender that constitute gender as a social structure. Seen in this sense, masculinity (and femininity) "is simultaneously a place in gender relations, the practices through which women and men engage in that place in gender, and the effects of these practices in bodily experience, personality and culture"(Connell 1995:71). As such, understanding gender as a social system, therefore, would involve an analysis of how, for example, men located differentially in the social structure (age, socio-economic status, ethnicity/race, and residence) both contribute to and are affected by that system. While this is the case in gender theory and in critical scholarly research, it is not yet effectively so in HIV research.

Many scholars have decried the ways in which masculinities is theorized in AIDS research and programming (Connell 2012; Hirsch et al. 2009). Hirsch et al. (2009) in their studies in various non-western contexts point out that majority of current work on HIV conceptualizes masculinity simply as an attitude or a set of beliefs, thus emphasizing ideology as the aspect of gender towards which HIV interventions must be directed. This focus, they note, has both strategic and intellectual limitations. As an intervention strategy, trying to remake masculinity by encouraging men to develop their critical consciousness about gender is an individual-level approach that ignores the structures of constraint in which they operate (see also

Connell 1995, 2012) and which, consequently, produce various forms of masculinities. While it is certainly true that critical consciousness of one's role in systems of inequality is key, and that many men wield considerable power in heterosexual relationships, Hirsch et al. (2009) assert that prioritizing ideological transformation of the globe's least powerful individuals ignores how these men's limited choices are in relationship to global patterns of power and consumption. Further, they add that this is an example of framing risks as the product of "exotic" or "primitive" cultures rather than social and global inequalities (see also Farmer 2001). Hirsch et al.'s view, however, is that the notion of masculinity as ideology represents an advance over biologically essentialist modes of explanation, and, therefore, better, but I argue that it still runs the risk of gender essentialism: that women and men hold certain innate attitudes, beliefs, and ideologies about them which make them different from each other. This logic which drives HIV interventions to primarily focus on educating men to change their seemingly 'natural' behavior and ideas about 'being men', without engaging with social structures that shape these ideas, is problematic for a successful campaign on engaging men in HIV prevention.

Related to HIV interventions prioritizing ideological transformation over addressing social inequalities is the bifurcation of gender ideologies into 'traditional' and 'modern.' Postcolonial gender scholars have suggested that this strict division implies a linear process of cultural evolution (Hirsch et al. 2009; Hunter 2010). In addition, Connell (1995) in her work on masculinities has noted that the many different masculinities each associated with different positions of power and produced in the same cultural and institutional setting indicate that post-colonial gender reality cannot be captured by generalized models of 'traditional' versus 'modern' manhood. Such views and interventions, I add, reflect the Western/colonial modernization/development models that first sought to include "women in development", and

when that failed they superficially applied the “gender and development” models which first blame ‘Third World’ countries for their ‘backwardness’ and then offer to assist them to ‘develop’ (Snyder 2006; Nandy 1998). As Nandy (1998), also notes, this view reinforces homogenization discourses through the construction of binaries, modern/primitive, normal/abnormal and serves to wipe away differences and diversity in these societies.

Given that sub-Saharan Africa heavily relies on the West for both AIDS funding and policy guidance, this subset of literature raises fundamental questions about global public health policy makers’ and some AIDS researchers’ conceptualization of gender and how their views are built into AIDS programs implemented in the region. It also raises questions regarding the agency of the individual, particularly women, in HIV transmission.

I build on this literature in three ways. First, many feminist movements construct women as victims of men’s sexual behavior, but I develop a deeper and more nuanced analysis of women’s agency by asking how do women resist the gender inequality regimes surrounding HIV transmission—and how might women actively participate in behavior that places them at risk of HIV? Second, most existing work begins analysis with the emergence of HIV and AIDS in the 1980s, but I develop a historical perspective that examines changes in gender relations and marriage over time. Third, I contextualize research on HIV and public health with an in-depth case study of the factors that shape HIV in marriages in Kenya today. An investigation of the complex interlinkages between the socially constructed structures in Kenya and individual agency for both women and men in marital relationships is crucial to contextualizing HIV transmission. Whereas I do not discount the power of the individual in shaping HIV risks (increasing or reducing), I argue that structural location is central to organizing and constraining individual action. This kind of analysis helps to de-stigmatize behavior that global public health managers

largely deem backward and immoral in “other” regions such as Kenya.

### **Racialized “Other”: Sexual Cultures, Moralities, and Stigma in Public Health**

This section reviews literature on perceptions and assumptions about sexualities and cultures, particularly in sub-Saharan Africa in order to highlight the ideology that drives global public health’s responses to AIDS in the continent. Generally, sociologists and anthropologists are concerned with how culture, like gender, is inadequately theorized. Obviously, gender and culture cannot be seen apart from each other. Gender is central to cultural life: society’s views of gender are reflected in, and promoted by, a range of social structures, primarily institutions, and practices such as sex and expressions of sexuality. Regarding contexts outside the West, scholars such as Smith (2009, 2011), and Nyanzi (2011) contend that, a framework that privileges culture has contributed to a failure to adequately examine inequality and the political economies that gird it (see also Scheper-Hughes 1992; Farmer 1999). They also note that it has led to a relative myopia about history and the processes by which cultures are always changing and a failure to recognize the permeable and shifting boundaries of culture, accentuated by the current attention to globalization. Culture is seen as “a static, bounded, and politically naïve concept” that is “frequently wielded in society as a form of explanation (and blame) that attributes to cultural practices outcomes that are better understood as the consequences of structural forces” (Smith 2009:84; see also Tamale 2011). It is in the analysis of AIDS in sub-Saharan Africa that the concept of culture, especially with regard to sexual practices, is most commonly applied.

In this region, sexual practices that are seen as ‘traditional’ and ‘dangerous’ are used to explain ‘risky’ behavior. Moreover, Africa is primarily viewed as a homogenous continent with no adequate account of diversity in cultural practices of gender and sexualities. For many scholars and individuals in the West, there only exists one ‘African Sexuality.’ For example, in a

widely quoted and critiqued study by Australian born demographers John Caldwell, Pat Caldwell and Pat Quiggin (1989) on the *Social Context of AIDS in sub-Saharan Africa*, their attempt to expose the weaknesses in colonial approaches to African sexualities, ended up reifying the same. They present a homogenizing and deterministic view of an “African system of sexuality” that is responsible for the HIV epidemic on the continent.

African scholars for example, Helle-Valle (2004), Mama (2007), Oinas and Arnfred (2009), and Tamale (2011) have cautioned against oversimplifying and essentialising the practice and discourse of sexualities in Africa and to read their multiple and contextual meanings for knowledge production. Tamale (2011:12), in her edited collection, *African Sexualities* notes that, “the fact that the language of Western colonialists has dominated sexuality discourses means that the shape and construction of the meanings and definitions of related concepts necessarily reflect realities and experiences outside Africa.” This, I note, not only points to how knowledge about Africa is produced (and truly much else lost, for example, the rich cultural connotations and ambiguous meanings lost in translations; folklore, traditional songs and dance; and clothing that are ignored because they do not conform to Western standards of knowledge), but also how it is implemented in donor-led AIDS programs.

Scholars point out that the Western donor-driven conceptualization of an undifferentiated Africa and sexuality led to development of uniform policies, frameworks and advocacy programs for addressing AIDS in the region when it emerged (Ailio 2011; Swidler 2006, Tamale 2011) often sidelining local government ministries as Swidler (2006) found in her research in Malawi. Because the interventions were informed by quantitative research, they largely ignored the qualitatively nuanced socio-economic aspects of the epidemic and led to dominant discourses of a stereotyped and racialized specific African sexuality— insatiable, alien



and deviant—which to this day inform much of Western discourses in their research. Racialized media stories of harmful African cultural practices such as, Female Genital ‘Mutilation’ (circumcision), widow inheritance, virginity testing, and notions that sex with a virgin can cure AIDS (Hirsch et al. 2009; Tamale 2011; Smith 2009; Nyanzi 2011) are circulated around the globe as isolated explanatory factors for the high prevalence of HIV in the region. For example, Dilger quoted in Tamale (2011) observed:

[A]part from rampant fantasies about prostitution and the red-light districts stretching from Nairobi to Johannesburg and Dakar, the European/North American discourse on sexuality and AIDS in Africa has been fed by images of an enforced, exotic, and often violent sexuality said to prevail on the continent: polygyny, female genital mutilation, and especially the (gang) rapes of women and babies in South Africa have made sexual violence and child rape the main issues for international media reports on AIDS in Africa (Dilger 2008 quoted in Tamale 2011:17).

Additionally, even though global AIDS policies have progressively emphasized the need to pay attention to local diversity and cultural sensitivity, this is mostly so in theory, the practice largely remains unchanged. For example, Brëdstrom (2006:240) highlighted the persistent racialized representations of culture and AIDS in sub-Saharan Africa found in Swedish debates:

The then president of the Red Cross in Sweden, Anders Milton (2003), claimed that, the Red Cross has failed in their fight against AIDS by not *challenging patriarchal cultural patterns that, as he contends, generally exist in all sub-Saharan African countries*. Milton also adds fire to other prevalent notions such as *that prostitution, multiple partners among men or wicked cultural practices are the main causes for the vast spread of the virus* (Emphasis mine).

Such representations are not only racialized, but are also gendered. African feminists do not condone the negative aspects of some cultural practices such as female circumcision that may create health risks, but they are concerned with the narrow focus on traditional cultural practices and the cultural insensitivity of imperialist ‘victim-saving’ strategies that sometimes dehumanize and infantilize African women (Alberteijn 2003; Njambi 2004, 2007; Tamale 2011). Examples of these ‘saving’ practices who have websites to raise resources for their interventions in Africa

include, the ‘Adopt a Clitoris’ anti-FGM (sic) campaign by a US-based organization, and the ‘Undies for Africa’ Canadian organization who explicitly state that African women are raped because they do not have underwear.

Smith (2009) holds that while some traditional cultural practices do contribute to HIV transmission, their effects on the overall epidemiology of AIDS pale in comparison to issues of political and economic disparity, poverty, gender inequality, and what can be described as normal sexual behavior. He further notes that social scientists too have unintentionally reproduced the same distorted images by depicting traditional practices as adequate explanations for AIDS. Given these assumptions in global public health, a substantial amount of AIDS funds is used for ‘eliminating harmful cultural practices’ and educating African populations on the same. Culture is viewed purely in negative terms and as a barrier to legal and gender reforms, rather than as a potential tool for emancipation. A consequence of this is that some of the Western donor-sponsored programs such as ‘anti-FGM’ campaigns in Kenya have produced resistance from nationalists and local community members who see them as ‘imported’ and imposed on communities and they, therefore, actively engage in defending ‘their culture’ from the threat of Western cultural imperialism. The result of this clash is cultural essentialism, which makes it even more difficult to realize gender equality. As such, despite years of AIDS education and ‘strategic’ interventions on these ‘harmful’ practices, they are still persistent.

Cultures are not static, as we clearly see many global cultural influences adopted in Kenya, either modifying or completely obliterating some past cultural practices including those relating to sexual behavior. However, sexuality remains a field of tension and debates about culture, including the control of women’s bodies. My view on cultural practices has been that to avoid the stand-off between modernity, rights, HIV risks, and traditional claims to culture,

or essentialist and relativist debates that often have adverse consequences for people, there is need to engage the new values within local cultural conversations that enable the development of indigenous ideas of equality that draw on the culture. This would move us beyond seeing cultural practices as prehistoric to all cultural groups, whereas in some communities they are, in fact, part of modernity. For example, the Kikuyu in Kenya adopted female circumcision (explained as a HIV risk factor) from neighboring communities and used it as a political mobilization tool in anti-colonial struggles (Njambi 2007). Henceforth, it became an important identity marker. The continuation of this practice post the colonial struggles is a claim for ethnic identity and attendant inclusion and exclusion gender practices.

Circumcision is intricately bound up with women's social status and wifhood, and is, therefore an important tool of social exclusion in practicing communities. Despite anti-circumcision legislation and establishment of an "Anti-Female Genital Mutilation Board", it is still rampant and some women's agency is visible in these resistances due to the implication of the practice on their gendered lives in the communities. As I was preparing this dissertation, the Kenya media frequently reported a surge in female circumcision through narratives of "excluded" married women who actively resisted NGO interventions. In one of the video clips, the women chased NGO staff away from their communities by throwing stones at their SUVs (Sport Utility Vehicle).

Additionally, in their study of 'ritual sex' among the Baganda of Uganda, Nyanzi et al. (2011) found that practices such as widow cleansing rituals (also practiced by some Kenyan ethnic groups such as the Luo) have specific meanings for closure (mourning) and opening of future production and are thus significant for the communities that practice them. Yet widow cleansing, and related widow inheritance (levirate marriage), has been a key focus of HIV

interventions in Kenya. Without understanding nuanced meanings of cultural practices and critically engaging with communities on their effects and finding ways of adopting new values, targeted communities reject ‘imported’ ideas. However, deep conversations rarely happen in program implementation, and are addressed only superficially emphasizing risks and negative consequences, therefore, stigmatizing the practices. Tamale (2011) and Merry (2006) inform us that rights and policies should be presented in local cultural terms in order to be persuasive, but also challenge the existing power relations in order for them to be effective.

Related to discourses on ‘harmful’ cultural practices, scholars argue that global public health interventions designed to prevent HIV transmission assume that inadequacies of knowledge and belief drive the epidemic. Therefore, the dominant public health strategy for preventing HIV infection focuses on educating people to reduce individual risk through behavior change, that is the ABC model (Kippax, and Stephenson 2012; Hirsch et al. 2009). As these scholars suggest, this approach assumes that the locus of the problem lies in what people think and believe, that is, in their culture and how it shapes what they do. AIDS researchers in various settings in sub-Saharan Africa (Parikh 2007, 2009, Smith 2009) have found that these interventions create situations where people conceptualize HIV risk in relation to stigmatizing discourses from which they try to distance themselves.

This effect is partly due to local interpretations of globally circulating representations of risk and risk groups, which tend to connect HIV risk to social and sexual immorality, making it unlikely that individuals will conceive of their own behavior as risky (Smith 2003). Therefore, AIDS has become associated with a stigmatized “other” (Parker and Aggleton 2003). By targeting risky or promiscuous cultural practices, public health programs make it virtually impossible for people who become infected with HIV through “normative” and “safe” sexual

practices to acknowledge they have contracted the virus. In these circumstances, it is not surprising that marriage is perceived as an environment of moral and sexual safety, making it difficult for people to accept the fact that marriage is increasingly a primary pathway to infection ((Hirsch et al. 2009). In this dissertation, therefore, while drawing upon, and building on these scholarly insights, I also investigate how public health AIDS management as a field of cultural contact deploys theories, models, and concepts to regulate or govern bodies and produce knowledge on AIDS among married women and men in Kenya. I examine what behaviors result from this interaction. The following section reviews some specific research on gender, marriage, and HIV that relates to this project.

### **Research on Gender, Marriage, and HIV**

This literature emphasizes the victimization/assumption about the victimization of women in HIV and AIDS research, together with inadequate attention to how both women and men are vulnerable to HIV, along with the often decontextualized analysis of political-economic factors that exacerbate risks due to dominance of quantitative research models, and the persistent colonial discourse in AIDS research and interventions. My work addresses these gaps through a historically grounded intersectional framework that examines the interplay of political-economic factors with structures of social difference (e.g. gender, class, religion, residence) to affect couples capacities to negotiate the HIV risk.

It is now well known that sexual intercourse within marriage or with a long-term partner puts many women at risk of HIV infection, most commonly from their husbands or partners' extramarital sexual relationships (Gangakhedkar and Bentley 1997; Hirsch et al 2009, O'Leary 2000; UNAIDS 2004; UNFPA 2005). Women who are economically and socially dependent on their husbands or lovers have difficulty negotiating condom use and inquiring about their

partners' extramarital liaisons (Baylies 2004; Parik 2007). Moreover, scholars have documented factors such as labor migration involving separation of spouses, masculine sexual privilege, expectations of female sexual passivity, and domestic violence exacerbate women's HIV vulnerability (Campell 1997; Hirsch et al. 2002; Hirsch et al 2009; Lyons 2004).

Generally, there is a growing body of policy and scholarly literature on AIDS in Kenya—not specific to marriages—focusing on different aspects of HIV vulnerability and risk, mostly as these affect women. These include; poverty and sexual behavior risk in rural and urban areas (Dodoo, Zulu and Ezeh 2007; Hattori and Dodoo 2006; Voeten et al. 2004); internal migration and sexual risk behavior (Brockerhoff and Biddlecom 1999; Greif and Dodoo 2011); rural women's experiences with HIV and poverty (Kako et al. 2012); practices and rites around widow inheritance (Ambasanya-Shisanya 2007). Still, others have examined power relations and condom use (Nzioka 2000); traditional sexual norms and behaviors that disempower women in decision-making (Waithera 2010); female genital cutting and HIV (Yount and Bisrat 2007); and multiple partnerships (Hattori and Dodoo 2007; Kaiser et al. 2011). Some of these scholars, and public health research (NACC 2002, 2009) suggest that women's vulnerability is linked to their lack of AIDS-related knowledge due to their low levels of education and hence low perception of individual risk.

While the studies are important in revealing some demographic differences that produce HIV risks, there are several limitations to majority of this research. One, most research focuses on women as a victim category which limits our understanding about their agency in sexual HIV transmission, and the research pays less attention to how men in these relationships are affected by the same factors. Second, the quantitative public health research models do not explore meanings of practice, therefore, resulting in oversimplification of complex and nuanced sexual

practices such as female circumcision and widow inheritance. Third and related to the second, as I pointed out earlier, emphasis on a cultural framework for explaining HIV isolates these cultural practices from the broader social, cultural and political contexts within which they take place and further victimizes women. The research, therefore, makes recommendations that reinforce colonial discourses of morality and public health's neoliberal strategy of making individuals responsible for their health, such as, education, and women's economic empowerment programs that further isolate women from men.

Public health surveys carried out in Kenya in 2007 and 2008 showed high levels of HIV transmission within marriage and long-term partnerships, opening up space for research specifically focused on marriage and relationships between couples. However, this research to date has primarily focused on clinical trials and on discordant couples' various aspects of antiretroviral therapy use (e.g. Curren et al. 2014; Heffron et al. 2012; Kahn et al. 2013). Notably, Kenya recently developed national guidelines on discordant couples' treatment and counselling.

In the only study of married and cohabiting couples in Kenya, Kaiser et al. (2011) analyzed HIV discordance and concordance within couples sampled, interviewed, and blood tested for the 2007 Kenya AIDS Indicator Survey. They found that in 83.6 percent of HIV-infected persons in marriage or cohabiting relationships, neither partner knew their HIV status. Their results indicated that independent factors associated with HIV-discordance included young age in women, increasing number of lifetime sexual partners in women, HSV-2 (herpes simplex virus localized around the genital region) infection in either or both partners, and lack of male circumcision. Independent factors for HIV-concordance included HSV-2 infection in both partners and lack of male circumcision. They concluded that couple prevention interventions

should begin early in relationships and include mutual knowledge of HIV status, reduction of outside sexual partners, and promotion of male circumcision among HIV-uninfected men.

This study is important in identifying some factors linked to HIV transmission in marriage such as multiple sexual partnerships for both women and men but, as with many public health's highly quantified work, it does not explain how infidelity is produced to pose the marital HIV risk. In recommending that partners reduce their outside sexual partners, it reinforces the marital fidelity campaigns that make this *very simple* and almost the *only one way* of preventing HIV. Further, in scholarly work, this research is problematic because it promotes discourses of 'harmful' cultural practices—in this case, the lack of male circumcision— as the cause of AIDS, and it emphasizes individual moral responsibility for HIV prevention. My dissertation goes beyond this study by historically contextualizing marriage in an attempt to account for transformations in its gender regime and how evolving marital ideals (e.g. wife, male provider, love, intimacy, sexual desire, and consumption) govern married women and men's sexual conduct to shape HIV transmission, and in turn how HIV structures the regime.

### *The Historical Transformation of Marriage*

Transformations that took place in marriage in late 19<sup>th</sup> and early 20<sup>th</sup> century America and Europe led to what D'Emilio and Freedman (1988, cited in Shumway 2003) call "companionate marriage," which refers to a successful relationship rested on the emotional compatibility of husband and wife; the shift from economic models of marriage. Women and men sought happiness and personal satisfaction in their mates, an important component of their happiness was mutual sexual enjoyment. Shumway argues that capitalist industrialization weakened the role of the extended family and promoted individualism, thereby transforming the family from a productive unit and thus a necessary means of survival into a sphere for the



creation and enjoyment of pleasurable and affective relations. Romance films and novels, and urban pleasures such as dance halls and movie theatres reinforced the changes in kinship brought by these economic shifts. Connell (2009) has observed that most contemporary households are formed on the basis of romantic love between two persons. Giddens (1992) in *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*, has suggested that capitalism, by creating the modern individual, laid the groundwork for modern sexualities and modern loves in the West.

Caldwell (1976) writing about demographic transition theory in Africa talked about the “emotional nucleation” of the Nigerian family, which he attributed to the combined influences of Christian missionaries and their idea of monogamy, increasing literacy, the media, and the commodification of sexuality. In addition, a 1984 Nairobi-Kenya conference deliberated on the “Transformation of African Marriage” (Parkin and Nyamwaya 1987). The contributors to the conference called for theorizing marriages in Africa within political economic and ideological contexts. Some of the issues they discussed related to the changing practices in polygyny (Nigeria); causes and consequences of rising divorce rates (Kenya); emergence of patrilocal post marital residences (Tanzania); customary versus contemporary marriage laws (Kenya); and marriage and sharing of domestic chores among elite couples in East Africa. Some of these ideas inform some of my analysis.

Additionally, literature by anthropologists on gender, sexuality, and HIV has recently begun to examine the link between HIV transmission, gender inequalities and love driven by contemporary social changes in the non-west, for example, in South Africa, Nigeria, Uganda, Mexico, Vietnam, Papua Guinea. Exemplars of this work include, *Love and globalization* (Padilla et al. 2007); *Love in the time of AIDS* (Hunter 2010); and *The Secret: Love Marriage*

and HIV (Hirsch et al. 2009). Taken together, these scholars have pointed out that global ideologies that place importance on the display of emotional and intimate bonds in relationships or in marriage may exacerbate HIV risks. Hirsch et al. (2009:10) in their comparative ethnographic analysis of different countries point out that “the (modern) idea that spouses should be social companions who share some degree of emotional intimacy” coupled with other global-local forces that have occurred in diverse colonized settings entrench gender inequalities and creates opportunities for extramarital sex for men, therefore, exacerbating marital HIV risk. Their work is critical because it exposes the inadequacies of merely essentialist interpretations of men’s sexual desires. By so doing, they move sexual behavior and risk away from individuals, as is the practice with public health, to structural factors. I build on their work by providing a historicized analysis that accounts for both women and men’s extramarital sex and examines interlinkages between different levels of power relations (marital, community social networks, public health and other broader influences) in Kenya.

### **Community Networks, Gender, and HIV**

In this section, I discuss the emerging literature on gender and social networks to highlight the significance of networks on gender empowerment and HIV reduction. My project advances this literature by investigating how networks might also contribute to gender disempowerment and, hence, exacerbate the HIV risk.

Gender scholars focusing on the South have highlighted the significance of women’s informal networks in reducing gender and economic hierarchies (see Purkayastha and Subramanian 2004 edited collection, *The Power of Women’s Informal Networks: Lessons in Social Change from South Asia and West Africa*). For example, some authors in this collection point out how group affiliation or collective action is critical among women as they provide a

means of gaining social power and agency in a male-dominated society in which they mostly lack access to and control over economic resources and representation within formal institutional structures (Creevey 2004; Adams et al. 2004). Others highlight the crucial roles women's networks play in influencing health decisions (Adams, Simon, and Madhavan 2004). In Kenya, Oduol and Kabira (1995) have analyzed the importance of women's traditional work collaboration or self-help groups that facilitated women's work, and their significance in challenging gender inequalities through influencing decisions in patriarchal structures.

Increasingly, AIDS scholars are pointing out the importance of community social relationships and networks in influencing norms that lead to reduction in HIV transmission (Gupta 2000; Lwendo 2013; Schensul et al. 2009; Toller 2008)—though not how they, in fact, might, exacerbate the HIV risks. For example, Schensul et al. (2009:277) in their work in communities in India note that, “individual knowledge, attitudes and behaviors are strongly influenced by family members, friendship networks, neighbors, workplace colleagues and residents in the communities in which they live.” Schensul et al. (2009) also point out that formal and informal social organizations, educational, health and religious institutions, and media bring in links to global, regional, and national systems to affect attitudes and behaviors of individuals. Importantly, AIDS scholars observe that despite the importance of these networks, conventional global public health interventions, especially those aimed at empowering women largely continue to focus on individual women while disregarding the community contexts in which these women are situated (e.g. Lwendo 2013).

While this work is important in highlighting how community social networks enhance gender equality and influence health decisions, the literature does not address how social networks may also, actually, reinforce gender inequalities and, hence, not necessarily translate

into power to negotiate HIV risks within marriage. My work advances this growing literature by examining how extended kin and other community formal and informal relationships in which marriages are embedded reinforce or disrupt gender and marital ideologies and practices and how this shapes HIV in marriage. Additionally, while most work in the South seems to focus on women's social networks, I pay attention to men's networks or peer groups following the works of Bird (1996) and Kimmel (2004) in the US. Bird and Kimmel's research on men and masculinities focuses on male peer groups and their significance for identity formation and maintenance of hegemonic masculinity. In my work, I examine what both male and female homosociality mean for gender and the HIV risk in marriage.

Because the levels I examine do not work in isolation, nor are married women and men homogenous, my approach to gender is intersectional.

### **Theorizing Gender Power**

Gender is defined as a set of socially constructed relationships, which are produced and reproduced through the actions of people, groups, and institutions (Acker 1989; Chafetz 1997; Connell 2009; Dworkin 2005; West and Zimmerman 1987). This relational approach to gender gives central place to the enduring patterned relations between women and men (and among women and among men) that constitute gender as a social structure (Connell 2009, 2012). Connell's concept of gender regimes is important to my analysis. Gender regimes are the enduring, but also changing, patterns in gender arrangements of an institution such as marriage, which is connected to other institutions in the society, for example, economy, religion, legal, and school. According to Connell, the gender relations—either direct or mediated by factors such as technology or markets—between and/or among women and men within a regime are made and re-made in interactions and negotiations in everyday life, therefore making gender visible

(Connell 2009: 72-73). Hence, the “doing gender” approach developed by West and Zimmerman (1987) is particularly relevant for making visible how gender is constituted in routine interactions such as in conversations between spouses, in the division of labor, and in emotional and intimate expressions. These relationships are powerfully shaped or constrained by the gender order, that is, the wider enduring patterns of a society (Connell 2009), which hold people to account for their behavior in terms of their presumed “sex category” (Connell 2009; West and Zimmerman 1987).

Like many societies, the structure of relations in Kenya is based on a patriarchal gender order that places men at the top of the gender hierarchy and largely defines how women and men act. Nevertheless, these patterns continue to change over time through colonial processes, legal legislation, education, and other cultural transformations. These processes alter, modify, reinforce, or as Deutsch (2007) notes, are resisted by individuals who oppose existing normative gender patterns. Connell’s intersecting dimensions of gender offer four critical insights for my analysis of the marital institution and the HIV risk and vulnerability. First, symbolism, culture and discourse—gender meanings of marriage, woman/man, and wife/husband, particularly as expressed in language and speech, and cultural sites. Second, production and consumption—the sexual division of labor within the household and the relationship to the wider economy. Third, emotional relations (cathexes)—sexuality and couples’ emotional attachments and commitments. These three dimensions are imbued with power, the fourth dimension, which also takes on several dimensions. Power may either be exercised directly by husband over wife (or vice versa), or institutionalized through state legislation as we shall, for example, see in discussions on the Marriage, and Matrimonial Property Acts in Kenya, and in public health programs.

Postcolonial and Two-Thirds World theorists, for instance, Bulbeck (1998) and Connell (2009) caution us about the lure of poststructuralist and postmodernist view of power in analyzing power relations in colonized countries. In this case, they point out Michel Foucault's (1977, 1990) thesis about the omnipresence of power: that power, repressive or productive, is everywhere diffused and embodied in discourse, knowledge and regimes of truth. To Foucault, since power operates discursively, then, it is neither an agency nor a structure. Connell (2009:78) on the contrary observes that the "creation of global empires, the invasion of indigenous land by imperial powers....and the domination of the post-colonial world by economic and military superpowers....and it persists in the contemporary world" cannot be fully captured by Foucault's concepts of power. Bulbeck (1998) also notes that "in their focus on words rather than things, the post- discourses.... appear to give equal weight to all kinds of resistances." Thus, while postmodernism dethrones western rationalism, it also "undermines the truth-claims of the ex-colonized that they were and are oppressed because of color, caste, creed (structures). It undermines their experiences of colonialism. Postcolonial writers who adopt the perspective of those who have been colonized realize the battle is not yet won, colonial is not yet post" (Bulbeck 1998:14) particularly because questions of power and material claims (politics of survival) remain at the core of our interest.

These theoretical insights are important for health research, as they help to direct attention to power relations within social structures that shape how couples 'do gender' within their communities, how HIV programs regulate gender, and how this may exacerbate or reduce the HIV risk. We must also recognize gender as intersecting with, and contingent on, other axes of difference so that expressions of gender are also shaped by an individual's social location in the social structure.

## *Intersectionality*

Intersectionality as a concept derives from the activist critiques that women of color made in the 1970s and 1980s about an overly homogeneous political discourse of a “universal woman” (Crenshaw 1989). Later, feminists of color, postcolonial, transnational, and Two-Thirds World feminists critiqued the study of gender as a binary category of women and men to consider processes that cut across the two categories (Collins 1990; Ferree 2009; Glenn 1999; Kim-Puri 2005; Mohanty 2003; Oyěwùmí 1997; Purkayastha 2010). In the United States, intersectionality is influenced by Patricia Hill Collins’ (1990) work on the matrix of domination. Together, these scholars reject grounding feminist theory in the idea that gender oppression is the oldest and most fundamental oppression upon which all others are based.

Additionally, intersectionality challenges practices that privilege any specific axis of inequality, such as race/ ethnicity, class, or gender and emphasizes the potential of varied and fluid configurations of social locations and interacting social processes in the production of inequities (Collins 1990; Glenn 1999; Ferree 2009; Hankivsky 2012; Purkayastha 2010). As well, gender and health scholars (Bates et al. 2012; Brëdstrom 2006; Connell 2012; Dworkins 2005; Prus 2007; Rosenfield 2012; Sen 2012; Winkler and Degele 2011) argue that intersectionality is useful for examining identity, equity and power, and produces more nuanced and complicated knowledge about the causes and potential remedies to health inequities. Therefore, intersectionality implies that gender cannot be separated from other axes such as ethnicity, class, age, religious affiliation, biological factors and the structural economic, political, and social processes that shape them.

However, within the sociology of gender, there is a growing debate among scholars about intersectionality. Transnational, postcolonial, and Two-Thirds World feminists have argued that

the gender/race/class/sexuality matrix of domination consistent within Euro-America may not adequately be applicable to the Two-Thirds World (Ampofo et al. 2004; Connell 2012; Desai 2008; Kim-Puri 2007; Mohanty 1986; Oyěwùmí 1997; Purkayastha 2010; Tamale 2011). These constructs are variable and require further theoretical discussions for specific contexts. For example, these scholars point out that Western feminists assumptions of subordinated ‘Third World’ women or a universal hierarchy between women and men are invalid (Mohanty 1986; Oyěwùmí 1997; Purkayastha 2010).

Additionally, the conceptualization of race may not be applicable in contexts outside the West. For example, in Kenya, it might make much more sense to use ethnicity, which produces different meanings and configurations of power. Without a doubt, race and ethnicity are both problematic categories of difference. In the Kenyan context, both have different historical developments. While early imperialism and colonial periods brought about the interaction of different races, it is the impact of colonization on the ethnicization of the Kenyan society that has had the greatest significance in terms of political power and resource allocation within the country, as I discussed earlier about the politics of land and ethnicity. This consequently affected, and continues to affect, the ‘development’ of some regions—and wealth accumulation of some individuals of particular ethnicities—over others and the concomitant impact on livelihoods and health. Whereas racial differences do exist, ethnicity might be most significant for social analysis. Postcolonial, transnational and Two-Thirds World scholars also argue that, as conceptualized in the West, the intersectional model does not consider the range of dominations and privileges that exist in other countries historically. For example, it would make invisible the role of historical processes of colonialism, the structural violence of contemporary economic and



political Western imperialism, and religious fundamentalism in shaping the lives of people in other countries.

Earlier, I pointed out that, broadly, literature on AIDS in Kenya reveals some salient inequalities that produce HIV vulnerability and risks, including poverty, some cultural practices, gender power relations in condom use, and migration. While some of these structures and practices remain inadequately theorized and, therefore problematic for understanding AIDS from a postcolonial perspective, they are pointers to factors that might shape the epidemic in marriage. I borrow insights from these studies to examine the case of marriage and HIV in Kenya. I extend my analysis beyond a focus on single axes of difference, to a historically grounded multi-level intersectional approach to examine the interaction of various social structures and social identities to capture the complexity of HIV risks in marital unions.

As a theory, intersectionality argues that it is impossible to talk about gender without considering other dimensions of social structure/social identity that play a role in gender's operation and meaning (Collins 1990; Connell 2012; Glenn 1999; Mohanty 2003; Kim-Puri 2005; Purkayastha 2010, 2012). Thus, an intersectionality perspective requires that identity categories be studied in relation to one another at the individual, interpersonal, and structural levels. At the same time, the point that the feminist theorists make, and that I take up for moving forward with my analysis, is to be reflective and critical of concepts and theory that may be inadequate explanatory factors for social and gender relations in Kenya if they are left without further theoretical discussion. For HIV analysis, an engagement with how gendered embodiment is interwoven with various axes of difference (such as socio-economic status, age, residence), and with the violent history of colonialism, and the effects of neo-colonialism and

globalization is critical. These factors shape relations within marriages, families, and communities, and structure HIV transmission, which in turn affects these relations.

While my project focuses on analyzing gender power relations in marriage, and therefore, grounded in gender theory, I, at the same time, employ Foucault's concepts of "governmentality" and "biopower" to further elucidate, particularly, the power of state-level public health AIDS programs in directly controlling and shaping marital gender relationships in order to manage the AIDS epidemic.

### **Governmentality and Biopower**

Foucault (2004:2) conceived of governmentality as an "art of government" in liberal and neo-liberal societies where power is de-centered. This included both state politics and techniques to control populations (biopolitics), and the self-control of individuals in the free market (self-government). He introduced the concept of biopower, that is, the power over bodies, as a technology of power that involves "an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" by the modern state (Foucault 1998:40). In advancing Foucault's work, Ferguson and Gupta (2002) developed the concept of "transnational governmentality", to refer to the new system of transnational connections—activists and grassroots organizations supported by complex networks of international and transnational funding and personnel—that has emerged to challenge state sovereignty, especially in weak African states. Although the concept of governmentality originated in Western Europe, it facilitates my analysis of public health AIDS management in this dissertation in two related ways. First, with regard to the management of AIDS responses, I raise the question of "who is the government," or where does the power lie, in a colonized society such as Kenya. Kenya is heavily dependent on both western donor funding and

policy/program guidance, and the nation state and local movements (NGOs, Community Based Organizations [CBOs]) participate in AIDS responses as implementing partners who are also subject to constant monitoring and evaluation that determines continued funding.

Second, and central to my analysis of gender relations, and HIV vulnerabilities and risks, is how western-led AIDS intervention programs control and alter married persons' sexual behavior through, for example, education on 'healthy', 'moral' sex in order to make them liberal self-regulatory individuals. Nguyen (2010) calls this the "NGO biopower." Specifically, I examine program conceptualization and assumptions through which these NGO programs imagine and implement programs as well as how married individuals or communities adopt, resist or subvert program messages in the context of local social and cultural norms that also regulate behavior. How do these power interactions exacerbate or reduce HIV transmission in marriage?

Cultural institutions may also deploy governmental rationalities (Rose et al. 2009; Bennett 1997, 2004; Nyanzi 2011). As Rose et al. (2009:20) note, culture is "a set of technologies for governing habits, morals, and ethics—for governing subjects...[and] shaping of citizens with a certain mode of self-reflection and certain civilized techniques of self-government." I analyze extant marital community and local ideologies and norms that govern gender relations in marriages as a site of governmentality that links to the state-level public health programs. I ask: What behaviors result, and what does this mean for HIV risks?

In sum, I situate marriages within various categories of difference in Kenya and at multiple levels of analysis: the marital relationship, social networks, and public health AIDS programming, all of which are embedded in the broader context of Kenya's pre-colonial histories, colonialism, neo-colonialism and neo-liberal global cultural, economics and politics. In

this way, my dissertation, as Paul Farmer (1992: 262) rightly advises, links AIDS both to “large scale events and structures of the world AIDS pandemic” within a broader politico-economic framework and to the “lived experience” of the people in the ethnographic community.

## Chapter 3

### Methodological Considerations

This chapter focuses on the methodologies that undergird my research. I start with a discussion of my positionality. While feminist researchers have raised the critical issue of insiders and outsiders, and questions of power and authority, relatively fewer scholars have focused on researcher's biographies as a starting point for understanding their interests in particular research topics. Why are these topics important to the researcher, and how do these specific types of interest shape the methodological choices we make? This chapter is about positionality, research interests and power, but I describe positionality in terms of my biography—which is set amidst larger structural changes in Kenya—to clarify my particular interests and the types of resources I bring to this research.

My interests in colonialism, gender, human rights, and activism are not an accident. I was raised in a rural agricultural community in Embu. My grandparents whose lives we shaped by colonial processes were in the freedom movement, Mau Mau<sup>14</sup>. For example, my paternal grandfather who was a community doctor—trained by the British—treated the Mau Mau freedom fighters in their hideouts, while one of his four wives (my father's biological mother)

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<sup>14</sup> The “Mau Mau” was a secret society of Kikuyu (Gikuyu) insurgents that led the rebellion against the British settlers in Kenya. Sources suggest that no one knows the real meaning of Mau Mau because its name, like its origins, is shrouded in ancient tribal mysteries and covered in blood. It was first heard among the white population when the colonial authorities began to receive rumors of strange ceremonies being held late at night in the jungle. These midnight assemblies were said to be bestial rituals that mocked Christian rites and included the eating of human flesh and the drinking of blood, and people being forced to swear oaths of initiation to the secret society (see more on [Encyclopedia of the Unusual and Unexplained](#)).

In local discourses, Gikuyu natives suggest that Mau Mau was a reverse of the statement 'Uma Uma' that means 'get out, get out', referring to the British to get out of Kenya. In Swahili, Mau Mau is the acronym for 'Muzungu Aende Ulaya, Mwafrica Apate Uhuru', meaning, “let the white man go back abroad so that the African can get independence.”

was a women's leader for the Kenya African National Union (KANU) party in the region. She died of old age in 1995 at my parents' house and even though she had lost all other memory, including not knowing who we were, she still, with clarity, narrated her activism and sang freedom songs. My maternal grandfather was a Mau Mau killed by British home guards in June 1953 in the Mt. Kenya forest during the Emergency period—the Mau Mau Rebellion. He left behind two wives; my mother's biological mother struggled to bring up her five young children. The British colonial administration introduced a land tenure system in which land was only registered under the male head of the household and if the husband was not alive, then it was the first son alive who was 'made head.' So it was that the land allocated to my mother's mother was registered in her son's name who was at this time of very tender age. Later, when he grew up this same son became abusive, cruel towards his siblings, and his mother. When his sisters (including my mother) got married, he began to threaten his mother to leave her home and property because he wanted it land for himself. It was legally his property. He devised schemes to dispossess her, such as chasing her away from her own house and waylaying her on the road when she returned from her chores outside the household. After many years of living under threat of death from her own son, she left her property and lived with us from the early 80's until her death in February 2014. The stories I had with my grandmothers—who at one point both lived with us—of colonialism, and their struggles within patriarchal systems shape my interests in gender, land, and human rights, and my standpoint.

Regarding my parents, after several years of being separated by 'work' (formal employment) in different parts of the country, during which I was born, they settled in their rural home to farm but still continued to work in the public sector while living on the farm. As is typical in rural households, we had strict gendered responsibilities, both for my parents and

siblings. However, we had fewer responsibilities or our work was ‘lighter’ because we had and still have the privilege of having both domestic and farm workers. It is my relationship with these, mostly, married (and unmarried) women who labored more than their partners did that shapes my interests. As we sometimes picked tea, coffee, and weeded together on the farm (which, coincidentally, lies on the trench dug by colonialist to keep Mau Mau who lived in the Mt Kenya forest isolated) chitchatting and laughing, there were unique stories of, but I also saw, struggles in marital relationships and economic hardship. Many women would oftentimes ask for advance wages and loans from my parents for children’s education, food, and health, among other things for which they would pay through their labor on our farm. These struggles, and narrations of their experiences were, often times, disturbing.

Many of these women had children about my age. Because their children are now adults and with their own families like me, some of the women—who we still maintain close relationships with because many are relatives—do not labor as much anymore. However, as those move out of working for wages on the farm due to their age or fewer economic responsibilities, younger women—including these older women’s children and wives of their sons—enter. This tells of the vicious cycle of poverty, gender inequalities, and sometimes, marital problems. Now that my father is retired, he partly volunteers in community work as an elder (sub-area) and a big part of his responsibility is solving marital and other household disputes, including family disputes involving those who work on his farm. This picture is not unique to my family; it defines the existing relationship between the fewer privileged households, and majority of wage laboring families that exists in my community.

My interest in gender intersects with health, especially AIDS in a unique way and is shaped by this biographical lens. I grew up at a time when the epidemic emerged and peaked in

Kenya and so I have witnessed firsthand its effects on my and other families. I have lost relatives and friends to AIDS while some others live positively with HIV. In the early 90s, the tea factory within my community became associated with high incidences of HIV infection, which elicited a lot of gossip from the community. In reality, many staff of the factory, some of whom I personally knew, lost their lives. In addition, during the early years of the epidemic, losing weight was associated with HIV infection and anyone, including me, who reduced weight, was talked about in hushed tones. In the late 90s, while I was studying at a university in the capital city, rumor had been going round in the village that my parents were “hiding” me in the house because I was very sick. It was my late maternal grandmother who first told me about it when I came home to visit. Ironically, some of the women who had worked on the farm while I was growing up started the gossip. We let it pass. These experiences have shaped my academic pursuits in gender and health, and my activism in Kenya. More so, they shaped my research site choice for this dissertation.

Just as my biography shapes my research interests, a host of factors shaped my methodological choices. First, the critical engagement with postcolonial feminist literature as I sat in a Western academic institution influenced my approach to studying gender. For example, the works of postcolonial and Two-Thirds World feminists, Bakare-Yusuf (2003), Chandra Talpade Mohanty (1998), Jane Bennett (2005), Linda Tuhiwai Smith (1991), Mama Amina (2007), Spivak Gayatri Chakravorty (1988), and Sylvia Tamale (2011) have questioned the western representation of the “Third World” subject, the “other”, without engaging with the colonial project. Spivak (1988) in *Can the Subaltern Speak?* demonstrates how the Western academy has obscured subaltern experiences and points out that, research is in a way always colonial in defining the “other”, the “over there” subject as the object of study and as something



that knowledge should be extracted from and brought back “here” (the West). And Smith (1991:1) in her classic, *Decolonizing Methodologies* asserted that “the term ‘research’ is inextricably linked to European imperialism and colonialism. The word itself, ‘research’ is probably one of the dirtiest words in the indigenous world’s vocabulary.” These works caution us of the dangers of reproducing colonial discourses. Relatedly, I draw on public sociology which reminds us not just to attend to power, inequality, and injustice, but also make my research and writing accessible and useful to audiences beyond the ivory tower (Hirsch et al. 2009) in the West or elsewhere.

Further, I was influenced by Oyèrónké Oyěwùmí’s (1997) epistemological critiques of Western gender discourses’ relevance to African contexts. Oyěwùmí (1997) points out that western conceptual schemes and theories have become so widespread that almost all scholarship, even by Africans, utilizes them unquestioningly. Postcolonial scholars urge researchers to be conscious about how cultural representations of non-western world might contribute to “colonial practices that further marginalize the lives of the third world and other non-white people, even as they are brought to the center of analysis” (Naples 2003:5). This branch of literature reminds us to be constantly reflective of reproducing the colonial project in our work and research.

Second, my review of the literature on gender and HIV in Kenya reveals an over representation of quantitative public health and epidemiological studies. Gender and health scholars such as Connell (2012) have pointed out that quantitative studies tell little about gender because gender is treated as an unproblematic variable rather than a theoretical category (Connell 2012; Sprague 2005; Stacey and Thorne 1985). Additionally, as Tamale (2011) rightly points out, most research in Africa, especially studies on sexuality, have been motivated by ideological,

political and/or social agenda, and majority of these studies have been programmatically and/or donor driven. Therefore, the hypotheses, research questions, research methods, and analysis techniques are influenced by these agendas. I was careful not to reproduce the dominant discourse, and to go beyond quantification. Therefore, the type of information I was interested in collecting and analyzing influenced my method (Sprague 2005): I was drawn to interviews and observations as a strategy for exploring how couples “do gender” (West and Zimmerman 1987) within the marital dyad and in social networks with other people in the community, and how these interactions shape HIV transmission. I was also interested in “the how” of public health (government, external actors, and national and grassroots AIDS organizations) HIV interventions for couples, or married persons more broadly; assumptions implied in the intervention programs; and how individuals act and react towards them. I wanted to explore meanings, lived experiences and processes and how these are connected to larger social structures (Farmer 1992) of Kenya’s present and past history. These nuanced meanings are often unexplored in quantitative research.

Third, and related to the above, my methodology was influenced by intersectional research on gender and health (Bates et al. 2012; Connell 2012; Dworkins 2005; Prus 2007; Rosenfield 2012; Sen 2012). For example, Hankivsky (2012:1712) notes, “the treatment and ubiquitous favoring of gender (and sex) as core and primary dimensions of health undermine efforts to understand the complexities of health and outcomes.” At the same time, I was conscious of the Two-Thirds World feminist critique of theories and methods developed in the West. These scholars urge us to bring to the center of analysis the role of nation-states, historical processes of colonialism, and the structural violence of contemporary economic neo-liberal system and political Western imperialism in shaping the lives of people in other countries (Ampofo et al. 2004; Akosua and Signe (eds.) 2010; Connell 2012; Kim-puri 2007; Mohanty

2003; Oyěwùmí 1997; Purkayastha 2010; Tamale 2011).

Examining these methodological and epistemological issues is extremely important to determine the legitimacy of knowledge that has been constructed about gender and sexualities in Africa broadly, and Kenya in particular. I was interested in these new ways of conceptualizing and organizing knowledge to understand the gendered vulnerabilities and risks of HIV transmission in marriage in Kenya. I had the privilege of easily accessing a diverse group of couples (age, education, class, rural/urban). I grew up in rural Embu, and worked in both the academy and NGO world in the capital city. I, therefore, have extensive networks who were starting points of my research. However, I had no sufficient budget, so my method choices were limited in this endeavor. I will discuss these issues further in the sections following a description of my research sites.

### **The Research Setting**

I carried out this research in two local sites, urban (Nairobi, the capital city) and a rural agricultural community in Embu. I purposefully selected Nairobi for various reasons. First, it is a cosmopolitan city and offers a diverse range of couples of different socio-economic backgrounds. Second, as a capital city and the Eastern African regional business hub, Nairobi is a critical site for the nexus between global and local ideologies on marriage, gender and sexuality. Third, it is the heart of public health HIV interventions implemented by government, development agencies, and international and local AIDS NGOs. These factors are significant for investigating how the global social, cultural, economic, and political ideologies shape local ideas on gender, sexuality, and marriage; how individuals interact with public health; how diverse couples interpret, consume, or resist both the ideologies and public health messages; and finally what this means for HIV

transmission. Fourth, my familiarity with the site was an important resource in light of my limited budget.

I purposefully selected the rural site because of my interest in gender and HIV in the area, which remain largely unresearched. The site also gives a different comparison group. Since the density of public health programs vary between urban and rural areas—they are concentrated in urban areas, especially the capital city—, and there are variations in the amount of global influences, I selected a rural site to construct a more methodologically robust study of the range of institutional structures that shape gender inequalities across sites. I also realized that many studies tend to concentrate on single sites often generalizing their case to the entire country. My selection of rural and urban sites was also influenced by Mahmood Mamdani's (1996) analysis in his classic, *Citizen and Subject: Contemporary Africa and the Legacy of Late Colonialism*. Mamdani argues that colonial rule was significant not only in creating a bifurcation based on race but also on spatially defined rights; while the urbanites had expansive rights, the rural dwellers were granted fewer rights with extensive obligations. To him, the urbanite Africans involved in independence movements sought liberal citizenship, and once this was achieved, they subjugated the rural dwellers to reconstituted native authorities that mimic colonial authority. This evolved into “decentralized despotism” (Mamdani 1996:57) where the post-colonial civil service “enunciated the powers and privileges of the state and its urban classes while turning the peasants into subjects in the rural areas” (Ndegwa 1998:265) and further creating tensions between town and country, and between ethnicities.

While colonial processes and further political, social and economic changes have created an urban poor class (urban subjects) that are unlike Mamdani's liberalized urban “citizen” in Kenya, to be sure, these processes have consequences for “citizen” and “subject” gender practices

based on differences in socio-economic class, rights and privileges. However, I am also conscious that the two sites are not binary categories but units that constitute complex gendered linkages. By this I mean that we cannot say gender relations in rural and urban areas are completely distinct from each other given the influence of city-based NGOs in the rural areas and the complex web of connections through technology, and movement of people between rural and urban areas that shape gender relations.

An advantage of my choice of the two sites is my insiderness: I was raised in this rural site, and later moved to study and work in the city. I have also worked with a women's rights organization and carried out various tasks on gender with both government agencies and NGOs. I am, therefore, familiar with the language and some public health work. The shared language allowed me to interact with couples effectively. Additionally, I was keen to observe daily gender practices in these two sites, following the day-to-day lives of selected couples as well as participating in some activities of AIDS organizations. Therefore, my familiarity with the local customs, cultures and language were an added advantage in conducting ethnography, in-depth interviewing and in theorizing from qualitative data analysis. Below, I attempt to provide elaborate ethnographic details of my study sites focusing more on those that are important to understanding my later discussions.

### *Nairobi*

Nairobi is the political and economic capital, and the largest city of Kenya. The city and its surroundings form Nairobi County, overseen by a County governor. The name came from the Maasai phrase *Enkare Nyrobi*, which translates to "cold water" and referred to the Nairobi river along which the city lies, and which in turn lent its name to the city. Nonetheless, Nairobi is popularly known as the "Green City in the Sun." It is surrounded by the ever-expanding villa

suburbs. The city owes its birth and growth to the Kenya<sup>15</sup>-Uganda Railway (KUR) constructed by the British East Africa Company. Kenya was then a British protectorate before it officially became a colony in 1920. In May 1899, the railway line reached Nairobi, which became a small rail depot. Its chief engineer, Sir George Whitehouse, moved the railway headquarters from Mombasa to Nairobi making it a commercial and business hub of the Protectorate (Situma 1992; Mitulla 2003). Historical records of Nairobi indicate that by 1900, it was a large flourishing place consisting mainly of railway buildings and separate settlement areas for Europeans and Indians. Indians were brought in as laborers for the railway construction. By this time, there was no African settlement. The town rose to become the capital of British East Africa in 1907, and assumed city status in 1950. During the colonial period, Nairobi was a center for the colony's coffee, tea, and sisal industry. Over time, the boundaries were extended to finally cover an area of 266 square miles (696 km<sup>2</sup>) in 1963 and have remained so ever since (Mitulla 2003).

The city has continued to grow and today dominates the East African region in political, social, cultural, and economic functions. It is also one of the most prominent cities in Africa both politically and financially. It is the commercial and business hub of East Africa hosting thousands of Kenyan businesses and over 100 major international (multi and transnational) companies and organizations including many United Nations agencies (e.g. UNAIDS, UNFPA, UNEP, UNwomen, UNHCR) and the main coordinating and headquarters for the UN in Africa and Middle East. The Nairobi Stock Exchange (NSE) is one of the largest in Africa and the second oldest exchange on the continent.

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<sup>15</sup> The name 'Kenya' was a colonial invention because the white settlers could not pronounce 'Kirinyaga' the local name for Mt Kenya. Kenya was under British rule for close to 70 years, first as a British protectorate in 1895 and then officially as a colony since 1920.

The growth of the capital has gone hand in hand with an increase in population, persistent colonial spatial patterns, and growth of informal settlements and economic disparities. Nairobi is today the most populous city in Eastern Africa. The population has grown from 509, 286 in the first post-independence census in 1969, to 2,143,254 in 1999, and 3,138,369 in the last census in 2009 (Government of Kenya 2010). This growth is mainly attributed to rural-urban migration because of the unequal infrastructural development between the city and rural areas (and other urban centers). The spatial residential patterns that result from this influx of people in the city are worth noting for this research.

The colonial administration intended to keep Nairobi a home for Europeans and temporary migrant workers from around Africa and Asia. Migrant workers were brought to Nairobi on short-term contracts, as indentured labor, to work in the service sector as railway manual labor and to fill lower-level administrative posts in the colonial government (Clayton 1975; Furedi 1973). Between 1900 and 1940, the colonial government passed a series of laws—such as the 1902 Vagrancy Act—to segregate people, evict, arrest, expel and limit the movement of the natives and indentured workers (Clayton 1975; Macharia 1992). Within Nairobi, Africans could only live in segregated “native reserves” at the edge of the city and required a permit to do so. Nguyen (2010:116) contends that this was an exercise of colonial biopower: the Europeans sought to preserve their health and applied racist segregation policies based on “sanitation syndrome.” However, the cruel irony was that “the segregationist policies, by concentrating poor populations in unhealthy conditions, worked to spread infectious disease—a self-fulfilling prophecy that provided fertile ground for epidemics and, subsequently, campaigns to eradicate them.”

By independence in 1963, Africans, who formed a major part of the population, lived on the Eastern side of Nairobi while the Europeans and Asians lived in the Western suburbs with access to better services. Today, though the West and East sides of Nairobi still remain racially segregated, the situation is reflected not so much in terms of race, but in terms of incomes and population densities. A drive through the city's environs makes this clearly visible in terms of housing and other living conditions. Nairobi has two worlds demarcated by the income structure. Populations living in the Western suburbs are generally more affluent and racially mixed, though there has also been "White and Asian flight" as wealthier Kenyan Blacks move into previously white- and Asian-only neighborhoods. The working class and lower middle-income populations dominate the Eastern side of the city. The more marginalized are those living in the densely populated area popularly referred to as 'Eastlands' which includes estates such as Shauri Moyo, Bahati, Dandora, Kariobangi—all words that embody deprivation and marginalization (Mitulla 2003). But those most marginalized live on either the Eastern or Western sides, in the informal settlements (or the common, often stigmatizing, term, 'slums') characterized by uncontrolled, spontaneous mushrooming of the settlements. Mathare Valley to the East of the city and Kibera (where I conducted some of the interviews) to the West are the most famous, and largest settlements.

Kibera<sup>16</sup> (whose Nubian [an ethnic group from Sudan] name means forest or jungle) is said to be the largest urban informal settlement in Africa. Its growth, as with the city, is as a

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<sup>16</sup> The historical development of Nairobi and the informal settlements, particularly Kibera, is complicated and cannot be exhausted here. For some references, see:

Furedi, F. 1973. The African crowd in Nairobi: Population movements and elite politics. *Journal of African History*, 14(2), 275–290

Clayton, A. 1975. *Government and labor in Kenya: 1895–1963*. London: Cass



result of colonial practices. The colonial government required one to have a permit to live in the city, and these permits separated living areas of non-Europeans by ethnic group. One such group with official colonial era permits, were soldiers (Nubians) who served the African interests of British colonial army, who were allowed to informally settle in the area now referred to as Kibera. Over time, other Kenya ethnic groups moved into the area to rent land from the Nubian ‘property owners.’ With the development of Nairobi’s economy, more rural Kenyan migrants move to urban Nairobi in search of employment but some end up in Kibera and other city informal settlements as a result of the unaffordable high cost of living in other relatively better serviced neighborhoods.

The settlements remain largely neglected by government owing partly to the fact that they are ‘illegal.’ Majority of the residents are extremely poor. The sprawling Kibera ‘slum’, constituting mainly of rusty tin one-roomed houses, clearly depicts a stark difference in income inequalities and infrastructural development such as housing, education, health and sanitation, electricity, all in a country that prides in a constitution that guarantees basic rights to its citizenry. The contradictions are multi-faceted and problematic given the political and related ethnic realities of Kenya. In 2003, the government, with assistance from UN-Habitat and other donors launched the “Kenya Slum Upgrading Project (KENSUP) to relocate residents of the settlement to better serviced and ‘affordable’ high-rise apartments. This project, dubbed “The Promised Land” by Kibera residents had many challenges. These included that middle class populations

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Macharia, K. 1992. Slum Clearance and the informal economy in Nairobi. *The Journal of Modern African Studies*, 30(2), 221–236)

Mitullah, W. V., and Kibwana, K. 1998. “A tale of two cities: Policy, Law and Illegal Settlements in Kenya” Pp. 191–212 in *Illegal cities: Law and Urban Change in Developing Countries* edited by E. Fernandes and A. Varley. New York, Zed Books Ltd.

moved into these cheaper apartments through corrupt means; some former ‘slum’ residents rented out their houses and moved back to the ‘slum’; lack of promised sanitation; cheaper life within the ‘slum’; and project neglect of communal, family, and other social networks. Notably, residents considered social networks from their ethnic groups before deciding to move to the new housing project (personal interviews during research, and media reports). Kibera is divided into about nine villages organized by ethnicity, and both familial and network relationships were important factors for residents but were largely ignored by program implementers. The current government has in the recent past revived efforts to construct better housing and provide some sense of services.

Public health documents indicate high HIV prevalence in informal settlements, which they attribute to high unemployment rates, that shapes the daily lives of the residents. Numerous AIDS organizations—including the Women Living with HIV in Kenya (WOFAK) which was part of this dissertation research—work or have satellite offices within the settlement to provide various types of interventions to both Persons Living With HIV (PLHIV), and the entire community. Nonetheless, despite decades of NGO interventions in HIV, and in other basic service provision, there are no notable sustainable livelihood improvements.

The lives of settlement populations, and those of other city dwellers, are part of larger social forces that are largely unaccounted for in health interventions. I have permanently lived in Nairobi since 1994 and been part of its immense growth in social dynamics. For example, as the day’s business ends, Nairobi city and some of its environs usher in a new nightlife in exclusive clubs, bars, coffee houses, and nightclubs (discos) with some operating throughout the night. There are also specific spaces that are commonly associated with sex work, and because sex work is “illegal”, authorities engage in sexual double standard practices of night swoops that

target female sex workers and not male, or the male clients. Nairobi is a hub of higher education and young college students form the majority of the clientele in the city nightclubs. In local discourses, Nairobi is famous for extramarital sex symbolized by the ever-growing scores of hotels that serve as rendezvous points for both day and overnight trysts. Local phrases such as Married But Available (MBA) and Sexually Transmitted Degrees (STDs-sex with, more commonly, married male university professors) are popular.

Obviously, the relative anonymity of city life is conducive for both married and their unmarried or married partners especially because it protects them from the social risk of being caught. In informal talks and in radio call-in sessions, I have often heard about young girls' preference for older married men as sexual partners because they are seen to be more mature and responsible. Additionally, a new phenomenon that recently worried the National AIDS Control Council due to its direct implications for the spread of HIV in marriages is "wife swapping." In an article reported in a major local daily newspaper in July 2013, *HIV spread fuelled by wife swapping*, the NACC country director noted that the practice was becoming common among young people who organize couple outings to exchange partners for sex. All this happens within an environment of an intensive HIV campaign on marital fidelity pointing to how people consume and interpret public health messages and HIV risks in the context of competing ideologies about sexual relations and sexual desire. This description of the city, the two diverse socio-economic settings (urban poor and middle class) are both made vulnerable to HIV by the interplay of the different circumstances that shape their lives. This is what I attempt to explicate in my analysis.

### *Rural Embu*

I carried out ethnographic research in neighboring villages located within four sub-locations of Kagaari North and Kyeni North county assembly administrative wards in Runyenjes constituency, Embu County. The community is approximately 100 Miles to the North East of the Capital city, and lies on the Southeastern slopes of Mt Kenya in the upper part of Embu County. It is relatively well watered and arable for agriculture.

Historically, residents relied on subsistence agriculture and livestock keeping until the introduction of cash crop production—tea and coffee—by the white settlers. Recently, some farmers have ventured into growing macadamia nuts. As one takes a walk or ride through parts of the community, tea (and on a lesser scale, coffee) fields dot the rolling hills that stretch out before the tallest peak of Mt Kenya, Lenana. Like their counterparts in lower Embu, though in a much smaller scale due to the more lucrative cash crop farming, residents grow many types of food crops including maize, beans, potatoes, tomatoes, bananas, cabbage, kale, avocado, and various types of citrus fruits. Dairy farming is once more gaining popularity with the revival of milk cooperatives and investment on milk processing plants by the private sector. They also rear animals mainly cows, goats, sheep and chicken. Rabbit rearing too has become an attractive venture to the farmers while a few others have picked up fish farming from different ethnic communities.

While this depiction sounds like farmers in this community are doing really well economically, the reality is different. Many families rely on land inherited from their parents but the pieces of land have continued to shrink as they are sub-divided among male children and passed on. In total, these four sub-locations constitute approximately 12,000 persons according to the last 2009 national population census data (Kenya National Bureau of Statics [KNBS])

2009). Earlier population data is not disaggregated by sub-locations but indicates a growth in number of persons, given the trends in constituency population composition. Compounding land shrinkage and related economic problems in this area are the more recent unreliable rainfall (due to climate change), poor agricultural practices, and the often fluctuating global prices of tea and coffee. Indeed, many farmers here abandoned coffee, due to poor returns, in favor of tea. Monthly payments for tea are usually very little and farmer's rely on the bonus payment made once a year around October to budget for major items in the household, such as school fees, construction of houses, buying furniture, and cattle. However, in the recent years, international tea prices have fluctuated. In 2014 alone, the Kenya Tea Development Authority (KTDA) announced a 44 percent drop from 2013 in amounts paid to farmers (Sambu 2014).

Therefore, to meet their daily needs in an increasingly monetized economy characterized by high inflation rates on basic consumer commodities (KNBS 2014), many families must supplement farming with other income-generating activities. These include, running small shops, *boda boda* (motorcycle taxi) business, selling a few food crops, working in the service industry (local bars and restaurants, hair salons) and manual labor (typically in relatively wealthier households, or in recent times, in the government owned tea estate along the Mt. Kenya forest). A few households have both or one partner in paid labor force usually as a teacher, nurse, accountant, or other government or privately run office that elevates their socio-economic status. However, these opportunities are few and are usually more available to the men, exacerbating gender inequalities.

Local markets (*thoko*), where majority of these small businesses are found, have grown around the community's tea factory (*kithii*), and smaller markets around other green tea collection centers (*kivanda*). One of the oldest market within this community hosts a coffee

factory, tea collection center, secondary school, community polytechnic, two primary schools (low cost individually owned private, and public), an open air food market, a SACCO (Savings and Credit Cooperative— a bank for locals), bars, shops, government health center, small private health clinics and pharmacies, and numerous churches. The market alone hosts over 10 different Christian churches, both conservative and, increasingly, the progressive evangelical churches. Local Christian converts established the first churches, Catholic and Anglican. Indeed, it is this market and the one where the tea factory is located that I found that local AIDS CBOs mostly distributed condoms in the bars. While growing up in this community in the late 80s and 90's, and as AIDS picked up in the country, the factory became associated with HIV. Many factory workers died of 'mysterious' illnesses because we did not openly name the illness due to stigma which is still persistent. These local markets are connected to a larger sub-county town, Runyenjes, which hosts a few more government services such as the district hospital. Residents have to travel over twenty-two miles to the Embu County city for better access to government and other services. In local reality, twenty-two miles takes a while due to poor road infrastructure and network, and because most people depend on an unreliable public transport system operated by private business owners.

For survival, other families rely on remittances from their kin who have migrated to work, either in the formal or informal labor sectors in the urban areas, particularly, in the capital. There is a growing group of middle class professionals formed in part by the college-educated people, but these mostly live in the urban areas. Inequalities in infrastructural development between the urban and rural areas partly necessitate this migration. However, movement between this rural area and the capital (and other urban sites) is intense as these elite often make visits to the rural area, especially during the weekends either to visit, attend family celebrations, or

oversee farming on their land. This movement, seen from the perspective of increasing desire for middle class consumer goods and status in the community, is important. The community has not been left behind in consumerism.

Modern sources of prestige come from the consumption of, for example, higher levels of formal education; owning a brick or concrete house (as opposed to the traditional mud houses smoothed with cow dung, or those made of wood); and luxurious commodities such as expensive mobile phones, television, and cars. Whereas in the past residents travelled to the capital city—Nairobi, or the County’s city—Embu, to buy major items, today many of them are locally available especially in the sub-county town of Runyenjes which feeds the local village markets. Many couples labor to achieve these modern luxuries and some marital conflicts are because of these changing consumption patterns.

Gender relations and organization of labor play a crucial role in the above factors I have pointed out. Men predominantly own land, and consequently the cash crops. They also mostly run the small businesses to increase family incomes. Therefore, men largely control financial resources and decisions over the use of those resources. But, women do most of the work on the farm, in addition to their work in the household. In the context of diminishing land, high cost of living, and male-controlled resources, most women labor on other farms in order to provide basic needs for their families. As I grew up, I witnessed many women leave their husbands to go back to their parent’s homes, precisely due to conflicts over access to financial resources. They would always return to their marital homes because they have children, and/or because they are now ‘married’ and their home is with the husband’s family. The factors discussed here, together, have implications for HIV vulnerability and risk in marriage, as my next chapters will show. First, a discussion on my sample and data collection process in the two sites.

## Sample and Data Collection

Locating intersecting levels of HIV vulnerability and risk requires evidence of various scales and from multiple sites where gender norms are negotiated, and where AIDS intervention programs are conceived and implemented. Accordingly, this research focused on two broad categories of people: 1) Couples 2) AIDS NGOs and CBOs, government agencies, and community leaders/elders. I supplemented interview data with ethnographic observations and analysis of AIDS texts. I carried out this research in the summer of 2013, and in the spring and summer of 2014. Here, I discuss the selection of and interview processes with my participants.

*In-depth and semi-structured interviews with NGOs, government agencies, CBOs and Community Leaders/Elders:* I conducted in-depth interviews with these participants in order to understand HIV vulnerability and risks at the policy/program (institutional) level. My research participants included: 1. Government agencies: National AIDS Control Council (NACC), Kenya National AIDS and STIs Control Programme (NASCOP), Ministry of Health. 2. International NGOs/agencies: Program for Appropriate Technology in Health (PATH); USAID's AIDS, Population and Health Integrated Assistance Program (APHIAPlus); and Australian High Commission in Kenya-Development Cooperation department. 3. National NGOs: Inter-Religious Council of Kenya (IRCK); National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK); and Women Fighting AIDS in Kenya (WOFAK). 4. CBOs: Hope is Vital, and MANOSA AMIGO (Latin phrase for "Skillful Friend"). Participants from these organizations included chief executives, programs managers, medical professionals, researchers, community health workers, and AIDS peer educators. The in-depth interviews gathered specific information about AIDS programs for married men and women generally, and



couple-specific interventions; staffs' individual views on gender; and views on program impacts.

In addition, I carried out semi- and unstructured interviews with community leaders: education, religious, local health, village/community elders. These leaders/elders are important gatekeepers of community social practices and offered insights on, for example, gender norms in marriage; changing gender practices in the community; and the elders' responsibilities in the community, such as, dispute resolutions.

In total, I conducted 27 in-depth interviews in both sites: 17 in Nairobi (seven with government staff, 10 with non-governmental organizations and community leaders); and 10 in Embu (three with government staff, and seven with non-government staff and community leaders). I made initial interview appointments with my network of contacts from the US via email and phone and used "snowball sampling," to make new contacts based on introductions by known contacts while attending to building rapport and trust. I also contacted organizations through their website and got some responses. We held the interviews in their work places for about one to two and a half hours depending on their schedules of work. However, especially in the rural area, some community elders and AIDS peer educators preferred that I interview them in their homes.

*In-depth interviews with Couples:* During my summer 2013 preliminary research, through everyday fieldwork in the community and interactions with my own friendship networks, I recruited and developed relationships with several couples of diverse backgrounds—class, education, ethnicity, age. Nairobi has a wide variation of couples while the rural community is almost homogeneous (very few interethnic marriages) with less variation in socio-economic statuses. I used snowball and convenience sampling to make new contacts but

purposively selected couples in order to capture diversity and to ensure that I did not select only couples who actively participated in AIDS education programs.

To qualify for inclusion in the study, and in line with my Institutional Review Board's (IRB) ethical principles of research with human subjects, participants were legally married or cohabiting partners (I use the term married for both) who had lived together as husband and wife for a minimum of two years. Both partners had to agree to be in the study but I interviewed them separately, sometimes on different days depending on each one's availability. As I was writing my proposal and IRB protocol, I had anticipated that couples might feel uncomfortable being interviewed together due to cultural taboos surrounding sex and sexuality and other issues that I was interested in, for example, intimacy, fidelity, and extramarital sexual relationships.

Whenever I approached the couples during recruitment, many assumed that I would interview them together and did not understand why I had to separate them. In the beginning of the interview we talked about meanings of 'marriage,' 'man,' 'woman,' 'married man,' 'married woman,' marriages now and in the past, division of labor, access to financial resources and decision-making processes. It was not until we got to the intimate topics (sex, love, intimacy, extramarital sex, HIV) that many remarked, "Now I see why you asked to speak with us individually" and we would both laugh.

In line with my IRB-Approval, I did not require the couples to reveal their HIV status prior to or during the interview because I was not seeking to single out a particular category of couples in order to advance my research objectives. I made it clear to them that they could only disclose their status if they wished to. Contrary to the assumptions made by the IRB and my back and forth negotiation with them about the disclosure clause, I found that most of my participants told me about their statuses in the beginning of the research when I asked them to, "please tell

me a little bit about your background....” With regard to self-identification with an HIV status, at the couple level four couples were HIV positive concordant and another four were discordant. However, whereas HIV positive couples all told me of their statuses individually, in two of the discordant couples (one in Embu and one in Nairobi), it was only the husbands who told me that they were discordant— both men were HIV positive. Their wives did not directly disclose their status but talked about regrets in marriage. Of the remaining 19 couples, 13 introduced themselves as HIV negative, while in the last six couples, seven individuals self-identified with a HIV negative status while five individuals did not self-identify with any HIV status. I did not pursue one couple in Embu because the man died of AIDS-related complications two days to our scheduled interview.

In total, I interviewed 27 couples (16 in Nairobi and 11 in Embu) and the interviews took one to three hours; most interviews lasted more than two hours. The age range of my participants was 29 to about 80 years old. Their education levels varied from 0 years of formal schooling in Embu to graduate (masters) level in Nairobi. Various ethnic backgrounds were represented in this study. All participants in the rural area were Embu. In Nairobi, participants identified as Kikuyu, Kamba, Luo, Luyha, Kisii, Kalenjin, Meru, and Nubi (of Sudanese origin). Couples self-identified with different Christian religious faiths; Catholic, Protestants (Baptists, Anglicans, Pentecostals, Revivalists). In Nairobi, the social classes ranged from middle (middle-middle and upper middle) class couples in the city where both partners held white-collar jobs (managerial positions) in corporate organizations or government agencies and lived lavish lifestyles, to poor and unemployed couples in the city’s informal settlement, Kibera. In Embu, I interviewed couples who were involved in small-scale agriculture (owned small pieces of land) and combined it with other work, including wage labor, but they all struggled to meet daily

necessities. In this dissertation, I use the term rural women<sup>17</sup> and men to refer to them because it is more typical than class.

The in-depth interviews adapted the life history approach and reflected the three levels of HIV vulnerability and risk that I was interested in—marital relationship, social networks and public health programs. I asked participants to narrate their growing up (family backgrounds, education, and work) and marriage histories, including how they met their spouses. We discussed topics such as meanings of man/woman, husband/wife; marital expectation and personal experiences; marital division of labor, access to and control of resources; decision-making processes; trust and intimacy; extramarital sex; safe sex practices. On social networks, we talked about interactions with the extended family, other friendship networks, and participation in religious/economic/health support groups, work and other professional groups. We talked at length about discussions that these networks, especially the more formally organized ones, focused on when they meet. We also discussed gender composition, and structure and functions of the organized networks. On AIDS programs, interviews focused on couples' sources of AIDS information and communication with partner; their participation in community AIDS campaigns; and how they interpreted and acted on AIDS messages. I had a structured in-depth interview guide but some of my participant's responses brought out new dimensions that I explored in consequent interviews. For example, my interview guide did not specifically focus on “pre-colonial” and “modern” marriage norms and parenting styles; colonial processes such as introduction of Christianity and education and their impact on marriage. But these themes became prevalent and powerful. Nonetheless, as I developed my proposal, I was cognizant of the

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<sup>17</sup> In the rural area, middle class families typically have relatively large farms but also white-collar jobs.

fact that informants are experts in their lives and their responses would provide cues for further questions and shape my project.

I took into consideration feminist concerns regarding female researchers interviewing male participants especially on sexuality topics. My previous research experience in Kenya and my summer preliminary interviews for this dissertation indicated that my male participants said a great deal more than female participants did. My insider status to the setting did not affect discussions with men. They viewed me as an “unknowing researcher” (outsider) who needed detailed explanations of the “men’s world” regarding the issues we were discussing. For example, many openly talked in detail about condom use and extramarital sex, including their personal involvement. Both women and men talked in detail about their marital relationships except two women who withdrew from their lively conversations, i.e., gave few details when we approached the “HIV in the family” topic but continued to facilitate the conversation by moving it to other directions, still engaged. Thus, as feminists Naples (2003) and Lal (1996) point out there is no strict insider/outsider status dichotomy. These are “ever shifting and permeable social locations” (Naples 2003:65) that affected my interviews in different ways. Therefore, I do not deny that my multiple identities—nationality, gender, ethnicity, class, education, doctoral student in the United States, marital status, and age—shifted vis-à-vis that of my respondents and shaped power relations and hence access to data. I will discuss this further in my reflexivity section.

*Ethnographic Observations:* Emerson, Fretz and Shaw (1995:2) have pointed out that, “the ethnographer seeks a deeper *immersion* in others’ worlds in order to grasp what they experience as meaningful and important.... the field researcher sees from the inside how people lead their lives, how they carry out their daily rounds of activities, what they find meaningful,

and how they do so.” I was keen on observing my participants’ lives and social interactions in order to develop a greater understanding of how members ‘do gender’ in their everyday lives, and consequently analyze how this impacts HIV transmission.

During my interviews, when I noted that participants were more open and friendlier, I requested to spend some extra time with them observing some of their daily activities including accompanying them to meetings with family or on church. Due to time constraints, I was not able to make as many observations as I had proposed, hence limiting my data on network observations. I spent three days with two different couples in Embu as they did both household chores (noting who did what—cooking, feeding cattle, who said what is to be done) and worked on the farm (pick tea). I accompanied two women to their women’s group meetings (merry-go-round<sup>18</sup>) on four different occasions and one man to an AIDS support group meeting. I also attended one couple’s family celebration in church and later a lunch at their home. Nonetheless, I made other unstructured observations as I participated in the daily community’s activities, as a member of the group.

In Nairobi, due to middle class couple’s schedules and type of work (office), it was less possible to spend time with them in their homes. However, I accompanied two couples to their mixed gender network meetings, and one woman to her women’s group meeting. Additionally

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<sup>18</sup> A merry-go round, common among women, is a rotating savings and credit scheme where members agree to contribute a fixed amount at each meeting, usually monthly. At each meeting, the funds are collected and certain members are paid the entirety of the collected money on a rotating schedule. For example, a group of twelve women might use this system on a monthly basis contributing 500 shillings by each member at each meeting. The 6,000 shillings would be paid out to one of the members on the schedule. Once the last member on the list is paid, they would go back to the first name or do another ballot to create a new schedule. With time, the merry-go-rounds have become more sophisticated in structure and operation. Many now have a loaning scheme, where, in addition to the merry-go-round, they contribute extra money that would be loaned out to members in need at a very low interest rate, incomparable to the formal banks.

because many of the interviews were held in their homes (both Embu and Nairobi), sometimes with the two partners present, I was welcome to stay after the interviews for a cup of tea, food and chit chat. I took note of these interactions. Because it was easier to accompany women to their group meetings than men, due to our common gender and the fact that women's social network meetings are more common, I gathered more information on women's daily lives. Additionally, in the rural areas, most men's networks were in the local markets in the bars or local beer dens and I was not able to access those places yet due to the more restrictive gender norms that prohibit women from being part of such spaces. However, the same spaces were easily accessible to me in the capital city.

As a member of the two sites, I have a large network of married women and men with whom I interacted in their homes, church and other social spaces. I am also a member of both women's only, and mixed gender organized groups who meet every month. These were important participant observation sources and I jotted down notes after each of these meetings (Emerson, Fretz and Shaw 1995). My observations at these social networks were first aimed at building up a picture on network-types that were salient in the participants' lives. For example, gender composition of the groups, that is, whether groups constituted couples-only or were mixed, relatives, friends, and age. I also noted the places where they met. Second, I observed gender dynamics and interactions in these groups and whether they varied with for example, age, class, rural/urban. I, for instance, noted observable roles that members played, leadership positions, types of discussions particular to each group, and communication strategies. I was keen to note if these groups discussed health issues and in what ways. I noted when members chitchatted, for example, about their relationships with their partners or other people's, and what they said about it.

In addition to observations at the couple level, a male peer educator invited me to attend an AIDS support group meeting/AIDS education at a local private hospital. Support groups, usually funded/supported by NGOs occasionally sponsor peer educators to attend AIDS education workshops outside of the community. The peers educator are then expected to disseminate that information to the group members, once back in the community. Hence, these sites offered an opportunity to observe and analyze the interaction between public health programs and community. I noted attendance by gender, messages in peer education, and discussions that this education elicited. I acknowledge that I was not able to attend more AIDS support group meetings; I turned down invitations due to time constraints.

*HIV related texts:* I collected and analyzed policy documents, NGO reports, media, and HIV education materials. NGOs and government departments that were part of this study had websites. Before each meeting, I substantively read and analyzed policy and program documents to examine their focus, how they defined and incorporated gender in their interventions. I also examined their evaluation and impact assessments reports. In addition, because there are several media campaigns for couples, we discussed their gendered implications. Notably, the AIDS social marketing organization that develops media campaigns on marital fidelity, condom use, and couple testing, declined the interview and informed me that their programs did not focus on gender. Whenever I went to interview staff of organizations in their offices, I left with loads of more documents that I continued to analyze.

### **Data Coding, Analysis and Writing the Text**

My work is grounded in gender power theory and an intersectional framework. I, therefore, went to the field with a structured in-depth interview guide with some pre-determined concepts. However, interviews were flexible and did not strictly follow my guide. Many more



questions emerged from the lived experiences of my participants. I conducted, transcribed and translated all recorded interviews myself. Hence, I was immersed in my data. Translating my interviews from either Embu or Swahili to the English language was a challenge, as it was during the interview process when I had to translate to the local languages, sometimes with the help of my participants. Aware of the imminent risks in translating cultures (Rubel and Rosman 2003) and the uncritical imposition of conceptual categories (Oyěwùmí 1997), I employed two methods to minimize these risks. One, I translated the texts into the English language and then back to the local languages to ensure that I maximally represented the voices of my participants. Two, I was in constant communication with family, friends and other networks in Kenya—through phone, email and skype—to double check meanings or clarify issues that I was not clear about. After translating, I manually coded transcripts, observational field notes, media messages, and texts.

I used “PC databasing” which Lofland and Lofland (1995:188) refer to as “retrieve, recode, refile, and enumerate coded items and relate them to one another.” I highlighted the data in various colors, bolded, tracked, and shaded to code and categorize my data into the various concepts but I also open coded a subset of the data to identify as wide a range as possible of themes for closer investigation. As the research and analysis progressed, I revisited previous transcriptions, reconfigured the categories, identified themes, and the relationships between these themes. Because I employed an intersectional framework, my content analysis of the transcripts was guided by an attention to how the gendered organization of marital relationships and ensuing HIV vulnerability and risk, and ability to negotiate those risks is shaped by a participant’s location within multiple structures of gender, class, age, residence, and HIV status. In coding, I

also focused on variation across types of social interaction—marital relationships, social networks, and AIDS programs.

I applied the evidentiary criteria normally used for ethnographic research (Katz 2002). That is, assigning higher evidentiary value to individual acts or patterns of conduct recounted by many observers versus those recounted by only one or conduct that I was able to observe versus behavior reported to have occurred. While I interviewed 27 couples (i.e. 54 interviews with participants of different age, education, residence, and health status), in my writing the text, I have made use of some couples repeatedly because they exemplify the patterns that I observed widely. I chose the strategy of focusing on a few couples in order to provide various facets of their lived experiences instead of simply adding more individual's narratives without properly situating them in their context.

### **Reflexivity**

I am both an insider and outsider to this project. I was born, raised and schooled in Kenya, participating in and impacted by the social, cultural, legal, political, and economic transformations that have taken place in the country. This dissertation is, therefore, a reflective process of my being part of these transformations, and stepping outside to analyze them critically. As a feminist researcher, I borrow insights provided by feminist scholars who recognize the lived experience as a site for production of knowledge in order to access the material lived reality of the subject (Harding 2004; Smith 1987; Sprague 2005). I am also committed to creating knowledge that empowers the disadvantaged by making explicit the mechanisms by which social inequality is created in people's daily lives (Lal 1996; Sprague 2005). As a Kenyan-African feminist researcher, feminists who call for the need to be reflexive about how I represent — speak with, for, and about— my research participants (Lal 1996)

influence me. In so doing, I am conscious of power relations between I (the researcher) and my participants (the researched) (De Vault 1990; Lal 1996; Mama 2007; Naples 2003; Sprague 2005; Tamale 2011; Wolf 1996; Zavella 1996).

Feminist research urges us to be reflexive of inherent power hierarchies between the researcher and subjects in the research process and production of knowledge. Conscious about this, I remained cognizant of my position as both an “insider” and an “outsider” relative to each of my respondent’s position (gender, ethnicity, class, education, age, religious affiliation, family background), and reflexive, as I navigated this simultaneous “insider-outsider” status and “epistemic privilege” assumptions (Collins, 1990; Harding 2004; Lal 1996; Mullings 1999; Naples 2003). For example, I was conscious that I would have to constantly negotiate and renegotiate my insider/outsider status—‘Kenyan graduate student in a US academic institution’—going back ‘home’ to conduct research. Further, during the interviews, I disclosed the nature of my long-term partnership to all my participants, and this shared positionality (including common ethnicity or language) partially and temporarily allowed me to inhabit the space of an insider. This commonness, I found, facilitated my discussions with both women and men. Nonetheless, I was aware that due to a shared positionality, my participants may assume that I knew what they were talking about and I had to resist the popular “you know” response (Devault 1990) that was quite common. I told them I did not know and requested for an explanation or elaboration in order to gain participants’ individual perspectives.

Broadly, it is perceived that the researcher holds power to direct interviews so that informants respond to their questions. This may be a misconception. As Naples (2003) points out, participants also have power to influence the direction of research, resist researcher’s efforts and interpretations, and add their own interpretations and insights based on their evaluation of

the “insiderness” or “outsiderness” of the researcher. I found that many times we were engaged in negotiating meanings of my questions, particularly with the older rural couples who constantly told me “let me tell you my child....” and offered me advice, especially on marital relationships.

One instance of this negotiation of meanings is notable. The women’s rights activist discourse in Kenya, particularly on domestic violence, portends that the term “*mutumia*” (Embu/Kikuyu word for “wife” thought to be derived from “*gutumia*” meaning “to keep mum” or “to be silent”) is key to discrimination and perpetuates women’s subordinate position in relation to men. However, older rural women and men (those who are in their 60s and 70s) resisted this modern/liberal interpretation and explained its roots. To them, *mutumia* (*utumia* = wifehood) meant the competency to take care of a homestead, children, husband, extended family, and community. In cases of disputes between a husband and wife, the woman, as a full member of the husband’s family, would then resolve them within this household, including appealing to the extended kin. It did not imply that she should not voice her abuse or other marital concerns, that is, remain silenced by male dominance as is circulated in popular accounts. This meaning of wife, often distorted in activism, my participants noted, should only be read side by side with the meaning of ‘*muthuuri*’ (‘husband’—derived from ‘*kuthuura*’ meaning ‘to select/choose wisely’) which chiefly meant wisdom, competency and, hence, ability to manage a household, including resolving disputes. A related idiom survives to the present: *cia mucii ti como* (family affairs should not be aired in public = do not wash dirty linen in public). The two terms are two sides of the same coin meaning that both *mutumia* and *muthuuri* participated in management of the household in complementary ways. These older couples, in deed, castigated the “rights” language for increasing marital problems through misrepresenting terms and, in practice, reinforcing women’s subordination.

Quite the contrary, I found that my younger participants, especially the urban middle class from this ethnic group, employed the same liberal interpretive framework as I had done and pointed out that the concept *mutumia* greatly disadvantaged married women. Given these negotiations, it seemed to me that in contemporary times these terms may have been dichotomized whereas this may not have been the case in the past. I will discuss this further in my analysis. This scenario meant that I had to be reflexive about imposing my own “narrative of liberation and modernity” onto my research subjects’ experiences (Lal 1996; Njambi 2004). Because postcoloniality interrogates excavation of the “Third world” as a resource for Western theory (Anfred and Ampofo 2006; Lal 1996; Njambi 2004; Mohanty 2003; Oyěwùmí 1997; Tamale 201; Smith 1999), I was constantly reflexive about how my privileged status—education background, activism—may blind me and thus contribute to colonial practices that further marginalize my participants. The discussion on women’s rights brought me to think about the ability to challenge the status quo that deprives women and other subordinate and powerless groups without marginalizing them.

Therefore, as I thought through the process of my fieldwork, I constantly asked myself the four questions posed by Lal (1996) that I found, particularly, useful in thinking about a methodology that goes beyond colonialist representation of my Kenyan research subjects. One, How do I know?—an epistemological question based on engagement with my history (politics of location) and identity. Two, What do research subjects’ actions and responses tell me about the construction of (ethnographic) authority? How did they assert their agency and shape their own representations during the interviews? How did they want me to write their stories? More importantly, how does this inform endeavors toward postcolonial representations? Three. How and where can I effect change? (The field, academy or both); and

four, How do I conduct research that does not reverse the hierarchies of oppressor/oppressed, subject/object? These questions have guided the research and writing process of this dissertation, and will take it beyond this phase.

### **Study Limitations and Considerations**

My study had two major limitations. My participants were not drawn from a random sample and I cannot claim their representativeness of the entire population of heterosexual couples in Kenya. My participants varied by age, education, economic, and health status, thus their lived experiences, understandings, and perspectives differed. I do not seek to essentialize their experiences but rather to represent a broad perspective (Lindgren et al. 2005) of a particular group of Kenya couples who live daily with the reality, or threat of HIV. I conducted interviews with as many purposively selected couples (27, i.e. 54 individual interviews) as I could considering my time and financial constraints, to capture diversity and to adhere to a systematic and empirical research process. Nonetheless, being a qualitative researcher my main aim was to provide a deeper analysis of my participants' lived experiences, meanings of those experiences and how they shape HIV transmission and ability to negotiate HIV vulnerability and risk, rather than to achieve generalizability. Additionally, I had interviews with a wide variety of international and national HIV organizations, and government agencies that implement public health HIV interventions in the entire country. Therefore, through this, I was able to capture nation-wide perspectives on HIV transmission in marriages in Kenya.

Convenience and snowballing as sampling techniques may have the result of having participants with similar background and interests. This would have rendered my intersectional methodology counterproductive. To minimize this limitation, I took time to enlist couples with a variety of backgrounds and sometimes turned down interested participants, due to the need to

balance my limited time in the field and to capture diversity. Nonetheless, both methods were advantageous in establishing some level of trust and in building rapport, which were crucial for the data I was seeking. Despite these study limitations, my participants provided an overwhelming amount of information, which I supplemented with observations and text analysis to inform my project. In the following chapters, I present my findings and analysis.

## **Chapter 4**

### **Changing Marital Ideals: The Modern Marriage**

Simply put, gender relations in the marriage institution have undergone enormous changes since the arrival of Europeans in Kenya. As a necessary starting point, I have dedicated this chapter to foreground some of the transformations in marriage as seen through the eyes of my participants, and other local texts, in order to situate the marriages that I studied. I will broadly document some of the influences on marriage including Christianity and Western education, media and technology, and state legislation, all of which are part of the growth of capitalism. These should be read together with land politics and impacts of neoliberal policies that I discusses in chapter 1. Following this, the next chapters will engage with my three questions and offer a historically grounded analysis of the gender regime in marriage and implications for HIV. I begin with John's experiences to highlight some of these changes in marriage.

In the summer of 2013, I introduced my research objective to John, a rural elderly farmer, simply as, “a study of the relationships between married women and men, and HIV.” John, who thought he was born around 1942, immediately began to castigate my “generation of young people.” He told me that I belonged to the fourth generation prophesied by Ileri wa Irugi, a famous and well-remembered prophet especially among the older Embu people, who is believed to have lived around 1800 C.E. Ileri prophesied about the coming of the Europeans and how their practices would disrupt existing Embu social structures. His prophecy was important for colonialism and the introduction of modernity; he cautioned against resistance because the



foreigners would have superior weapons<sup>19</sup>. While growing up in Embu in the 80s and 90s, I vaguely heard about this prophet and some other Embu traditions because the avenues of cultural transmission, including education systems had already transformed. In these changed circumstances and capitalism era, there was/is little or no time for story-telling (education) across generations as it was in the past. I, as with some other children of my generation, for example, was sent off to a primary boarding school from standard (std.) 5<sup>20</sup>. Thereafter, I spent little time in Embu because I attended a boarding high school near the capital city, Nairobi, and then to a University, and later work in the capital. John told me that the prophet had foreseen a future generation that constituted of people who had either lost or disrespected their culture, who would die but never be buried by their families because they would die in spaces where their bodies would not be found—such as plane crashes in deep sea waters and in high mountains. He said I belonged to this modern generation.

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<sup>19</sup> Ireri wa Irugi is the most remembered, and highly respected prophet of the Aembu people of Kenya who lived long before the Europeans came to Embu, probably in c. 1800 C.E. Stories handed down about him include his communion with God and his appearance in different places within short periods of time. He was able to foresee events by “beating a goat”, the sacred animal used for sacrifices. He chose a white goat to symbolize the purity and presence of God. He is said to have prophesied the coming of “outsiders” (Europeans) and the disruptive impact their presence would have on the social order of Aembu people—education, economy, land ownership, gender norms, dress code, and culture. He also talked of an animal that would come from the sky with an iron mouth (airplane) and another on land with an iron snake (train) both of which would destroy the people by opening them up to foreign influence. He pointed out that any resistance against the invaders would be counterproductive because of their superior weapons and their determination to conquer. He also warned of epidemics such as the jigger disease, which came to pass. He talked about families from which individuals of outstanding political power and material prosperity would emerge, and this, too, came to pass. Many Aembu, thus, believed in his prophesies.

For more see: Mwaniki, Kabeca H. S. 1974. *Embu Historical Texts*. Nairobi: East Africa Literature Bureau.

<sup>20</sup> In this dissertation, I will restrict myself to the terms used in the Kenyan education system. Nonetheless, Kenya’s 8-4-4 system launched in 1985 (previously 7-6-3) is similar to the U.S. education system: 8 years of primary school, excluding pre-primary (standard 1-8); 4 years of secondary (high) school (form 1-4); and 4 years of University education. There are also middle-level colleges catering for a variety of post-secondary career courses leading to certificate, diploma, and higher diploma, especially for those who do not qualify for University education. This system exists together with international education systems such as British, American, German, French, mainly created to serve expatriate children, but increasingly serves the needs of the Kenyan elite.

John did not attend a formal school. He vividly remembered “the years of problems in Kenya, the Mau Mau war against the crimes of White colonialists.” After decades of land alienation, forced labor, segregation, sexual assaults, and other violence by the British colonialists, ordinary Kenyans formed a movement known as Mau Mau, the Land and Freedom Party, to win back their independence. The Embu were part of this movement alongside the Kikuyu and Meru, their neighbors on each side. The British responded by attempting to ruthlessly crush the movement through aerial bombardments of rural areas, forced settlement of entire communities in isolated and closed villages (*gicagi*), shooting to kill, and imprisonment of tens of thousands of Kenyans in concentration camps. John remembered life in these villages during his young age and described some of the impacts on household practices among the Embu:

Things went wrong during the emergency period (Mau Mau uprising) when the colonialists put people together in the villages. The older people no longer had their own huts where they called their children in for advice; they did not even have the time to do that because they were being beaten by the whites. So yes, when the whites put us in villages that changed the whole thing (household system) for worse. You see in these villages, they would put like four people in a small house like this one of mine (2 rooms) and that is where diseases started. That is what changed the relationships between the young and older generations... Also today, there is school; there is no time for that kind of informal education. So its colonialism... hmmm so you are now the dotcom, digital generation (with an awkward smile).

He, like other older couples, rebuked my generation’s “digital” and “dotcom” wise-ness which they said would be our downfall because we neither respected nor listened to the advice of the “wise older generation” when choosing our partners and in marriage. He also talked about how *uzungu* (Swahili word for “whiteness” and “modernity,” derived from *mzungu* meaning “white person”) and technology had changed the dynamics of partnering so that now young people could “date on their phones” in the room next to their parents, an issue he found very disrespectful. John was convinced that AIDS had increased in the community because the

younger (my) generation did not have the opportunity to learn about partnering and marriage practices, and that prospective spouses were no longer vetted by elders as happened in the past. Because of these changes, “we have buried many young people, both married and unmarried, and we will bury many more.” He also made the point that people of all ages “might die of AIDS,” including his own generation because they too had been affected by these changes. He alluded to harsh economic times, diminishing pieces of land, and “lust,” all of which shaped extramarital sex among men, and increasingly now among women. He also noted that whereas local expressions such as “*ari ega matithiraga*” (nice/beautiful [*ega*, singular- *mwega*] young women do not get finished) in the past cautioned men against lust—a man had to at some point be contented with the woman/women he had—for the present generation, these meanings, bound up with growing sexual desire, had increased lust.

In discussing the division of labor between his wife and himself, John had no doubt that as a *muthuuri* (husband) he was the provider and pillar of his home. The term *muthuuri*, derived from *kuthuura* ‘to choose or select’, meant that a husband had to be wise and competent in making choices for, and managing his family. As a man (*mundumurume*), he did not involve himself with any domestic work such as cooking or taking care of children nor would his wife allow him to do so. His *mutumia* (wife), apart from domestic work also went with him to the farm to pick tea and coffee. *Mutumia* meant one who was mature and responsible for taking care of the homestead. Marital disputes were settled within the dyad, and if this was not possible, as a *mutumia*, she would first appeal to her husband’s kin for dispute resolution rather than leave her marital home. The ability to fulfill these roles elevated her *utumia* (wifehood) social status in the community. To John, this complementarity of roles and responsibilities held couples and families together.

His wife, 60 year-old Jane, also used the interview opportunity to advise me and criticize my generation. She held similar views with John but emphasized the importance of marriage and respect for her husband and kin, in line with her Christian teaching. She had lived with John's parents on the same piece of land for many years until John bought his own land elsewhere where they now live. She, like John and other elderly couples, talked about my generation's disrespect for culture and tradition, and adoption of *uzungu* lifestyle. She observed that the institution of marriage held different roles for women and men and she and her husband understood and did that. She rebuked the "immoralities" that she had seen increase with time, for example, young people holding hands or kissing by the roadside while elders passed. In her time, that would not happen, she said they might have had to "hide in the bush so the elders would not see them." Because of such "immoralities," my generation would perish from unknown diseases. At the time, I remembered my late grandmother (94 years) saying to us several times that she sometimes wished she was dead so she would not see the "immoralities" of young people that she had now been exposed to.

Yet, these narratives were in significant ways different from some of my younger participants, especially middle class urban women. These participants desired egalitarian marital division of labor; desired public intimacy like holding hands with their spouses. They held negative views and talked at length about conflicts with their in-laws and strategies to avoid interacting with them; desired material goods; and some participants from the Embu or Kikuyu ethnic groups (whose languages are mutually intelligible) were uncomfortable with the term *mutumia* because it implied a subordinate status. The younger women also talked at length about

monogamy and infidelity and contrasted their marriages to polygyny (polygamy<sup>21</sup>) commonly practiced in the past.

The two competing narratives, one from older participants who saw newer marital practices as ‘immoral’ and disrespectful of ‘culture’, and the other from younger persons—especially middle class women—who viewed older marriage practices as disempowering, made it imperative to highlight some salient social and cultural influences on marriage since the European presence, at least, in the interior Kenya. At the same time, these narratives should not be read as a complete break from the past. Data suggest that some individuals desired of some changes and not others. For example, many younger rural women hoped that their husbands might help in domestic work but they would not condone public intimacy for couples. Therefore, in this chapter, while I acknowledge that I do not do enough justice to the topic, my specific aim is to provide a perspective of some of the transformations of marriage in Kenya and the inherent tensions and contradictions in the marital ideals, as my participants and other data suggest.

In 1984, the International Africa Institute organized a conference in Nairobi, Kenya, titled, “Transformations of African Marriage.” The collection of essays, presented in the symposium and published later in 1987, recognized that African marriages were in a flux and highlighted the significance of theorizing these changes within a political, economic, and ideological context (Parkin and Nyamwaya 1987). In one of the articles, *outside wives and inside wives in Nigeria*, wa Karanja (1987:251), contrasting these two types of wives, observed:

An ‘inside’ wife is frequently, but not always, an elite woman (see for example Lloyd 1966) who has been married in a church wedding or through statutory law (usually

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<sup>21</sup> The specific term here is “polygyny”, where the man is allowed more than one wife at a time, but since “polygamy” is the common term in Kenyan policy documents and in local discourses, I will apply it for this dissertation.

both) and usually ascribes to the Christian ideology of a monogamous marriage, at least as an ideal. . . . She usually lives with her husband and their children in an 'official' residence. *She adheres tenaciously to the Western conception of love, affection, companionship, and fidelity.* And, like all other 'wives', she, on average, expects regular financial support from her husband for herself and her children, regardless of her own financial standing. An 'inside' wife is frequently suspicious and contemptuous of 'single' women who are of marriageable age. These women constitute a constant threat to her monogamous marriage which is often in an uneasy equilibrium. Although the odds are against her, she prays and hopes that her marriage will be a rare exception; that hers will weather the storm, unlike so many other 'monogamous' marriages.

wa Karanja presented to us an intricate tension between Western (including Christian) or contemporary conceptions of marriage, love, companionship, and monogamy; and past polygamous practices. She argues that today, polygamous marital arrangements are modified such that men may have "inside wives" (legal, Christian, and publicly recognized marriages and wives) with clear marital rights. At the same time, these men initiate relationships with other women, "outside wives" who are not legally recognized or publicly known. Similarly, the embrace of Christian marriages, monogamy, fidelity, intimacy, were common to my participants. They also widely reported practices of infidelity or "other" women and outside wives.

Since the advent of AIDS in sub-Saharan Africa, scholars, especially anthropologists and historians, have examined transformations in love and intimacy in diverse African settings and what this means for gender, rights, and HIV. For example, Cole and Thomas (2009) in Zanzibar, Niger, South Africa, Kenya; Hunter (2010) in South Africa; Smith (2009) in Nigeria; and Parikh (2009) in Uganda. While recognizing that marriage is still very much regarded as a relationship that creates obligations between spouses, kin and groups, some scholars have pointed out various processes that have impacted marriage practices. For instance, shifts from patrilocal to neolocal residences following colonial processes of privatization of communally owned property; economic processes; formal education and increases in literacy; Christianity; and technological advancements that have made it possible to watch television and movies in both rural and areas

(Connell 2009; Hirsch 2007; Padilla et al. 2007). These processes shape conceptions of love, affection, intimacy, gender, and sexuality. They have led to what scholars have referred to as the modern “companionate marriage,” the idea that, as Connell (2009: 82) also points out, “In contemporary metropolitan society, households are expected to be formed on the basis of romantic love, that is, a strong individual attachment between two partners.” And “as this ideal is spread around the world by religion, advertising, and other cultural pressures it often comes into conflict with other ways of forming new households especially arranged marriages that represent alliance and kin groups.”

John’s views (as well as other older couples, and few younger ones especially in the rural site) about my generation, and as “prophesied” by Ileri wa Irugi, widely reflect much of what some of these scholars have written about transformations of marital ideals. The older participants explicitly attributed changes in marriage to the infiltration of Western culture, and consequently, the spread of HIV, and other sexually transmitted diseases. They, like John and his wife, criticized my generation’s “digital” and “dotcom”-ness that had led us to believe that past practices in marriage were backward and incompatible with the modern way of life introduced to Kenya. Even though these older couples had television sets and cellphones, an indication of “being digital,” it was the lack of respect for culture and older persons’ views in the community that they criticized most. *My argument is not that modernity causes HIV in marriage, but rather how global cultural images together with other unfolding political, economic, and technological transformations; category-specific ideologies about gender and sexuality; and the often patriarchal projects of the state (such as in legislation processes) have intersected with past and local marital gender norms and practices to shape sexual HIV transmission.*

In rural Embu, I found that older couples who married in the 60's and 70's talked about marriage as a bond of obligation held together by an ideal of respect and the mutual fulfilment of gendered responsibilities as John noted. Jane, his wife, also emphasized the fulfilment of roles and respect for John and his family. A *mutumia* knew that it was her responsibility to take care of the household (cook, clean, raise well-mannered children) and the farm, while a *muthuuri* brought money into the house. Love, if it existed, was as the result of living together and fulfilling these roles, not necessarily the goal given that many past marriages were arranged or vetted; one did not necessarily marry the person they had "fallen in love" with. Indeed, John and Jane had never said the words "I love you" to each other. They both knew that they loved each other through the fulfilment of their responsibilities. Therefore, love was seen in the expression of cooperation and mutual assistance, and this love predates literacy. This idea of love as resulting from the mutual fulfilment of responsibilities transformed to privileging love in the selection of a spouse and seeing marriage in more individualistic terms rather than as part of the wider kin group (extended family).

Younger couples, especially middle class women in Nairobi explicitly talked about "falling in love at first sight", and "being in love." Many younger men pointed out working hard to provide for their families, and middle class men helped around "a little" with domestic chores like taking care of the baby and making specific "masculine coded" meals (such as roasting meat). Another middle class man mentioned, "being emotionally and sexually available for my wife in order to show her that I love her." These conceptions of love and intimacy exist within a larger context of global cultural and economic influences.

In both sites, younger women and men talked about individual desires for love and intimacy; economic considerations; communication; and being able to fit within the extended



family (usually husbands' family) as important factors in selecting a mate. Most young people talked about the desire for more equal participation in income-generation and decision-making processes, and domestic work (mostly for younger middle class women). They contrasted these ideals with past marriage practices which they did not favor. These include cultures where individuals had no autonomy in selecting a partner; polygamy and its ideal of wealth in many wives and children, which did not fit with current modern and economic trends; the subordination of women to a patriarchal structure; communal ownership of property; and strict uncompromisable commitment to extended kin relations. On the other hand, I found that my older participants favored aspects of earlier marriage practices such as strict vetting of a wife or husband to-be by respective families; husband as head of the household and wife as nurturer; and the submissiveness of wife to both husband and other kin relations. They criticized and labelled "immoral" many of the contemporary influences on marriage practices.

Scholars have also pointed out that changing consumer markets, the monetization of daily needs, and global influences regarding the significance of individuality (as opposed to kin obligations) have had a tremendous impact on people's notion of modern marriage (Ahearn 2001; Bailey 1988; Collier 1997; Wardlow and Hirsch 2007; Parikh 2009). The same can be said of my participants. Both married women and men, regardless of age or residence, described their marriage in terms of "development" whose goals were to have a "good home," educate their children, and acquire other consumer items. Those who felt they did not have a "good home" or household items used words such as: look at this house, it needs better roofing; I need to plaster the walls; or see these seats? We need to change them. They desired to educate their children, and for the middle class this meant education in expensive private schools. They also desired consumer goods such as better phones, cars, and newer TV sets. In other words, all participants

were striving to improve their individual or nuclear family economic and class status. Those in the lower economic ranks—rural farmers and urban poor—wanted to achieve a consumerist middle class status. Even those in the middle class who, for instance, had two cars and lived in a big home in the suburbs wanted more consumer items like changing their big flat screen TV sets, going out to dinners and vacations. Ultimately, the realization of this “development” project, according to all my participants, required mutual love, communication and cooperation between spouses. It was also in many cases, a source of marital conflicts.

Transformations in marriage—from earlier common practices of polygamy, arranged marriages, conceptions of love, patterns in gender roles and sexualities, to the companionate and development-based or consumerist type marriage—reflect complex processes that occur at the individual or societal level. I locate the roots of the modern marriage in Christian missionary education. It is spread around by the more progressive—prosperity gospel—evangelical churches, media and technology, public health AIDS programs, and other forces. Below, I very broadly highlight some of these influences.

### **Impact of Christianity and Western Education on Marriage**

Central to the growing stature of modern marriage was the influence of missionaries who opposed polygamy and promoted new ideas of partner selection and companionship within marriage. Of course, the introduction of Christianity in Kenya went hand in hand with formal education. Christian missionaries introduced Western education in Kenya. Though their objective was to enable converts to read the bible and serve as teacher-evangelists, the British colonial government later urged the missionaries to include technical skills in the curriculum (Amatsimbi 2013). Literacy, in turn, can be said to have made it ever more possible not only to

read the bible, but also to interact with technology, consume, and embrace the new marriage ideals. Over 80 percent of Kenyans are Christians, and the churches have continued to grow.

In the last few decades, the fervent and progressive evangelical Christian movement has grown tremendously—attracting many people from the more conservative Protestant churches established during the colonial period (Anglican, Catholic, Presbyterian, and Lutheran)—due to their messages and promises of progress and material items (wealth/prosperity gospel). This prosperity gospel is rooted in the religious doctrine that financial blessing is the will of God for Christians. In addition, these churches’ ideology of a monogamous (faithful) marriage and, especially, material wealth appeals mainly to younger and often more educated persons. The churches have a wide reach in the city; other comparatively large urban centers; and are increasingly spreading into the rural areas. Some of these Christian movements broadcast paid for church services (televangelists), programs, and other advertisements on national television in order to, among other reasons, attract more followers.

Not unsurprising, therefore, many bishops and pastors of these churches have amassed so much wealth that it is common to hear people say, “if you want quick money and wealth, start your own church.” A very common practice within these progressive churches is the “plant the seed” phenomenon in which people desiring financial divine intervention, or break through, give money to the church/pastor, after which the pastor intercedes on their behalf. The media has implicated and publicly exposed some pastors for fraudulent practices such as performing fake miracles that believers have paid for, in a bid to acquire wealth. Other pastors publicly display their “personal” wealth to their followers as evidence of “what God can do” in order to encourage and urge them to keep giving to God and praying for their own miracle and financial

break through. These practices create and reinforce links between marriage, and capitalist accumulation and consumerism.

The church is clear about the importance of marriage (heterosexual), the woman's submissive position in the household, and the husband's role as provider and head of the family, in line with biblical teachings. In my research, I found that mostly younger participants embraced the ideas of a modern Christian marriage: being in love and intimate, monogamy and fidelity, husband as head of family and provider, and accumulation of wealth. At same time, these younger women were ambivalent about being submissive, and they desired more gender equal domestic roles. On the other hand, though older couples such as John and Jane ascribed to these ideals, they did not explicitly express their love for each other. They also took as given and did not question the gendered labor in marriage.

Despite the appealing idea of Christian monogamy and fidelity, the actual practice was reportedly different. All participants talked about the pervasiveness of extramarital sex, a practice in sharp contrast to the construction of modern companionate Christian marriage. It is in this context that John, a staunch Christian, talked about the "moral decadence" of my generation and marriage today. He, like many other couples, attributed the "decay" to lust for material goods and sexual pleasure for both married women and men.

This discursively constructed Christian monogamous marriage ideal, perceived to be under threat by infidelity or outside wives, exists simultaneously with the growth of technology, particularly media images, and other global cultural forces.

### **Technology and Global Ideologies**

Contemporary global ideologies, facilitated by technology, do influence the moral economy of marriage in both urban and rural areas, albeit in varied magnitudes. Nairobi, as the

capital city leads in the amount and variety of technology available in the country. Nonetheless, in this rural community, even those who are considered poor families own at least a radio and own or aspire to own a television set (a middle class ideal). All my participants had both of these, in addition to cell phones. Because most rural homes do not have electricity—either because there is no rural electrification or some families cannot afford it—many homes have a black and white TV set operated with a rechargeable battery that they charge at the local electrified markets at a small fee. These techno-gadgets are important in the transmission of global images and ideologies on love, intimacy, and other marital practices.

Trade and social liberalization policies implemented in the 1980s to mid-1990s under President Daniel arap Moi (Omolo 2011) and further pursued by Presidents Mwai Kibaki and Uhuru Kenyatta have contributed to the proliferation of global cultural ideas, media, and goods from both the West and South. While these neoliberal policies caused or increased poverty amongst many Kenyan households, particularly the urban poor, due to opening up of the market to international trade (Omolo 2011), they also impacted local ideas on marriage, family, gender and sexuality. A look at Kenya's markets, where images of love, sex, and romance are displayed clearly reflects the commercialization of romance. These images, meant for advertising consumer goods, also inadvertently promote a certain image of a modern relationship (Parikh 2009).

Both electronic and print media run stories and programs that advise couples (and those in or seeking relationships) about love, pleasurable sex, and how to keep one's mate monogamous. They offer forums for readers and listeners to engage with questions, meanings, and new understandings of these terms in the hope of bettering their relationships. Pornography, or what is constructed as locally or legally obscene or indecent, has also been on the rise: the

government has attempted, without much success, to regulate media content or ban pornographic material altogether. Romance films and soaps from both the West and South are widely available. For example, almost all national TV stations broadcast romantic Mexican soaps, which are almost a “must watch” and make for spicy talk amongst both young and older married and unmarried women at the work place, the beauty salons that I visited, and general daily talk. Women hurriedly go home in the evenings in time for one’s favorite soap, or should they miss watching it, catch up from their friends or on the repeat episode.

Moreover, some TV stations now produce their own programs on sexual pleasure, love, and intimacy within marriage or relationships. In 2013, in a first of its kind, a national TV station hosted a PG 21-rated program, “Connect: Mombasa *Raha* Positions” displaying various sex positions for heterosexual partners. *Raha* is a Swahili word for pleasure while Mombasa is the favorite tourist destination (beach city) and the location where older white immigrants to Kenya settle—often forming partnerships with local individuals—thereby linking these sex positions to foreign influence. The program featured a self-styled Kenyan modern sex aunty (also a sexologist, marriage counselor, and motivational speaker) demonstrating—with a female who played the partner role—pleasurable sex positions for couples. It is also worth noting that this sex aunty receives numerous invitations to bridal party showers (at a fee), one of which I have attended in the past, where she demonstrated to the bride and female friends present how to sexually please their husbands or husbands-to-be both in the ways we dress and the sex act itself. Her services, a project of both sexual objectification of women and a sexual double standard, are, nonetheless, on high demand. She, and other sex aunties, are used as a label for a variety of sex advice services in newspaper columns, radio shows, and television programs. In 2013, she advertised *kama sutra* chairs for married couples on social media:

Want to spice your marriage and bedroom? *Kama sutra* love chair for sale @ 20,000 Ksh. Comes with a manual on erotic positions on the chair. Great for those difficult positions. Call \_\_\_\_\_. Few remaining.

Definitely, these media images, programs, and sex talks offer newer conceptions about romantic being and have led to the increased desire for a companionate marriage as a way of demonstrating one's modern individuality (Hirsch and Wardlow 2006). But, they have, at the same time, increased pressure for married women to learn how to sexually please their husbands who are presented as innately—and almost the only ones—in need of pleasure. In my everyday talk with upwardly mobile and middle class city women, the greatest consumers of these products, they often pointed out how women had to learn to be “on top of the game” in bed otherwise they might lose their husbands or partners to other women who could perform better in bed. The phrase “being a prostitute/slut in bed” for one's husband was common in such talks. Yet, local narratives often contradict these messages and images: in local understandings, a “good wife” is one who does not show her sexual prowess in bed because her husband might wonder where she learnt “how to perform like a prostitute.” This representation points to a delicate tension in the changes occurring in marriage. A married woman needs to learn how to sexually please (within the newer understandings of sexual pleasure) her husband as part of the practices of securing fidelity, but not know too much to be labelled a “prostitute” which also might send the man away. It seems that women in modern companionate marriages have to practice the delicate balance between “good wife” and “bad girl” (slutty) sexual images.

The media also plays a powerful and active surveillance role to uphold the good wife image through, for example, publicly shaming unfaithful married women and labelling them criminals. Where men are publicly shamed, it is mostly if they have a high moral responsibility to the society such as church pastors. These gender differences in shaming practices reveal the

media's moral double standards. One such instance of branding unfaithful women criminals happened in July 2013 during my summer research. A national TV station's crime investigation series *Bweta La Uhalifu* (Coffers of Crime) featured *Ndoa Hadaa* (Marriage Fraud), a documentary on married women who were "prostitutes by day and wives by night." With hidden cameras, the crime investigative journalists followed the women who came from some of the most socially excluded neighborhoods in the city (such as those as I described under the 'research site' section in chapter 3) to engage in commercial sex with male clientele within the city's downtown "hidden" lodgings. The primary goal of the crime series was to expose the faces of the women behind this "criminal, immoral, and unacceptable fraudulent behavior in marriage" because it was unknown to their husbands. They did not in any way focus on the women's male clients. Responses on social media by both women and men vehemently and violently condemned these women while some people termed the documentary a "must watch masterpiece." This situation is not unlike the night police swoops that round up female prostitutes but not male ones, or male clients. These descriptions depict and entrench the widely accepted male extramarital sexual behavior, and the equally widely regulated sexual behavior of married women.

Moral discourses on monogamous, faithful, marital relationships featured on local electronic and print media are reinforced by an equally aggressive mass media public health HIV prevention campaign that I focus on in chapter 7. Below I highlight how these changes in marital ideals occur simultaneously with some state patriarchal policies and legal regimes that regulate gender relations in marriage, including selective "nationalist resistances" to "Western cultural imperialism" when newer ideas of marriage practices seem to challenge existing male sexual privilege.



## **“African Men are *Naturally* Polygamous”: Legal Debates**

For many years, the women’s rights movement has sought to revolutionize the institution of marriage by eliminating past British colonial marriage laws that disadvantaged women, for instance, the Married Women’s Property Act of 1882 that did not address women’s claim to matrimonial property ownership upon dissolution of marriage<sup>22</sup>. Additionally, given the local cultural climate and application of law, the Act denied many women property rights. This process culminated in new legislation, the Matrimonial property Act, 2013, which accords women *some* rights to ownership of property based on their contribution and type of marriage. I will return to a deeper analysis of this in the next chapters.

The women’s movement has also fought for the legal recognition of customary marriages, which form the majority of marriage unions, and for changes in the practice of polygamy, in order to end or minimize unequal gender practices and to elevate the status of married women. To this end, the Marriage Bill was originally proposed in 1981 but it was voted down by the heavily male dominated Kenyan parliament, ostensibly for granting women too many rights, specifically, the right to veto a husband’s choice to enter a polygamous union. After many years, in 2007, the Bill was re-introduced in parliament, but it had the same concerns for the male legislators and they did not pass it. This back and forth process, predominantly over the polygamy clause, culminated in the amendment of the clause, that is, deletion of the section that would have given a woman, at the time of marriage, the right to consent or deny her husband subsequent marriages. On March 20, 2014, during my fieldwork, as I closely followed Members of Parliament (MPs) debate on the Bill—publicly aired on national TV stations—the following quotes on the polygamy clause are worth noting:

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<sup>22</sup> Source: Married Women’s Property Act, 1882

When you marry an African woman, she *must* know the second one is on the way, and a third wife...*this is Africa* (Male MP).

*Any time a man comes home with a woman that would be assumed to be a second or third wife. Under customary law, women or wives you have married do not need to be told when you are coming home with a second or third wife. Any lady you bring home is your wife* (Male MP and Chairman of the Justice and Legal Affairs Parliamentary committee).

In defiance of such contributions, the female MPs present at the debate—less than half of the 69 female MPs, in a House of 349 members—stormed out of the House to express their powerlessness to reject the amendment by the male MPs; the male outnumbered them. Subsequently, the male MPs amended and voted for the passing of the Bill unopposed because female MPs were not present during the voting. The male members, as seen from the quotes above, legalized their sole entitlement to multiple intimate partners justifying the practice under customary law and ‘African culture.’

While women MPs, including feminist activists and movements that sponsor most gender bills in parliament, were not particularly opposed to polygamy—because it is a “war” they are unlikely to win—they decried the denial of women’s participation in the process. Yet, what the Justice and Legal Affairs chairman suggested that, “any time a man comes home with a woman that would be assumed to be a second or third wife,” contrasts past polygamous practices, and marriage more generally. Many past marriages were arranged or vetted by kin (Connell 2009) and wives participated in their husband’s marriage to other wife/wives; men did not bring a woman home any time they wanted to. The particular exercise where *all* men voted for the amendment, thus, denies women a “right” they customarily enjoyed in the past and which the male members selectively and consciously ignored in their arguments in order to legalize their privilege of forming multiple partnerships. Justin Wolfe (2007) in examining the intersection of

nation-state formation and everyday life in 19<sup>th</sup> century Nicaragua suggests that such processes are acts of “patriarchal nationalism.”

Patriarchal nationalism requires the unity of liberals, radicals and conservatives. Similarly in Kenya, the male MPs who are usually radically divided along political party lines on House matters, united in passing the amended bill, in defense of a presumed static ‘African culture’ that is threatened by external (Western) influences of monogamy. However, this act by the political male class reflects wider nationalist resistances to changes especially if they seem to reduce male privilege. Some male have often accused feminist activists of being elite western mouthpieces, sometimes insulting them publicly for agitating for gender rights. Whereas it is true that polygamy was widely practiced in Africa, it is not ‘natural’ to African men. While I do not make moral judgment on any form of marriage, I, nonetheless, emphasize the importance of destabilizing any foundational claims to traditions and culture because, quite the contrary, traditions are socially produced and, therefore, changeable (Hunter 2010; Merry 2006). Thus, to say that “African men are naturally polygamous,” as is often popular in local discourses among both women and men, is to entrench the construction of polygamy as an innate, pre-historic, practice among *all* African men and give power to men’s multi-partnering.

Importantly, and of consequence to this dissertation’s argument, as the polygamy ideal interacts with Christian and public health moral discourses of monogamy and marital fidelity; responsible, rational behavior; and modern conceptions of love and intimacy as foundations of marriage, it has transformed and become more clandestine, often with the result of disadvantaging many women. For example, it is not uncommon that once a man has died, particularly the wealthier ones, another wife or wives (outside wives) who has born children with the deceased but unknown to the legally wedded wife before, show up to make claims to

customary marriage to the deceased man, and, therefore, to property inheritance. The results are, often, court battles, or the “outside wife” and her children are completely marginalized and left out of inheritance claims. One of the many goals of the proposed marriage Bill was to take care of such eventualities by allowing women the right to know that their husbands intended to have another wife or wives. Therefore, contemporary polygamous practices have bred newer gender inequalities.

Presently, the Kenya Marriage Act 2014 (signed on April 29, 2014 by the president) gives equal status to all marriage types (Christian, Civil, Customary, Islamic and Hindu) but Customary and Islamic marriages are presumed to be “polygamous or potentially polygamous” (Government of Kenya: The Marriage Act 2014). The passage of the Bill happened in the context of a public health and Christian discourse on marital fidelity and monogamy, and programs on eradicating widow inheritance (levirate marriage). Public health has made links between polygamy and HIV transmission, estimated at 11 percent prevalence level (NACC 2011). The debates on polygamy, hence, seemed to pit public health management against state patriarchal practices.

These competing and contradictory ideologies shape marital expectations and gender practices. On the one hand, while my participants were confronted with discourses of an achievable Christian, monogamous, companionate, middle class, marriage ideal, they all, on the other hand, widely accepted marital infidelity, especially men’s extramarital sex, as inevitable. One middle class female participant observed, “These men are naturally polygamous, they have the African thinking. They will go out no matter what you do.” As I will show later, this controlling dominant discourse—‘natural’ polygamy among men— has led to an expectation and simultaneous ambivalences among many married women that their husbands will most likely

engage in extramarital sex. Consequently, the burden of responsibility is on women to be “good wives” in order to minimize their partners’ extramarital sexual behavioral practices. At the same time—even where wives are “good” as observed in the quote above—the discourse works to regulate masculine identity and practices, so that as I found among some male participants, male peers emasculate men who do not engage in extramarital sex for not being man enough. In popular accounts, polygamy seems to have taken on a new meaning, that of having multiple sexual affairs that do not culminate in marriage but which, nonetheless, are a threat to the monogamous union. These practices of infidelity and clandestine long term partnering echo what wa Karanja (1987) pointed out in Nigeria; that today the “inside wife” knows very well that the odds are against her, but still prays hard that her marriage, unlike so many other monogamous marriages will weather the storm.

### **Moving Forward**

This chapter has documented some of the changes that have occurred within marriage in Kenya. Further, it foregrounds the fact that ideas on intimacy, sexual pleasure, and romantic love in marriage, and the place of women and men in this arrangement is attributable to a host of complex factors. Specifically, the chapter has pointed out that while these changes continue to impact contemporary Kenya, married persons are often confronted with ambivalences and contradictory ideas on marital gender practices and expectations, and they have to negotiate these spaces.

Scholars have shown that young people in many parts of the world often describe their embrace of romantic love and its cognate ideal of companionate marriage as part of broader efforts to achieve gender equality. However, they are frequently disappointed with the results (Cole and Thomas 2009; Wardlow and Hirsch 2006; Padilla et al. 2007). While these modern

ideologies promise women greater independence from kin during both courtship and marriage; more equitable and intimate relationships; ‘better’ communication between spouses; and monogamy (Cole and Thomas 2009) they have contributed as much to the reproduction of gender inequalities. As found among my participants, the paradox of the modern marriage ideal—that extramarital sex is widely practiced and socially accepted while the ideal promises monogamous/faithful, intimate, sexually pleasurable, middle class status relationships—makes it arguable that modern marriages, consistently linked with persistent past and newer forms of gender inequalities, do facilitate extramarital sex.

I have attempted to highlight some cultural transformations in marital ideals in order to fully comprehend and appreciate the marital HIV risk. I do not suggest a causal relationship between modern marriage and extramarital sex because I find no research documenting earlier marriage practices and extramarital sexual behavior in Kenya. However, there is some evidence within the continent, as I have noted in this section, to suggest that the nature and dynamics of modern loves and modern marriages do facilitate extramarital sex, particularly for men. As my data suggest, colonial and neo-colonial processes, the Kenyan state’s central institutions (economy, politics, and education), media, and religion, have transformed ideals about marriage in complex ways. Further, they intersect with pre-colonial and enduring gender inequalities, in both discursive and non-discursive practices to facilitate extramarital sex. John drew on the legend of the Embu prophet, Ileri wa Irugi, to make sense of this, at least, in part.

In this dissertation, the vulnerability to HIV risk from extramarital sex should be seen from the perspective of unacceptability, inconsistent, or low levels of condom use, as I will discuss in later sections. Literature from different locations in sub-Saharan Africa, for example, Kenya (e.g. Nzioka 2000) and South Africa (e.g. Shai et al. 2012) has made links between

masculinity, power relations and condom use, and HIV. So that, in this dissertation, extramarital sex, in and of itself, does not lead to HIV transmission in marriage. Since my data suggested that extramarital sex was widely practiced, how then do contemporary processes that shape marital gender relations facilitate this? Including marriages such as John's who noted that everyone, including the older generation, was at risk of what he saw as "immorality" and HIV? When and how do married men and women find opportunities to engage in extramarital sex? That is, how does the organization of marriage (e.g. labor, incomes and decision-making processes) facilitate infidelity? In other words, what "opportunity structures" for extramarital sex exist within marriages that I examined to exacerbate HIV risks? Specifically, how do these shape and facilitate extramarital sex for differentially socially located (gender, class, and age) married women and men in my rural and urban sites? In the next chapter, I attempt to explicate these issues.

## **Chapter 5**

### **The Marital Relationship: Opportunity Structures for Extramarital Sex, and HIV Transmission**

Research in sub-Saharan Africa suggests that both married women and married men infect each other with HIV (Lurie et al. 2003; Parikh 2009; Smith 2009). However, married women's risk of contracting HIV is higher due to the unequal gender expectations about marital fidelity, in which married men's—but not married women's—extramarital sex is relatively accepted, and in some situations even socially rewarded. Women's risk is heightened by their lesser power to negotiate condom use with their male partners (Bandali 2011; Dunkel et al. 2008; Heffron et al. 2012; Kahn et al. 2013; Kaiser et al. 2011; Kimani et al. 2013; Lindgren, Rankin, and Rankin 2005; Maharaj et al. 2012; Mugweni, Pearson, and Omar 2012).

This chapter focuses on the unequal gender expectations at the marital relationship level, and responds to these specific questions: how do ideologies about marriage and about gender shape marital expectations and relations, including the marital division of labor, access to financial resources and decision-making processes? How do these understandings—and practices that reflect these understandings—create, exacerbate or interrupt vulnerability to HIV transmission? How do couples negotiate HIV vulnerability and risks? From my study findings, it is evident that extramarital sex is central to the social organization and unequal dynamics of the gender regime in contemporary marriages in Kenya. My findings strongly suggest its widespread occurrence and acceptance, and participants powerfully associated it with marital HIV transmission. Therefore, analyzing how extramarital sex is socially organized around processes such as the marital division of labor, finances, and decision-making is critical to, first, highlighting how gender inequality is produced, reproduced and contested. Second, showing how



the pragmatism with which my participants interpreted and negotiated social or moral risks (such as loss of reputation)—as governed by community gender norms—may heighten the biological risk of HIV infection. Such an analysis allows us to move away from the prevailing global public health’s essentialist and blame discourses about, mostly, men’s lust in order to understand how individuals rationalize their sexual behavior.

In the previous chapter, I attempted to document the changing ideologies in marriage facilitated by global-local economic, social, legal, and cultural transformations. This was important for understanding how these processes that have given rise to modern companionate marriage, together with the enduring gendered social organization of marriages, may facilitate extramarital sex. In Kenya, the modern Christian—monogamous, intimate, middle class (development and consumerism) —marriage ideal contradicts the widely reported extramarital sexual behavior, and the practice of, often times, clandestine polygamy (outside wives). Indeed, the frequent overt condemnation (including public shaming), and at other times glorification and acceptance of men’s infidelity by the media, religious institutions, and individuals, suggest that the colonial and post-colonial history of Kenya is one in which extramarital sexuality has increased. Therefore, in this chapter, I argue that infidelity is tied up with processes of modernity that have produced and reinforced specific forms of gender inequality—for example, standards of romantic love, intimacy, sexual pleasure, beauty, financial (in) dependence—and the persistent gendered division of domestic labor and decision-making processes in households. These factors create and enable opportunities to engage in extramarital sex, which I refer to as “opportunity structures” for extramarital sex.

“Opportunity structures” is a key sociological concept applied to various social phenomena. In Merton’s strain theory, the concept is used to explain crime and deviance due to

lack of access to institutionalized means of success (legitimate opportunity structures), or as later elaborated by Cloward and Ohlin (1960) in their “differential opportunity theory” the increased access to “illegitimate opportunity structures.” Peter Blau (1994) used the terms to examine the influences of population structure on inter group relations and how these affect occupational opportunities. In social movements, it is used to explain external factors that limit or empower collective actors (McAdam, McCarthy and Zald eds. 1999). I follow the analysis and use of the concept by sociocultural anthropologists, Hirsch et al. (2009), in their study on marriage and HIV in various non-western contexts( Nigeria, Uganda, Mexico, Vietnam, Papua Guinea), and build on their work by grounding my analysis in the history of Kenya and a deeper investigation of the gender dynamics that facilitate extramarital sex. The concept allows me to argue that infidelity is not *just* “irrational” individual sexual behavior; it is part of the organization of marital relations. This, nonetheless, does not exonerate the individual. Married women and men do agentially participate in, but they are also constrained by structural opportunities to engage in extramarital sex.

I discuss three key opportunity structures: division of household labor that produces gendered leisure time and facilitates daily mobility; migration and work mobility; and differential access to economic resources. It is important to point out that I do not mean that HIV transmission only occurs through extramarital sex; some of my HIV positive participants entered their current marriages already HIV infected. Where my participants disclosed this information to me, I make that explicit. The point is, even where this was the case, data suggests that some of these participants still engaged in extramarital sex. It is also important to note that I am not suggesting that these are the only opportunity structures that exacerbate HIV risks at the marital dyadic level, but that they were predominant. Further, I recognize other modes of HIV

transmission that my participants talked about, however, this dissertation engages with (global) public health's emphasis on individual sexual behavior change. Hence, I attempt to a view of gender that moves us away from individual level conceptualization, but without excusing individual agency, to engage more broadly with how the social structural organization of the marital relationship facilitates infidelity. I begin with the marital division of labor.

### **Gendered Household Labor: Work, Leisure Time and Mobility**

This section focuses on how the division of labor within the household creates differences in “leisure” time for husbands and wives, and how this time facilitates daily mobility and consequently shapes HIV vulnerability or risk. In order to explain this, I start with two brief vignettes. The first from a rural couple, and the second from an urban poor couple.

Evangeline, a 42 –year old rural woman with Std. 4 education, is Paul's wife. Both are in their second marriage. Her first marriage ended in 1999 due to infidelity-related conflicts. She first met Paul in 2000 while she was working as a casual laborer on a tea farm, and even though she knew Paul was married, they were “romantically involved.” At the time, she did not think of marriage because he had a wife. A year later, Paul's wife left and he asked Evangeline to move in with him so she could take care of his two young children that his ex-wife had left behind. However, after about a year the ex-wife took custody of the children because she did not want another woman to bring them up. They have two children together: four years, and four and a half months. As a *mutumia*, Evangeline wakes up every day at about 5:30 a.m. to prepare her daughter for school and their food for the day. Then she does other “normal” house chores—sweeping, washing clothes and dishes—after which she joins her husband on their small one-acre farm, inherited from his parents, to pick the green tea leaf. Paul, “like other men” in the community, does not clean or cook because it would be embarrassing for a man to do that.

Therefore, even when she is ill, Evangeline will try to wash clothes while standing with the basin raised on a stool (usually clothes are hand washed in a basin while one is bending) or ask a friend to help. After picking the green leaf, Paul delivers it to the collection center (*kivanda*) where farmers “sell” the leaf to the Kenya Tea Development Authority (KTDA) who then transport it to the factory for processing and packaging. Paul does the delivery because they have a small child whom Evangeline has to take care of. Before the child was born, she delivered the green leaf and came back to her evening household duties. On the other hand, after this work, Paul goes to the local market to meet with his male friends, a common practice in the area. When they are not picking tea, or thereafter, Evangeline takes care of their kitchen garden where she grows a few food crops, or she labors on the relatively wealthier—rural middle class—farms in the community. Her husband does not labor, she says, “men here don’t usually do that but I have to do it to buy food.” The wages from their small tea farm are not enough to cater for all their needs.

Paul’s (39 years, Std.7) story concurs with Evangeline’s about his first marriage (which he described as very problematic), their courting, and division of labor in their household. In addition to picking the green leaf, he milks and feeds his two cows in the morning and evening. However, once he has finished his work, he goes to the local market or beer dens “to meet with my friends and sometimes to have a beer.” When I went to interview Paul at his home at about 3:30 p.m., he cautioned me that he would only give me 30 minutes because he had to go and meet with his friends at a local beer den. Nonetheless, our interview lasted for one and a half hours because he talked a lot and with great humor, he said it had been so interesting that he did not realize the time passed. He ran off quickly after that. Paul described various incidents in bars involving men, “barmaids” and “prostitutes.” I pick two for this discussion. One day while he

was at a bar and his wife was at the *kivanda*, located within the market, he “sensed something was wrong” by the way some male acquaintances he was drinking with talked about his wife. He suspected that one of them “wanted her” especially because they jokingly asked him to go home yet they were headed for the *kivanda* where his wife was. But, he refused to go home and went with them instead. Later that evening when he was home with his wife, he told her that he had heard that “\_\_\_\_\_ was (HIV) infected” referring to the man he had suspected was interested in her, and who was known to the wife. He had not heard about this man’s HIV status but he did it to “scare her from falling into the man’s trap” should he approach her. The second bar-talk involved an older woman whom he described as a prostitute who was “beyond marriage age but frequented the bar to look for a man.” He and his male friends occasionally drank and joked with her just “to entertain her” in the bar but they would “laugh at her” in her absence because she was too “old” for them. Paul frequently came back home late at night, often drunk, and had several times quarreled with Evangeline about this. Sometimes, when this happened, she refused to serve him food creating more disagreements. The few times he is home early in the evening, he watches TV in the house while she is carrying out her chores. Notably, Paul remarried quickly when his other wife left “because I can’t do these things.” Kitchen is a “challenge for men because they use one side of their brain but women use many sides of their brain....A man cannot multi-task.”

In the Kibera informal settlement, Nairobi, Hamisi (43 years) and Maria (38 years) have been married for 17 years. Both were born and brought up in Kibera. They are a discordant couple. Hamisi learnt of his HIV positive status in 2005. They have three children together, and two others from his previous relationship. Their individual narratives emphasized the challenges of unemployment, raising and educating their children, their extended family, infidelity and HIV

status. Hamisi is currently unemployed but occasionally earns some money, from Ksh. 300 to 500 (i.e. \$3.5 to 6), from mobilizing youth to be trained by NGOs, and from supervising the use of a public toilet next to his house<sup>23</sup>. In the evening, he either is at home or goes out to meet with his friends. He openly talked about his unfaithfulness for which his wife had left him in 2003 for one and half years; “You see, it’s like I was married to another wife, but it was just a relationship. But you know how women are,” referring to his wife’s “unjustified” decision to leave. He had been in a long-term relationship with this woman before marrying Maria and they had one child. They then got back together after he married and had another child. When Maria learnt about it, she left but came back on her own volition after one and half years. Hamisi proudly says he could not go to her parent’s house to plead with her to come back because he knew she would eventually do so, and because it would be embarrassing to explain his behavior to her parents. The other woman eventually died of what he suspected to be HIV and he took custody of their two children. Hamisi attributed his HIV status to unemployment. He lost his temporary job in a five-star city hotel where he had worked for six years. He was idle and got involved in sexual relationships with women in the settlement. He married Maria after losing his job but continued to have these relationships, “*zile za mitaani zile* (those backstreet casual relationships), you understand....Why should I lie, why should I lie. I am facing it. Yeah, being unfaithful is the major risk.” Nonetheless, he still occasionally engages in extramarital sex, but

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<sup>23</sup> For many years, dwellers in this community did not have public toilets, and used what is popularly known as the “flying toilets” phenomenon. Residents would use plastic bags and then throw them into ditches or on the roadside causing concerns on the environment and health of the “slum” dwellers. This has to be understood within a historical context of government refusal to develop sanitation (and other housing conditions) because Kibera residents “illegally” occupy government land. Over time, United Nations Development Program, and other NGOs began to build public toilets. Hamisi supervises and charges for the use of one such toilet built on what he calls family property, though they have no legal claim (title deed) to the property.

not like before because of his health and lack of money. He mostly depends on his wife for financial support.

Maria spoke softly about her emotional challenges in dealing with her husband's HIV status brought about by "his unfaithfulness"; her domestic work; and provision for her family. She had accepted their status and stayed on for the sake of their children, and on the promise that he would use condoms though this is a big challenge for their relationship. As Hamisi's wife she reservedly accepted that "*mwanamume akiwa nje ni wa watu wote, lakini akija kwa nyumba ni wako*" (when a man is outside, he belongs to everybody, but when he comes to the house, he is yours) and stayed because she could not change that "fact." Maria's day begins at 4:30 a.m. with making *chapati* (flat pancake-like bread, made of wheat flour, and cooked in a little oil in a griddle) which she sends someone else to go out to sell. She then does other household chores before going out for domestic work in the middle class neighborhood. She comes back in the evening to "her work" before retiring to bed around 9:30 p.m. Because her husband often falls ill, she has to work extra hard. On an ordinary month, she makes about Ksh. 3000 (\$35). Because their combined wages are not always adequate, their extended family, who live in the same settlement, sometimes support them.

Gender relations, as pointed out by Connell and Messerschmidt (2005) are partly constituted in non-discursive practices such as domestic labor (see also Connell 2009) which is a central component of the gender regime in marriage. To these scholars, while rejecting any universalizing claims of male dominance and female subordination (see also Mohanty 1998; Oyěwùmí 1997), the gender concepts "hegemonic masculinity" which exists in relation to an "emphasized femininity" are important in understanding and sustaining the sexual division of labor, and the societal definition of women's versus and men's work. Additionally, the sociology

of gender and feminisms have made links between women's burden of work in the domestic sphere and women's well-being, particularly elevated stress as a result of lack of leisure (rest) time (Khawaja and Habib 2007; Lwendo 2013). Here, I theorize how, particularly, men's "leisure time," that is, surplus or free time that an individual has total control over, and free mobility, may affect HIV vulnerability within couples.

I have presented two vignettes from the rural and urban sites in this section, and I use these to discuss three related points that may affect HIV transmission. One, the organization of labor (both domestic and farm) within couples; Two, how this organization gives rise to gendered leisure time and mobility especially for my male participants, enabling them to move about freely in clubs, markets, beer bars or dens; and Three, women's (constrained) mobility and how it might facilitate or limit extramarital sex.

### **Gendered Household Labor in Rural and Urban Areas**

#### *Organization of Agricultural and Domestic Labor in the Rural Area*

In order to understand better how agriculture organizes women and men's work in this rural Embu community, it is necessary to go back to the history of colonial Kenya. As I mentioned earlier, colonialism transformed the indigenous Kenyan gender order through the introduction of the cash crop economy, Christianity and education, emphasis on male-provider and head of family 'role', nuclear families, displacement of populations, and other processes. In this community, the capitalist driven redistribution of land (from communal to private ownership) and introduction of male-dominated tea, and coffee affected women's labor. As colonialism continued, the perceived importance of food crop production—which previously gave women control over land use, as providers—diminished but it increased women's labor time because women now undertook both food and cash crop production, in addition to their



domestic responsibilities. Overtime, land pieces have greatly reduced because most families rely on land passed on from father to son to provide for their own nucleated families. The small pieces of land among my participants, combined with poor agricultural practices, unreliable rainfall, and fluctuating global prices for tea and coffee, do not produce enough food or pay sufficient wages to feed families. Therefore, many women have to labor in rural middle class farms in order to provide food for their families. On the other hand and as Evangeline noted, most married men do not sell their labor in wealthier homes.

In addition to this, in Kenya, formal education is idealized as a guarantee for modern salaried, middle class- type employment with a higher prestige score than small scale farming, or farming in general. However, either this ideal has been elusive for many people because they cannot afford to pay for higher or tertiary education (a problem that affects majority of the Kenyan population), or, despite being educated, salaried employment opportunities are not easily available. It is, therefore, common to see high school and middle level college graduate younger married men in this rural area without formal jobs, and are also not actively engaged in farm work. This gives them more free time than their wives who bear the burden of provisioning and doing care-work for families.

Women talked about men who drank beer all day or were “just hanging around in the local markets.” In fact, the local government administration has effortlessly tried to stop the brewing of local beers in homes where some men often spend all day brewing and drinking, leaving their wives to labor. This practice mirrors other neighboring rural ethnic communities where from time to time, the media has highlighted poorer married women publicly protesting against the many beer dens that have proliferated in the last few years. These women cite

economic, emotional and sexual neglect by their husbands who spend most of their time in the dens while the women labor.

### *Urban Poverty and the Division of Labor*

In terms of the urban poor, as I noted in the methodology section, several processes and histories gave rise to the informal settlements in the city, including spatial racial segregation during colonialism reinforced by a denial of basic services to the black neighborhoods. Additionally, the new independent government ‘permitted’ new immigrants to put up informal shelters within the city but did not provide them with basic social infrastructure. In addition, central to shaping gender relations in the settlement is the continuing rural-urban migration driven by the hegemonic middle class ideal of salaried employment. Important in the dynamic of rural-urban migration is the glaring unequal infrastructural development between rural areas and the city which forces many populations to migrate to the city for formal employment, or to work in the city’s more lucrative informal sector for those with lower levels of education that do not promise formal salaried jobs. At other times, migration is necessitated by scarcity of land and increased population densities in the rural areas, which push people out to find alternative means of survival in the city.

However, the lure of employment in the city is often disappointing and many people end up without employment or are underemployed. Income differentials within urban areas, high unemployment rates accompanied by an equally high cost of living have forced many people to live in the informal settlements. Consequently, many people in the settlement, like Hamisi, are either underemployed or are without any work. Most men often work as casual laborers in construction sites or in Asian-dominated industries located in an area commonly known as “Industrial area.” They trek to the Industrial area for up to three hours every morning but, for

some, this is without any guarantee of daily employment. Others spend their day on small businesses, or idling in the settlement because they have no jobs. Most women from the settlement earn their living from either selling their labor in the Industrial area; running their own or employed in small businesses such as beauty salons within and without the settlement; doing domestic work in middle class neighborhoods; or are unemployed altogether. As a result of these employment challenges, during the day, this huge settlement is filled with people—both men and women—walking around, chatting, sitting outside their ‘shacks,’ or engaging in cheap alcohol consumption in the settlement’s beer dens. In spite of these hardships, women are generally expected to feed and care for their families.

### **Gendered Household Labor: Leisure Time and Mobility**

#### *Comparison of Rural and Urban Poor Masculinities and Leisure Time*

Despite varying historical paths to types of labor in the rural and urban sites, there are parallels in Paul and Hamisi’s narratives. Paul’s work on the farm gave him more free time compared to his wife because he did not have domestic responsibilities. Further, when they were not working on their farm, he, unlike his wife who labored on other farms for extra income, had surplus time some of which he spent in the bars or beer dens. On the other hand, Hamisi had lost his dream of salaried employment in the city and now relied on sporadic employment. Unlike his wife who made *chapatis* for sale and then went out to find domestic work in the middle class neighborhoods, Hamisi, as a man, did not do domestic work and, therefore, had less work opportunities. As a result, he, like Paul, had surplus time. Therefore, what do these classed (rural farmers and urban poor) masculinities inform us?

I find, and argue, that men like Paul are caught in the classic post-colonial dilemma in which many pre-colonial masculine activities such as food crop production either no longer exist

as a result of the shift to and concentration on cash crops, or are now feminized and thus devalued. Therefore, whereas Paul picked the green tea leaf on their own farm, his wife, in addition to picking the leaf, took care of the few maize, beans, and kale that they grew. She also labored on other farms while Paul did not. The refusal by Paul, as well as other married rural men, to labor on other men's farms also has to be seen in the context of this dilemma: that it is emasculating for married men to not own enough land of their own and have to resort to selling their labor on other men's land. The definition of manhood here is one who both owns land and controls his own labor on his farm. For urban poor men like Hamisi, and also some educated but unemployed men in the rural area, the opportunities for the normative post-colonial masculine activities—in particular making money through waged or salaried work—were not available. Further, Hamisi, as a man, did not cook or seek domestic work in middle class neighborhoods like his wife. Therefore, his wife had to wake up at 4:30 a.m. to make *chapatti* for sale and then go out for domestic work in order to provide for their family, leaving Hamisi mostly idle the entire day. Consequently, both of these men had more leisure time compared to their wives.

Their wives, as well as most participants, maintained that certain socially prescribed and accepted sex-specific responsibilities were crucial to sustaining a marriage. To be a husband or wife meant carrying out certain tasks in the home that were associated with being biologically male or female. Women, like Evangeline and Maria, performed both productive and reproductive roles but they described men as “breadwinners” even though the concept did not fit well with their daily work within or outside the household. However, they noted that was how men were described in the society whether the men actually performed breadwinning roles or not. The conversations on women versus men's work highlighted how emphasized femininity was crucial for the discursive construction of a hegemonic masculinity.

Research has shown that gender identities are always relational, constantly bound up with other projects and powerful differentials that limit personal choices (Hearn 2004). In many societies, subordinated and marginalized masculinities often engage in ‘protest’, ‘oppositional’ or ‘compensatory’ masculinity (Courtenay 2000; Connell and Messerschmidt 2005) often times constructed in local working class settings among ethnically marginalized men who “claim the authority” of dominant masculinities but lack the economic resources and institutional agency (Connell and Messerschmidt 2005). In this study, both historical and contemporary processes contributed to the marginalization of Paul and Hamisi because these processes affect land ownership and farming, and the idealized middle class male ‘public’ space salaried employment. The result was that the two men had more leisure time because they had few resources and avenues open to them for achieving the post-colonially constructed hegemonic masculinity: rich/middle class employment and consumerist lifestyles; ownership of large pieces of land so that they did not have to sell their labor on neighbors’ lands; and bread winning). They used that time to engage in other forms of masculinity. That is, their behavior, drunkenness and multiple sexual relations can be said to be in response to their powerlessness to realize a hegemonic masculinity.

Notably, consumption of illicit alcohol is common among low-income people who cannot afford authorized factory-made beers and spirits. Specifically, in May 2014 during my data collection, over 80 men—more than 20 from Embu—died in various parts of the country after consuming illegal liquor, whereas the same blinded several others. The liquor is, usually, secretly and illegally processed and marketed to poorer men mostly in rural areas. The media has reported similar incidences at different times but the government has without much success restricted (sometimes protected) the manufacture of these unsafe liquors. Many participants

echoed Paul and Hamisi's accounts of alcohol. One man in the rural area talked about how his alcoholic behavior led to his wife abandoning him numerous times, because he drank all day. However, after several years of visits from members of his wife's church (he was not a church member), he quit drinking, and later "got saved" in church. It is worth noting that the Christian doctrine of salvation condemns alcohol consumption, and some wives reported praying for their husband's salvation in the hope of saving their marriage. These findings lead me to argue that in pursuit of hegemony, these men spent their leisure time performing a version of modern middle class, consumerist-type masculinity (that is, mimicking leisure activities which include consuming expensive beers, and maintaining relationships with multiple women) normatively constructed in post-colonial Kenyan discourses.

More importantly, Paul and Hamisi, as well as other male participants, made links between men's leisure time, accessibility of bars and cheap liquor in the market or beer dens (usually in homes), and extramarital sex. Paul talked about how the men he drank with in the bar spoke of his wife in a way that made him "sense" that one of them "wanted her", consequently forcing him to lie to his wife that the man was HIV positive in order to scare her from having a relationship with him. He also spoke of the "prostitute" in the bar whom none of his friends was interested in because she was "old." Though he did not specifically address whether or not he engaged in extramarital sex, only speaking about his friends' or other men's engagement with "prostitutes and barmaids", his narrative suggested that this was common in the markets. Furthermore, I found that in these local market bars, the local AIDS CBO workers distributed condoms but were doubtful that the bar clientele consistently used them. On the other hand, Hamisi spoke about his devastation and idleness after losing his job and resorted to multiple

sexual relationships as a coping strategy. Moreover, I frequently heard both women and men talk about local bars as primary locations for finding women who were “willing to sell sex.”

These conversations with rural and urban poor informal settlement residents make links between the men’s economic disempowerment, strict gendered division of labor that gave men more surplus time, alcohol consumption, and extramarital sex. Whereas this was the case for the rural and urban poor participants, how did their leisure time compare with the middle class?

*Gender Differences in Leisure Time: Rural, Urban poor, and Middle class*

Like the rural participants, my middle class male participants had more leisure time than their wives, but less than the rural and urban poor males because these men all held salaried managerial positions, and, therefore, spent most of their time on work and travel. In addition to work, unlike rural and urban poor men, some middle class men like Charles cooked “once in a while” as part of the expressions of love to his wife Faith (though Faith laughed at this because it was very rare), and helped with taking care of the children. The participation by Charles, and other middle class men in care work, also indicates that this class is more likely to embrace changes in gender norms on the household division of labor. For example, on the day I interviewed Charles, he had just come back from taking his four-year-old daughter to the doctor while his wife was at home doing laundry. However, even though these men had less leisure time than rural and urban poor men did, they spent part of this time in city clubs and bars. Most middle class men were not explicit or were careful to narrate their own sexual behavior outside their homes but they often mentioned that, for example, “it is common, some men bring women to the clubs” or “men buy sex” as expected male behavior.

Compared to rural women, middle class men’s wives—all in salaried well-paying formal jobs—balanced their jobs and domestic work responsibilities in ways that offered them some

leisure time. They were able to carve this time out because unlike the rural and urban poor, they had live-in female domestic workers. At the same time, middle class wives imposed many restrictions on the interactions between their young female domestic workers and their husbands because these wives were often not in the house. As one woman told me when we discussed their interactions with their domestic worker, “What would they (worker and husband) be talking about? She should only report to me,” indicating fears of a possible intimate relationship between her husband and their domestic worker. Informal conversations and some media accounts confirm sexual relationships between men and their live-in domestic workers.

If we compare these men, therefore, the rural and urban poor men’s cheap alcohol consumption and involvement with “bar maids” or local “cheaper prostitutes” or other women are forms of protest masculinity through which these marginalized men embody the culturally constructed hegemonic masculine ideal (exclusive clubs, expensive liquor, and multiple women). Buying (cheap) sex among marginalized men is an important means for them to experience some sense of economic power and carefree bravado, like the employed middle class men. Importantly, for both sites, the spatial growth of the city and local village markets concomitantly with the gender segregated and sexualized social spaces such as beer bars and dens, or those more common to the city—night clubs, brothels, massage parlors, and strip clubs—facilitate and incite extramarital sex for men while keeping wives away from these spaces. I will discuss the gendered spaces and the role of same sex peer networks—homosociality—in chapter 6). Here, I find that one other factor is crucial to the discussion of leisure time and extramarital sex at the marital level: men’s control over their spouses’ mobility.



*Women's (Constrained) Mobility: Facilitating or Limiting Infidelity?*

I found that, particularly, rural women needed to ask for permission from their husbands to visit friends and family. Essentially then, men's leisure time and free mobility—and perhaps the probability that an extramarital affair will occur—is facilitated by controlling their wives' movement. I discussed the issue of “permission requirement” with all my participants. My rural male participants were categorical that their wives had to ask for their permission if they wanted to visit friends or relatives. Some men who at first told me that they only required their wives to “inform” them changed to “permission” after I probed and we negotiated the meanings of the two words. In contrast, men did not require any permission from wives because, as one man told me “how can a man ask his wife permission, things do not work like that.” When I interviewed some of the women in their homes in the evenings, or sometimes during the day, I humorously asked where their husbands were when I did not find them at home. Some women, like Hanna, said that they did not know where the man was. According to Hannah, “*arume matiuragua*” (one does not control men—they are freely mobile.) She pointed out, almost dismissively, that:

Aaaa men do not say when and where they are leaving, (we laugh). They say very little....aaaiii....I do not even ask where. He will say I am going to town, I cannot ask exactly where. He says ‘we are meeting somewhere’ and I do not ask where the meeting will take place. Sometimes he does not say. Why should I ask? But, as a woman you must tell him that you will visit or want to visit. You cannot just leave the house. You see when he is not at home, there has to be someone around so that if someone comes by, they will find at least one of us. However, you know men do not stay around the house like women. Like now I just came back from the hospital with my son, we left him here and when we got back he was not around.

On a different day, my conversation on permissions with Hanna's husband, Amos, who operates a *boda boda* (motorcycle taxi) in addition to farming, went as follows:

Amos: No. I do not ask for permission. I do not usually ask for permission. I just give her my program. Like today, I told her I was going to \_\_\_\_\_ just in case someone comes looking for me or if something happens. If someone looks for me, she should be able to tell them ‘my husband is in such and such a place’.

When I am going to the *boda boda* business, I tell her about it. It is not asking for permission, I only inform her. Just information.

Ra: What about your wife? Does she also just inform you, or ask for permission?

Amos: You know I am the head of the family. Therefore, they are all under me. When she does something, she should ask for permission... As the head of this home, it is right that she asks me first though I also take her as head of the family. So sometimes, she tells me when she is leaving and I give her permission and tell her it is okay. You see, sometimes it's like I am also asking for permission because I also tell her that I will go to such and such a place and she tells me to consider going on a different day. So sometimes we negotiate.

Ra: Would you sometimes deny her permission to visit?

Amos: It depends on where she is going, and I may ask her to go on a different day. She may inform me about going to a group meeting on the day that we are picking the green tea leaf but I tell her that she needs to be there and to cook, so cannot go to meet her group. We negotiate.

Amos contradicts himself on two accounts, perhaps in the attempt to portray an egalitarian relationship. First, he talked about being head of the family and everyone else was under him but later changed and said that he also considered his wife head of the family though, unlike him, she required his permission to leave the home, a gender double standard. Second, at first he was emphatic that as the head of the family he did not require permission, he *just informed and gave his wife his program* for the day, but later changed that to imply that by so doing, it was like asking for permission. This quote and discussions with other rural participants show that rural women's mobility was constrained not only by their husbands' direct control, but also by their reproductive and productive tasks. As such, Amos would not allow Hannah to attend her women's group meeting because she had to work on the farm and to cook.

Conversely, I found that middle class women's mobility was less restricted by their husbands than the rural women's was. The fact that they worked in professional jobs and had to leave their houses for the office daily meant that they, unlike their rural counterparts who worked on the farm with their families, had more free mobility. Additionally, these middle class women

had live-in domestic workers and they did not need to hurry back home in the evenings because they could supervise domestic chores over the phone. Thus, they had time to meet their friends in coffee houses and other social spaces after work, as is common in the city. In spite of this, I found that husbands still attempted to control these women's mobility. They often would call to find out where they were, or to check if they were home early. For example, Charles who works for an international agency, and whose wife is in the corporate sector said that when he would be home late, "I call her *in the house* to let her know about this." Calling her "in the house" was a way of checking whether she was already home after work, whereas, he would be late.

The differences in leisure time and mobility for rural and urban women are likely to facilitate or limit the probability of extramarital sex. In general, I find that all men were more comfortable knowing that their wives were at home, at least in the evenings after 'work.' Alternatively, they knew specifically where the women were; they were neither, perhaps, stalking the men in the markets, bars, or other social spaces where men gathered in the evenings nor were they in situations that would compromise the foundation of their marriage (fidelity) in light of the social expectation of women to observe faithfulness more than men. In this case, women's constrained mobility, thus, becomes a facilitating factor for men to engage in infidelity because they are certain that their wives are in safe places (home), and that they are not surveilling the men's activities.

Almost all women were suspicious of their husband's whereabouts. In the informal settlement, Maria, Hamisi's wife, employed a local expression, "*mwanamume akiwa nje ni wa watu wote lakini akija kwa nyumba ni wako*" (when a man is out of the house he belongs to everybody, but when he comes back to the house, he is yours) to suggest that men's extramarital sex is expected 'normal' 'natural' masculine behavior. In 2003, she had gone back to her

parent's home because of her husband's infidelity. In rural Embu, Evangeline too left her first marriage due to infidelity-related conflicts, yet she became romantically involved with Paul while he was married to his now estranged wife. Another participant, Bancy, told me that she sometimes knew her husband's lovers, "barmaids," in the nearby market and in the past had abandoned him and shamed him to these lovers. However, while all women widely talked about men's expected extramarital sex I find that middle class status, other things being equal, might limit infidelity.

Middle class women had less domestic work compared to the rural and urban poor women because they could afford live-in domestic workers. Further, unlike the rural women, these middle class women's work outside the home (jobs), and their daily mobility did not require their spouses' permission. More importantly, these women had some level of economic independence (to be discussed in a later section) than the rural women who had to rely on their husbands even for transport money to visit their families. Even more, some of the modern marriage practices—such as dinners and lunches in restaurants, work parties, family outings and vacations— were only accessible to those who had achieved some middle class status (no couple in the rural area or informal settlement reported this). Consequentially, these factors enabled middle class women to build a larger social network, including being part of their husbands' network of professional colleagues and friends, therefore, complicating and making a husband's secret mobility difficult. (I will discuss more how networks may facilitate or limit extramarital sex further in the next chapter). This combination of advantages of city middle class women over lower classed women makes it easier for them to limit and monitor their husbands' movement within the city. Thus, middle class husbands engaging in extramarital sex would need to be more secretive and meet women in discrete places, more likely further away from their residences and

the city where they are likely to meet people in their overlapping networks, known to both them and their wives. Perhaps, one example of middle class women's ability to surveil their husbands' activities comes from Janet who works in the corporate sector:

Janet: To be very honest, No (not certain about husbands' faithfulness). I have really tried to do *my research*. But I keep saying either he is very smart or I am damn or he is very faithful coz I ve not caught him (laughing).

Ra: Are you saying that he could be doing it but he is being smart and you are damn?

Janet: That's what really goes to my head coz I ve not had such a situation so I keep telling myself either is he very faithful or am damn and he is smart (laughs loudly). *I have looked until now I no longer look*. So I hope that it will never happen but he is well aware that if we get there, it will be different.

Janet went on to say that if she found out that her husband was involved with other women, she would consider leaving him because she had the capacity to support herself financially.

However, since her children attended an expensive private school, which her husband paid for, she would stay but their relationship would be "different." This statement in itself problematizes discourses on women empowerment which suppose that women would leave an unfaithful relationship if they were economically empowered, an issue I explore in the section on women's financial autonomy.

Janet's economic advantage, mobility, and networks shared with the husband facilitated her ability to "research" on his behavior. Being in overlapping networks is crucial to passing information on one's whereabouts. Money and freer mobility are also important in surveilling a partner's movements. This is not unique; it has become increasingly common for wealthier spouses, especially in the city to hire private detectives to spy on each other's behavior. Obviously, the social and economic advantages that facilitate "researching" on a partner are hardly available to rural or urban poor women. Accordingly, the capacity of some middle class wives to "research" on their husbands may inhibit the behavior forcing men to engage in

extramarital affairs when they assume that they are completely safe from the roving eye of their wives. Women's economic capacity and enhanced mobility, seen in this perspective, then, might possibly minimize the frequency of extramarital sexual contact.

At the same time, the issue of gendered and constrained mobility may enable married women's extramarital sex differentially for rural and urban areas. Though none of the women that I interviewed reported to have been involved in extramarital sex, all women and men, nonetheless, talked about women's increasing infidelity. Participants noted that town or city women who were "dissatisfied" with their marital relationships or "wanted to explore" were more likely than the rural women to engage in outside affairs. Some of the same factors that I have already pointed out may facilitated this. One, career women were not as encumbered by household responsibilities and their movement was less restricted than their rural counterparts were. Two, additionally, city women did not live with or near their husbands' extended families (patrilocal residence) common to rural couples. In the rural area, extended kin further control and constrain women's movements through, for example, working together on the farm, frequent visits to each other's home for occasional chats or to borrow household items, or, like in Evangeline's case, directly monitoring women's movements and reporting to their husbands. Three, city relationships are anonymous and the city has more hidden social spaces making it easier for city women to move about more freely and to also hide their affairs. This is unlike the rural community where a dense network of relationships (family and friends) exists, where everyone knows the other person, thus making it difficult for anonymous mobility of women. Therefore, more leisure time for career women (because they have domestic workers) in an anonymous city, can constitute structural opportunities for women's extramarital sex. However, for both the rural and urban married women, the persistent social pressure to maintain a "good

wife” reputation, and on the other hand, the social acceptance and expectation of men’s infidelity as a normal masculine identity and practice makes married men’s infidelity more common.

In sum, this section has highlighted the linkages between rural and urban gender differences in the domestic division of labor, leisure time, and free mobility, and how these may facilitate (or might even limit) mostly men’s extramarital sex. In the following section, I examine another opportunity structure for extramarital sex, that is, how work outside the home (i.e. in public spaces) may facilitate extramarital sex.

### **Migration and Daily Work Mobility**

Feminist scholars have long criticized the separation of work spheres into public and private, arguing these spheres and spaces are related. They have also argued that a key mechanism for maintaining gender inequality is to recognize work in public spaces and make domestic or private sphere work invisible (Ferree 1990). This section looks at the gendered patterns of migration and daily work mobility and argues that these facilitate the opportunities for engaging in extramarital sex. I begin by discussing rural married men’s migration and cohabitation (outside wives) then I discuss urban middle class men’s work travel and “adventurous sex.” I end by highlighting how migration intersects with traditional gender ideologies on women versus men’s work, economic privilege, and discourses on masculine behavior to facilitate extramarital sex and how both women and men manage reputational costs of infidelity.

#### **Migration and Daily Work Mobility: Rural Men’s “Outside” and “Inside” Wives**

In the last section, I briefly introduced Amos and Hanna where I noted that Amos required his wife to ask for his permission to visit friends or family, whereas he, as the head of the family only, sometimes, informed her of his whereabouts. Amos is 42 years old with std. 8

education level while Hanna, 40, has a high school diploma. They married in 1993 and have two sons: one in college and the other in primary school. They grow tea, a few food crops and keep some cows and chicken on their one and half acre piece of land that Amos inherited from his father. Hanna is an untrained early childhood education (nursery school) teacher in a nearby individual-owned primary school and earns a meagre salary. To supplement their income, Amos operates a *boda boda* (motorcycle taxi) business. However, it is still not enough. They sold three cows to educate their son through high school and were at the time of the interview organizing a fundraiser for his college education. Amos described himself as a very mobile man in his endeavor to support his family, and in involvement with community service work. In addition to his *boda boda* business, he is an AIDS peer educator working in a hospital—Moses was diagnosed HIV positive six years back; chairman of a local AIDS CBO; and voluntarily chairs several other groups in the community, including the men’s fellowship group in his church and the local *kivanda*. Moses described his day as “very busy and mobile.” It starts at 6:00 a.m. with milking cows, selling the milk, and then he leaves for his *boda boda* business. Sometimes, he will do some farm work like picking the green leaf before he leaves for the taxi business. In between the hours, he attends to the other responsibilities because they are only occasional tasks. He comes back home between 7:00 and 8:00 p.m., sometimes later than that. In the late 1990s, Amos migrated to work in a town in the neighboring county about 50 miles from his home and he lived there. He says of his life in this town, “I had a *mundumuka wingi* (outside woman/wife) there as any man would.... I was staying with a *mundumuka wingi* and I also had a girlfriend.” He, indeed, suspects that he became HIV infected during this time but he has kept this secret to himself. His wife, who is HIV negative, experienced a lot of difficulties in accepting his status,



and he is glad that she has accepted the situation and their life has moved on. Things are best that way.

Hannah, unlike Amos, was somewhat reluctant to talk about HIV but she was undoubtedly convinced that her husband contracted it through infidelity. She had not moved on. She still suspects his movements and, like Maria in the last section, seems to accept its inevitability through a local axiom about men's infidelity:

You do not even know where your husband spends the day. He comes home in the evening; you have no idea what he is bringing to you. The woman stays home faithful.... That is stressful because you have not had other sexual relationships.... But you know the saying "*njamba ti ya mwera umwe*" (a cock does not have one hen). Men say they love you very much when they marry you but after sometime, I do not know what happens.... Very many men have other sexual relationships and in my view, they are mostly the ones who infect their wives. That is what I know. Not many married women have other relationships.

In the last section, I argued that the gendered division of domestic labor provided mostly men with more surplus time that they spent in male social spaces that often times facilitate discussions of, and the possibility of engaging in extramarital relationships as Paul's case informed us. In this section, and as my data suggests, I argue that the *primacy* given to women's nurturing work in the home and men's breadwinning responsibility outside the home (public space), create opportunities, once again mostly for men, to engage in extramarital relations. Therefore, public space labor, and the associated mobility, acted as an opportunity structure for extramarital sex.

The organization of economic opportunities in post-colonial Kenya is one in which many men migrate for labor, mostly to urban areas, often leaving their wives in the rural areas to take care of the household. Historically, rural-urban migration in Kenya is traced back to imperial capitalism, colonialism and colonial labor recruitment processes (men-only recruited), and unequal development of rural and urban areas furthered in post-colonial development policies.

This post-colonial unequal infrastructural development, coupled with an education system that continued to emphasize career prospects in white-collar jobs as a path towards middle class status, were part reasons for the surge in rural–urban migration. Urban centers attract people both for formal employment for the educated and also offer hope for informal employment for those with lower educational skills, at least because there is a large consumer market (Macharia 2005). The rise in the global economy also facilitates migration, opening borders to products and personnel where those who are able may sell their labor, locally, nationally or internationally. As women entered the public space, more women also migrated to work in cities and towns, or accompanied their husbands as wives.

However, migration still heavily favors men due to women’s domestic and care work or where the entire family cannot migrate due to legal impediments, or individual preferences. To date, despite earlier reduction in rural-urban migration (Mitulla 2003), people have continued to do so even when the hopes of getting white or blue-collar jobs are vanishing. Urban areas continue to offer hope of employment in the informal economy. (Macharia 2005; Mitulla 2003). In addition, I noted earlier that religion, especially evangelical Christianity in my data, has strongly emphasized the “male-provider role” and in contemporary times, created more pressure for men than women to provide consumer goods to their female partners. Indeed, it is not uncommon to find the progressive Evangelical Christian movement leaders on TV or in their churches who emphasize that a good man is one who can provide these consumer items (with phrases such as “a woman needs a man who can spoil her”), in addition to basic needs.

Amos, with only primary level education, migrated to work in the informal business sector while his wife remained home taking care of their two children, their small farm, and working at her low-paying job as an early childhood educator. While there, Amos had an

“outside wife” and had a girlfriend. His statement that he did this “as any man would” speaks to the societal expectation of the practice but more importantly to a larger structural issue: that migration places men in settings where they seek female partners to do domestic work for them—cook and clean—and offer other comforts, including companionship, that they may have enjoyed back home. Therefore, the gendered labor migration practices intersect with the division of household labor and local male multi-partnering discourses to facilitate extramarital sex. Even more important, Amos was able to do this because he was away from the purview and scrutiny of his legally wedded (inside) wife. Amos also had a girlfriend, in addition to his cohabiting partner (outside wife). From the point of view of my arguments on division of domestic work and men’s leisure time in the previous section, then it is not difficult to explain this. Amos’s cohabiting relationship with his *mundumuka wingi* mirrored his marriage back home. It gave rise to surplus time, which, in addition to men’s unrestricted mobility and discourses that view male multiple partnering as a biological imperative enabled him to have a girlfriend.

Apart from the long-term work migration that enabled Amos to cohabit, daily work mobility may also provide sexual opportunities. Wardlow (2009) has noted that work that is itself mobile, such as Amos’ *boda boda*, and other transport work creates opportunities for brief liaisons because access to taxis and vehicles implies access to potential partners. My data suggests that women’s suspicion of their husband’s infidelity, and marital conflict thereof, was often times related to the men’s daily mobile work. For example, Hanna, Amos’ wife, in her quote above said, “You do not even know where your husband spends the day. He comes home in the evening; you have no idea what he is bringing to you. The woman stays home faithful....” Bancy, who in the previous section talked about her husband’s lovers in bars, was also

suspicious of his *boda boda* business. She described one argument they had over his failed responsibility to provide for the family in which she had asked him to resume the business, which he had not operated for some time, because they needed money. However, he refused claiming that any time he did the taxi work, she accused him of transporting his girlfriends and not clients, and they got into a fight. Another female participant met her husband in a *matatu* (public transport minibuses, usually privately owned) while he was working as a driver transporting people from the local market to the capital city; she frequented the city to visit her sibling and would use the minibus that he drove during which they courted and married. Thus, daily mobile work, a domain for men, may create opportunities for partnering and the possibility of a sexual encounter.

Hanna repeatedly emphasized her faithfulness and regret of her marriage, she noted, “I did not expect that my marriage would turn out like this.” Her marriage expectations were to have a good loving husband and *maendeleo* (development)—build a good home and educate their children. She observed that they had not achieved these things—companionate marriage and development ideal. They lived in a three-roomed mud house, and had difficulties paying tuition fee for their children, given their small piece of land and meager earnings from her job and husband’s business. Importantly, she seemed to have resigned to the valorization of male behavior, “... *njamba ti ya mwera umwe* (a cock does not have one hen)....” This popular local expression in this community equates men with cocks who are “in charge” of hens (women). Indeed, *njamba* (cock/s) is also a term that commonly refers to “tough man/men.” Such expressions entrench male dominance discourses and inherently legitimate and naturalize male supremacy in marriages, including having many wives or men’s infidelity (many hens). Put together with other axioms that now seem to have a re-invented meaning, such as pointed out by

John in the previous chapter; “*ari ega matithiraga*” (beautiful women do not get finished), these two expressions reinforce male multi-partnering: that there is always plenty of ‘beautiful hens’ for the men. What complicated Hanna’s case is that Amos refused to use condoms despite his HIV positive status, his work as a HIV peer educator, and her suspicions about his daily movements and infidelity, over which they often quarreled. (I will discuss the disjuncture between the official public health policy and actual health behavior in chapter 7). In the following section, I look at my middle class participant’s migration and multiple sexual partnering.

### **Migration and Daily Work Mobility: Middle Class Men’s “Adventure,” Companionate Marriage and Wives’ Complicity**

I found that their jobs allowed my urban middle class male participants to be more mobile than the rural men. Those I interviewed worked for international or national organizations that required them to make frequent travels to workshops, conferences, or research, within or outside the country. Some had previously migrated for longer-term periods to other counties. For example, Charles, a 40 -year old master’s graduate, and firm Christian, previously worked for an international organization which sent him to work in another country for two years, about three years ago. He left his wife (and a small child), Eunice, who had just graduated and started work in the corporate sector. When he moved back to Kenya, he changed jobs to work with an international agency that also requires him to travel frequently in and out of the country. My discussion with Charles about HIV vulnerability and risks within marriage were as follows:

Charles: I think it also translates to the work environment and the people you work with and also in the work context exposing you to different contexts. *Like you are forever in conferences and workshops, in all those places with different people that exposes you to risks.... I will walk with my peers and do things with my peers and that may be a risk because my peers will not necessarily be the best ones and that probably puts you at risk.* Like the other day when we were doing some research, when you go into communities and wanting to have an *adventure*. You may want people to say “*so and so was here*” so I do things to really show I was here.

Ra: What do you mean Charles?

Charles: *Having been away for a long time I think I got to a point where if you really aren't a strong person, you could really put yourself at risk. You really have to be very disciplined to be able to make sure that your family is very well taken care of. But I have also seen people who have been away for long and they have gotten themselves to a point where they have to be HIV positive. You are building your career but you are also destroying your home ....even where awareness of HIV is high, people feel free and don't care about anything. So they know everything but very few use protection so you still find yourself at risk.*

Though Charles did not explicitly talk about his own sexual behavior, he, like Amos in the rural area, was unequivocal that work-related migration and travel created contexts for sexual encounters and HIV vulnerability. In the quote, he pointed out one important factor that shaped this behavior: work peers who “will not necessarily be the best ones” and who will talk you into having “an adventure” so that “you want people to say so and so was here. So I do things to really show I was here.” This “doing things” in the communities of research or work in order to show that a man was really there is what I would call a ‘territorial mark of sexual dominance’ that indicates that they went and conquered, through having sex with women in the community or their colleagues. Making a territorial mark through adventurous sex becomes an important masculine identity marker, and for inclusion into the middle class male peer group. As such, it overrides the consideration of safe sex so that even when HIV education and awareness is high amongst this well-educated class, “people feel free and don’t care about anything.”

Studies of men and masculinities have shown how peer groups, especially same-sex peer groups (homosociality) are important for identity formation and maintenance of hegemonic masculinity (Bird 1996; Kimmel 1996; Kimmel and Aronson 2003; Hirsch et al. 2009) and that being acknowledge by other men confirms a man’s masculinity (Kimmel and Aronson 2003). In the next chapter, I will discuss peer groups and couples’ social networks but it is important to also point out here that this was evident in Charles’ quote about the need to ‘mark a territory’ in

order to show and affirm one's masculine identity. Moreover, Charles essentially spoke to the contradiction of the modern marriage ideal which emphasizes developing the home indicated by "building your career" but, it is the same ideal that may "destroy your home": the pursuit of careers/development presents contexts that almost seemed to indicate that an extramarital sexual encounter would inevitably occur.

Charles's wife, Eunice, talked at length and in detail about the importance of love, trust, intimacy, and communication in marriage. Confirming her husband's frequent work travel and the possibility of his extramarital sex while away, she reported that she often spoke with him about the need for them to protect themselves because:

Most of the time my husband is travelling a lot and working. *He doesn't know what I do when he is away and vice versa.* So we ensure that we let each other know we have to take care of ourselves. And me, one thing I have always had a slogan since college days: *I always have a condom packet in my bag. I don't care what people say. Boys used to laugh at me all the time "why do you have a condom?" But for me, I told them I never know when it will become important or handy.* You may be cornered by some men somewhere they want to rape you and may get one who is ready to use it. So if I can protect myself with that then it's good. *So I always tell him 'if you ever have to do it, be safe.'* Because sometimes people will never tell you what they did or they want to do. *But that plan B for me is always important.*

Eunice was aware that the nature of her husband's work may lead to extramarital sex and was cognizant of the fact that even if it happened, she would not know. She also indicated that it was possible for her to engage in extramarital sex while he was away. To protect herself, rather than challenge the practice, perhaps acknowledging her incapacity to do so, she told him "if you ever have to do it, be safe." At the same time, Eunice spoke contradictorily about the possibility of her husband engaging in extramarital sex:

I don't like worrying about what I don't know. My concern is that small time I find with him I manage to the maximum, what he does that other time I don't want to put it in my head because I may think that am making but am breaking. I don't want to give him ideas when I ask. *So for me I have never thought about it. I know weakness is there but I have never taken it so seriously....* I think one thing we need to know as

people in marriage is to appreciate one another. Appreciate our differences because that is what triggers people to go outside and look for other alternatives, *and because in marriage the key factor is infidelity*. If you can appreciate this person the way you met him at that time and just take him in the way he is then it will be easy for you not to compare him with someone else elsewhere. *So first thing, appreciate one another and you will be free to share and open up to one another*. You learn from each other and explain to each other the risk factors, so if you know you do this (extramarital sex) it's not only affecting you but all of us. Your fun may be a danger to all of us including your children. So let them know because that may be the only force that may stop you even when you are about to get intimate with someone and you just remember my wife and children... *I think for me trusting and appreciating has helped. The minute you bring a little mistrust it ruins everything*, it will make you feel not appreciated by him and even you, apart from you thinking about him going outside, you yourself will find yourself outside because you will see that other person is giving you the attention, you don't know that that attention will lead to something else.

In the previous quote, Eunice talked about her concern and told her labor-mobile husband to practice safe sex, should he have to do it while away. She, indeed, carried condoms herself. But in further discussions as shown in the above quote, she emphasized not worrying about it, “so for me I have never thought about it. I know weakness is there but I have never taken it so seriously.” While she was aware and, initially, seemed to worry of the possibility of extramarital sex, her focus turned to trusting, appreciating, and maximizing the little intimate time they had together which helped her to not worry about “what he does that other time.” This was her coping strategy. I am not suggesting or implying that Charles or Eunice engaged in extramarital sex. However, research elsewhere does show that the ideology of companionate marriage, especially the emphasis on romance and intimacy, may facilitate extramarital sex by making women ignore its evidence or the possibility of it, and avoid confronting it because they might lose their ideal marriage (Hirsch et al. 2009; Padilla 2007). As Eunice suggests, “I don't want to put it in my head because I may think that am making but am breaking. I don't want to give him ideas when I ask.”



Her inability to discuss this with her husband stemmed from the fear that introducing the topic may actually encourage rather than deter the behavior. It might break the trust, appreciation and the small amount of time she found to be intimate with him, given his busy schedule. In further discussions, Eunice talked extensively about her ethnic group's (Luo) widespread cultural practice of polygamy and wife inheritance. She noted that she had to be careful about how she treated her husband because his kin could influence him to find and marry another woman. The role of her extended family and other kin in shaping this practice was, almost, beyond her power to challenge especially given that she had conflicts with her in-laws at the time of marriage. Therefore, confronting him threatened the survival of her ideal marriage. Consequently, not unlike many women, she had to balance the delicate and complex realities that her husband's migration and pursuit of a career that benefits the family; cultural practice; and modern ideas of love, trust, and intimacy might expose her to HIV risks. Her responses indicate ambivalences in negotiating these spaces.

A different example to explain how the modern marriage ideal may intersect with men's work mobility to affect HIV vulnerability and risk came from a middle class couple in which the man disclosed his extramarital sexual involvement during work assignments. Nicolas, a 40-year old master's graduate works for an international organization. Nicolas is often out of the city—where his wife (Faith) and their two young children live—in conferences, workshops, and research. In the past, he had lived away from his family for three years, only coming to see them on the weekends. Nicolas talked about having had sex with female colleagues or other acquaintances where he worked but said he often used condoms. On the other hand, Nicolas' wife, Faith, who works for an international corporation, jovially talked about her ideal man and her expectations in marriage. She had desired a man who could provide love, intimacy and spoil

her with material things. Our discussion about her marriage expectations elicited the following conversation:

Faith: *Just to have a man who provides, a man who is loving, a man who is respectful, and a man who understands me and treats me like a woman.* There are those things that *naturally a woman would love to be done for by a man.* Being appreciated. Once in a while, surprised with a gift. Being taken out, yeah...

Ra: If they are natural, does it mean they cannot do without them?

Faith: (Laughs). *Unfortunately, there are men who never do these things.* If by coincidence, you fell into the hands of such a man, you just have to live with that but deep down in every woman's heart, I know you would want this man who will *pamper you, who will once in a while treat you, you know nicely. Surprise you with a treat out there in some place you have never been. That is every woman's dream. Let's be real Ra.*

Yeah, when I say that, I don't mean that it always happens in every marriage. *There are men who are so old school that such things never exist in their dictionary.* And so if you are a woman married by such a man, you just have to live with it and probably now step into his shoes and be the one now to surprise this man (laughing).

Without a doubt, Faith had realized her dream marriage of a respectable Christian middle class status. She had found romantic love and led a consumerist lifestyle. My discussions with her revealed how powerfully love and intimacy are intertwined with capitalist consumerism—no romance without finance. Both were married in an evangelical church and were staunch adherents of the church where Nicolas held a position in the development committee. Faith and Nicolas also belong to the women's and men's fellowship groups, respectively, which met weekly for prayers, in addition to the regular Sunday church service. They both had well-paying jobs in international organizations, careers that enabled them to build a beautiful big house in the suburbs, furnish it with expensive luxurious items, and have two cars. They vacationed, and had dinners in good restaurants. Her husband was, therefore, not "old school," he could afford to meet her "natural" desires of material consumption.

In further discussions about preventing HIV, Faith talked about “being faithful.” Even though she and her husband talked about intimacy and faithfulness, they did not specifically discuss HIV because as Faith reported, they were well educated and held job positions that related to health, therefore, “We don’t really discuss a lot about that let me just be honest.... Hmm so me and him about HIV, I don’t know (laughing).” She further noted that, “as far as I am concerned, I trust him, he trusts me....yeah” and laughingly added that they only did the HIV test seven years ago because the church pastor required it before he could marry them. Thereafter, she could not ask him to test because “What would be the motivation, are you doubting him?”

I find an apparent contradiction in the modern monogamous marriage ideal in the case of Nicolas and Faith. Nicolas, a strong follower of his church rejected the Christian ideal of a monogamous, faithful marriage by engaging in extramarital sex. This is not because he did not love his wife; their separate descriptions of their marital relationship evidenced intimacy and love, which together with the desire for a consumerist middle class status sustained Faith’s faithfulness. She was afraid that her husband might slip back into “old school” category, which consequently, would deny her the “natural.... every woman’s dream.” Obviously, given her high paying job, she might afford this consumption, but it was the intimate feeling that came with the spoils from her husband, coupled with the widely circulated gendered idea that women should expect such things from men that made it a “natural dream.”

In terms of health, this ‘naturalized’ women’s expectation of dinners and surprise gifts from men limits the capacity to discuss HIV transmission with or even confront one’s partner because this would imply lack of trust and threaten the realization of this middle class ideal. Therefore, as long as the husband met these “natural” material (love) obligations to his wife, he was free and could use this as an opportunity for infidelity because it was unlikely that his wife

would suspect him. In the case of Nicolas, it seemed easier to affirm his masculine identity by engaging in extramarital sexual relations while away from the city because the modern companionate ideal was more limiting; his wife required intimate moments, dinners and outings. This together with his busy work, reputation as a key church leader, and an equally economically empowered, and mobile wife with capacity for doing research on his movements, may have limited his time and probability of meeting likely sexual partners in the city where his family lived.

Faith, like Eunice before her, pointed out the possibility of women's extramarital sex. Her job, like her husband's, was very mobile though only within the city. In fact, her work required her to be out of the office almost all the time. She interacted with high profile clientele, mostly male, in expensive hotels, some of who made sexual advances at her. Notably, she discussed these men's behavior with her husband so that, as a man and confidant, he could suggest to her how to deal with her male clients' sexual advances. This well-intended honest communication, also indicating a gender bias in communication—women are more likely to talk to 'their' men about unwanted sexual advances from other men—,in addition to their health-related careers, and strong religious faith, may have assured Faith of mutual faithfulness making her trivialize HIV discussions between them. At the same time, these factors enabled her husband's "adventurous" behavior.

The discussions on rural and middle class men's migration and the likelihood of extramarital sexual encounters either as need for "outside wives" or "adventure" may be explained by several factors. However, I must first note that the above discussion does not mean that rural men only formed "outside wife" relationships; they also had "adventurous sex" with their girlfriends as Amos' narrative suggests. Middle class men may also form outside wives

relationships, though I did not find this among my middle class participants. I highlighted the concepts of outside wives among poorer rural men, and adventurous sex among the middle class to show how they are produced by ideas and practices on marital division of labor as I discuss in the following section.

### **Migration and Daily Work Mobility: The Public/Private Divide, Extramarital Sex and Managing Reputation**

In comparing the rural and urban sites, I find that work mobility for both rural and middle class men does create HIV vulnerabilities and risks. Indeed, gender ideologies and practices regarding private/public distinctions produced “outside wives” among the rural men, and “adventurous sex” among my middle class participants. However, some subtle differences might shape these two types of extramarital sexual behavior. I argued that Amos did cohabit with another woman i.e. “outside wife”, and that his labor migration-related cohabitation typically mirrored his marriage back home. Consequently, I suggest that the strict traditional gendered division of labor that is still persistent in this rural area, partly ‘necessitated’ him to do this; he cohabited with a woman in order that she may perform domestic work because it was not these rural men’s domain. In addition, because he had an “outside” wife who performed this domestic care work for him, this gave rise to his leisure time to engage in other activities including spending time with his girlfriend. I make a different observation for my middle class men.

Based on my data, none of my middle class men among those who had migrated had an outside wife but there was evidence of extramarital sex. I suggest several explanations for this. One, these economically privileged men had the ability to visit their wives and children frequently, or on the weekends for those who had migrated within similar distances as Amos. This ability to visit regularly also meant that a man could bring his laundry to the family domestic worker and perhaps take some food from home when he went back to his work

location. Second, their economic privilege may enable them to hire domestic labor where they are not able to travel home regularly. Third, and related, they might also afford to eat out, or because the idea of egalitarian gender norms seemed more palatable among middle class men (though it was largely used as an expression of love rather than the need to dismantle a gender hierarchy, making it a very rare deed), they might prepare meals for themselves. Fourth, I found that middle class men were more conscious about reputation management, which may act as a deterrent to cohabitation particularly if workplace colleagues were aware of the men's marital status. In fact, generally, perhaps as more respectable husbands, middle class men are expected to manage their extramarital affairs in ways that keep them hidden from certain social groups such as families and religious networks. Therefore, I suggest that, whereas rural men like Amos cohabited because of *both* the 'need' for a woman to perform domestic work and then had a girlfriend as part of the realization of a masculine ideal, my middle class men's "adventurous" sex was only as part of doing masculinity, that is, of "what was expected of men."

On the other hand, my discussions above have shown that the wives of these men, both rural and middle class, were in a powerless position to talk about HIV, or insist on condom use. Further, their acceptance of men's extramarital sex—albeit reluctantly because it challenged the companionate marriage ideal—facilitated by local discourses that entrench the practice, compounded their inability to negotiate risks. Specifically, the modern marriage ideal, with its emphasis on intimacy and middle class consumerism, may work to blind women to the fact that their husbands may be engaging in extramarital sex. Therefore, to protect their marriages, these women adopted a strategy of unilateral monogamy (Hirsch et al. 2009) which is not an effective method of HIV prevention.

Regarding middle class women's participation in 'public sphere' work and the likelihood of extramarital sex, several factors may facilitate this; their husbands work outside town, their less restricted mobility; and the anonymous city setting. On the other hand, rural women are less likely to engage in infidelity due to their overwhelming burden of farm and domestic work and the surveillance of patrilocal residences and dense networks of kin relationships both of which limit their mobility and ability to form relationships with men. However, as many participants in both sites noted, women's infidelity cannot be oversimplified as something that just happened because husbands had migrated, or were engaging in sex for adventure. Women's infidelity is complicated and based on many factors related to the nature of the marital relationship.

Many participants, both women and men, explained women's extramarital sex in terms of a husbands' failure to provide emotionally, socially, and economically. They pointed out sexual pleasure and desire and some invoked the "sugar mummy" concept where older economically privileged women enter into relationships with younger men (toy boy dating). Others suggested that women's infidelity powerfully intersected with consumerism; a woman could seek other sexual relationships to achieve and/or maintain a middle class lifestyle, regardless of her own class status. Others used the language of gender equality and rights to talk about "vengeance on men's infidelity." Importantly, like men's extramarital sex, these are not isolated factors for women's extramarital sex. Despite these explanatory factors, almost all participants talked about the heavy social costs (gossip and ridicule) for women suspected of engaging in extramarital sex, which would significantly lower her reputation and status as a "good wife." These social risks for women were, in fact, mainly sustained by women rather than men's talk. In other words, whereas men seemed to affirm another man's infidelity, women strongly condemned other women known

or suspected to engage in infidelity, revealing a double standard in sanctioning behavior, which also served to reinforce rather than challenge married men's multi-partnering privilege.

In conclusion, therefore, it seems that societal gender ideologies that give rise to ideas of domestic (women) and public (men) spheres of work, and organizational gender regime processes and policies that favor men for work migration (without taking into account their spouses) are simultaneously the same ones that produce and facilitate extramarital sex. This is not a unique finding. The Kenya AIDS managers have long made links between labor mobility and HIV risks among long distance truck drivers due to the nature of their "transactional sexual culture" along the Trans-Africa highway that runs from Mombasa (the Kenya coastal city that hosts the sea entry port) to Kampala, Uganda. Public health researchers in Kenya have actively mapped "high risk" spots along this busy Northern corridor transportation route (Buayo, Plummer and Omari et al. 1994; Ferguson and Kariuki 2006; Morris and Ferguson 2005; Morris, Morris and Ferguson 2009). Further from the stigma and narrowness of risk conceptualization associated with moral labels such as "transactional" and "high risk," interventions for the long distance-truck drivers include HIV literacy, condom education, and treatment located in "high risk" spots (Ong'ala 2008). However, as my analysis above suggests, the processes that create HIV vulnerability along the route may be manifold and require more beyond individual-level interventions. In the following section, I turn to examine the third opportunity structure for extramarital sex, women's financial status, linked to some of the factors I have already pointed out.

### **Women's Economic (In) Dependence and Access to Financial Resources**

In Kenya, as well as elsewhere around the globe, generally, it is accepted that women's economic dependence on men increases their risks of HIV infection (Kaiser et al. 2011; NACC



2011; Waithera 2010) and NGO and government programs have emphasized this in their interventions. In fact, the opportunity structures discussed above—the sexual division of domestic and public sphere labor—that shape extramarital sex are intricately woven with men’s economic dominance and their ascribed ‘provider-role.’ In this section, I draw attention to how married women’s economic dependence on their husbands structures extramarital sex and, consequently, the probability of HIV infection. A further dynamic that I point out, contrary to the widely accepted view, is that increasing women’s economic independence in and of itself does not necessarily reduce HIV vulnerability and risk. To help discuss these issues, I begin with Bancy’s narrative, then I discuss rural women’s economic marginalization. Thereafter, I compare rural and urban women’s financial autonomy, and end with looking at the contradictions of the women’s empowerment rhetoric.

When I arrived at Bancy’s house for the interview, she was sitting outside on the grass knitting a sweater at the front of their tiny two-roomed wooden “house”, a back extension of a small convenient store at a local market. She continued to knit—her major source of income—throughout our discussion as she narrated her moving and somewhat unusual experience, but one worth highlighting here. Bancy and David, a rural HIV concordant couple, and in their 50s, have four children: two from Bancy’s previous marriage, and two from David’s late wife. Both did not complete primary level education. She spoke in detail about psychological and economic violence within her marriage. She met David when she worked as a timber seller while he was a timber-truck driver. At the time that she moved in with him, David was separated from his wife, though she also described him as someone who “has had several wives (cohabitation) in the past.” However, after she had started living with him, his ex-wife returned. Bancy did not find any problem with that because this woman had been David’s wife before her. With time, the two

women developed a cordial relationship. They both “knew” that their husband usually engaged in infidelity. After some time, Bancy said she noticed that her ex-wife often fell ill and she talked her into going to hospital so that they could test for HIV but to her disbelief, her co-wife revealed to her that she already knew her status (HIV positive). Nonetheless, she accompanied Bancy to the hospital where her HIV test results were also positive. Bancy was devastated and confronted David about it but he kicked her out. In the meantime, her co-wife became so ill that she talked her husband into bringing Bancy back (after three years) so that she could take care of the children, which she did. The co-wife died shortly after. What angers her is the fact that, despite their HIV status, her husband has relationships with “bar maids” in the local market and she sometimes knows these women. She has often exposed her husband’s HIV status to some of them in order to scare and deter the women from having sex with him. She talked at length and openly about these issues.

Bancy attributed her husband’s extramarital sexual behavior and their HIV status to his absolute control of earnings from their tea and coffee farm, and food crops. She characterized her marriage as violent. Several times, when David received wages from the farm at the end of the month, he had abandoned her and spent days with “prostitutes in the bars” spending all the money there. Yet, she is the one who picked the tea leaf and coffee because David was often away at work as a truck driver. Additionally, he had often sold the food crops that she planted to feed her family, and to sell some to meet other non-food needs; “he controls everything yet he cannot manage this home.” In the recent past, she had to seek the help of the local government administration to compel him to meet his financial obligations in the family. Bancy turned to knitting sweaters to earn extra money to take care of her children. This she does in addition to her farm and domestic responsibilities. Because of having to meet all these duties, her days begin at

4:00 a.m. This explains why she knitted during our discussion; she hardly has free time.

Communication with David is extremely challenging because he did not listen to her. She could not discuss his behavior because he physically abused her. His infidelity and abuse towards her is common knowledge and talk in the village. Bancy showed me two physical marks on her body resulting from physical assault. Following one fight, he confiscated her cellphone, therefore, sabotaging her knitting business; the cellphone is an important part of her business for communication with (potential) clients but he accused her of using it with male friends. Further, David did not adhere to his ARVs and often refused to wear a condom, which sparked more violence but “as a wife you cannot deny him sex”, she said. Bancy recognized the continued risk in her marriage but said that at her age now, and with children, she could not leave.

David's story was in many respects different from Bancy. Unlike many participants, he did not talk about his health (nor was it a research requirement); he was more elaborate on gender norms within the household than on sexual behavior and HIV risks. He noted that as a man he was the breadwinner and head of family and, therefore, made decisions. He was reluctant to talk about violence but generally noted that disagreements were inevitable where two people were in a relationship. He spoke sketchily about infidelity accusing women of being quarrelsome and suspicious of their husbands, which may drive men to seek relationships elsewhere. He also talked about women's infidelity due to their desire for material goods. Largely, unlike my interview with Bancy, David's was short and generalized.

Bancy's story stood out among my participant's narratives, due to the physical assault evidenced by bodily marks, but such marital violence is not unique. Indeed, my rural female participants talked about their husband's control of finances and decision-making processes or commented about other violent and physically abusive marriages in the community. For

example, Hannah told of a woman in the neighboring village who set their house on fire and went back to her parent's house, less than a year after their marriage, because her husband abused, abandoned her, and stopped providing for the family.

Generally, men's access to financial resources and authority in decision-making is a long-standing gender inequality. In Kenya, traditional male dominated structures, in addition to controlling the local economies, also dominated decision-making processes. Oduol and Kabira (1995) have pointed out that almost all societies in Kenya had political systems in which clan elders made decisions concerning the political, economic and legal affairs of the community. These councils of elders were male dominated, and women rarely participated in them. Nonetheless, women did have access to communal lands and income from the trade of food crops (McKenzie 1990), and even though they rarely participated in the management of community affairs, Oduol and Kabira (1995) point out that they influenced decisions through their husbands. Women's collaboration such as in polygamous marriages was critical to this influence.

In Kenya, and as research elsewhere in the colonized world suggests (e.g. Bakare-Yusuf 2003; Connell 2009; McKenzie 1990; Nandy 1983; Oyěwùmí 1997) imperial conquest and the patriarchal colonial regime violently re-shaped cultures, local economies and gender orders. They exaggerated the existing gender hierarchy and produced a strengthened male dominance and often-violent masculinity as the hegemonic pattern (Connell 2009; Nandy 1983). This hegemonic masculinity ideology was institutionalized through customary beliefs and practices, legal system, education system, religious, and economic institutions including land rights. Land is a key factor of production in Kenya, and land ownership and distribution systems have continued to impact gender relations within households, particularly marginalizing women.

## **Women's Economic (In) Dependence: Rural Women's Land Rights and Marginalization**

The land and land rights question has been well analyzed by scholars in Kenya, linking it to processes that led to the establishment of the colonial settler economy (see examples: Kanyinga 2009; Oduol and Kabira 1995; Okoth-Ogendo 1991; Sorrenson 1968). Part of this process, as pointed out by Sorrenson (1968) was reform of land tenure, where customary rights to land were restructured through individualization or privatization of land. The introduction of colonial laws that facilitated land expropriation and alienation, such as the Crown Lands Ordinance of 1915, introduced a dual system of land administration and political governance. It bifurcated land into land for “Africans” or (‘native reserves’) and “scheduled land” (or white highlands) for European settlement. This took away all the land rights of the “Africans” and vested those rights in the Crown (Okoth-Ogendo 1991). Therefore, establishing a settler economy involved restructuring of mechanisms of control of land and access to land rights (Kanyinga 2009).

In these colonial land reforms, following the English law, women were completely left out of land rights alienating them from the previously communal family land in which they farmed, harvested, and sold farm produce, thus giving them control and access to land, and ensuring some economic empowerment from the sale of the produce (McKenzie 1990). In colonial Kenya, the British privatized landownership and registered land only under the male, as ‘head of household.’ Where the husband, as ‘head of household’ was deceased, it was registered in the name of the first son—regardless of this male’s age—as it happened with my late grandmother. These registration mechanisms officially made men ‘heads’ of families, owners and inheritors of property from their kin thus giving them more power over factors of production. The British also introduced cash crop farming, owned and controlled by men because they now

owned the land. This system particularly affected women as they lost access and control of the land. Both the new land ownership system and cash crop farming meant that women who were full participants in the local non-capitalist economy became more isolated from the communal economy and increasingly dependent on their husbands, now the breadwinners, because they owned the cash crops and land (see Connell 2009). This led to the intensification of domestic patriarchy, reinforced by other colonial social institutions (McKenzie 1990). As colonialism continued, the more lucrative male-controlled cash crop cultivation overshadowed the importance of female agricultural contribution to the household and women's vital role in food production diminished.

Post-independence, the government did not address the question of land rights for women. Discriminatory laws and practices concerning women's access to and control of land and matrimonial property continued to persist. The process of land adjudication, consolidation and registration crystallized men's absolute ownership and control of land. Today, many women rarely own land titles either individually or jointly with their husbands.

With the advent of the new constitution in 2010, Kenya has enjoyed a new legal regime with various laws enacted, including the Marriage Act 2014 that I mentioned earlier in my discussion on polygamy. Specifically, in November 2013 parliament passed a bill on matrimonial property. The Matrimonial Property Act 2013 replaced the discriminatory colonial Married Women's Property Act of 1882 that Kenya had been relying on. The new Act sets guidelines on distribution of property in both polygamous and monogamous marriages. However, the male dominated parliament amended a clause that stipulated equal ownership and sharing (50-50) of matrimonial property irrespective of the contribution of either spouse towards its acquisition. The male members of parliament argued that a spouse must prove financial

contribution to acquiring matrimonial property to “safe guard” men from women who take advantage of their wealth.

In comparison to the older colonial law, this is a progressive act. However, and sadly, the women members of parliament were again left powerless, with no numbers to win a vote or a strong voice in governance to protest, due to what I termed earlier as “patriarchal nationalism” (Wolfe 2007). The women, in fact, urged the president to sign quickly the bill into law fearing that, as one female MP put it, “The amendments that were introduced on November 12 are a setback and a big loss to women. But it is better he (President) signs the bill into law than risk it going back to the House where it can be further mutilated” (Sum 2013). They made an unlikely promise to the women of Kenya: to push for amendments once the bill became law. Seen this way, this new law works to protect the interests of middle class women who can afford financial contribution towards acquisition, and joint registration of matrimonial property, and who have access (broadly defined) to this law. Rural women, like Bancy, who have no access to financial resources remain largely disadvantaged. The organization of cash crops’ marketing bodies further compound many rural women’s burdens.

In this Embu community, female discrimination is still persistent in the organization of the tea and coffee industries, the major economic activities. Access to financial resources, with implications for decision-making within a household, is intricately linked to land rights and the institutional practices of the Kenya coffee cooperatives and the Kenya Tea Development Authority (KTDA). Even though women largely participate in the cultivation, harvesting and sale of coffee, the processing and marketing of coffee is organized through farmer’s cooperative unions, membership (shareholding for which members pay) of which is based on tree ownership which are generally held by men. Remuneration is tied to membership, and, therefore, men. As

such, most women often do not directly benefit from the investment of their labor. They depend on their husbands to share this income with them. Tea remuneration runs similarly. Though it is not based on shareholding, it, nonetheless, mostly benefits men because they own the land and, therefore, the green leaf. However, it is possible for women to own these crops, without necessarily owning land because a man may register some of ‘his’ coffee trees or green leaf in the wife’s name. Wages are paid to members’ tea SACCO (Savings and Credit Co-operative Society) accounts or other individual bank accounts where one may also access loans and other financial resources with the tea wages as collateral.

Despite this scenario which if re-organized would allow women to own some crops, if not the land, which in turn would enable them access wages and other financial resources, it is difficult to find a family where these crops are registered in the wife’s name. Only in few homes do spouses co-own tea bushes, though unequally, and this more likely happens in the relatively wealthier rural homes—and this too is a recent phenomenon indicative of changing gender relations. Typically, women are at the mercy of their husbands because as landowners men decide whether to allocate some coffee trees or green leaf bushes to their wives. Where some women “own” some tea bushes, obviously, it is, far much less compared to their husbands. Consequently, men predominantly control the crops, the bank accounts, financial resources, and, therefore, key financial decisions in the family.

In some cases, men nominate their wives to their bank accounts. Nonetheless, banking regulations are clear that as an account nominee one may only access the money with the authority of the account owner but cannot make other financial transactions or obtain credit. Interestingly, amongst my male rural participants, some reported that their wives had a bank account but on probing and further discussions, it became clear that this referred to a joint account



wherein most men nominated their wives to their bank account and the women only acted as vessels to bring money from the bank. The men happily reported this banking arrangement as an indicator of wife involvement in managing family resources but their wives were uncomfortable with this arrangement. For example, Evangeline reported that when she went to the bank at the end of the month to withdraw the tea wages, she had to account for her transport money when she brought the money home, and then her husband would make the final decision on how to spend it despite asking for her views. Hanna also pointed out:

No, I do not have a bank account; I am only a nominee. But you know as a nominee, I cannot just go to the bank to withdraw the money because the account is his. I can only go if he sends me to.

For Hannah, Evangeline, and Bancy, despite being the major sources of farm labor, their husbands controlled the bank accounts but while the other two women were account nominees, Bancy was not, not that this made any difference to the three women's financial status.

Whereas most men were in total control of wages from the cash crop, some male participants reported that they did not bother with the food crops. Although women confirmed this to be true, most women grew the food crops on very small kitchen garden type farms, usually adjacent to their houses, because the cash crop dominated their already small pieces land. Where they sold the food, it was not because they had surplus—it could not even feed them enough—but because they needed the money to buy other foods or meet a few other basic needs. However, for Bancy, in addition to controlling wages from the cash crop, her husband also controlled the few food crops and hardly spent money on any family needs. This neglect compelled Bancy to report the matter to the government administration, which as other conversations revealed, is one of the avenues that some women utilized to 'force' their spouses to support the family. Because of this economic marginalization, after working on the family land, she would then labor on other farms

and knit in order to make ends meet. The situation is so dire for some of the women that once during my visit to the village an older widow in an informal conversation told me that she was happy her husband had died because now she was free from abuse, had control of land, and access to the resources he had denied her. After his death, the family land was sub-divided amongst his sons and his two wives, and after some time, she had been able to build herself a better house exemplifying the importance of financial control and its centrality to the development project within a household.

Most rural couples reported making joint decisions on major items (e.g. children's education, construction, and buying cattle) in the home. Further discussions revealed that joint decisions often meant that the husband did not object to the wife's proposal if it was, in his view, a good one or did not contradict his ideas. For other women such as Bancy, her husband did not listen to her suggestions and his authority was unchallengeable. Yet, I also found that in one particular HIV discordant couple, age and HIV status where the woman was positive, might play a role in intensifying male dominance in access to resources and decision-making. This was explicit in the case of Agnes, 52 years old and Fred, 77 years.

#### *Gender, age and decision-making*

Agnes's elaborate narrative spoke of economic desperation. She moved in with Fred, a widower with adult children, 13 years ago because she needed someone to take care of her three children from her previous marriage. Her income from her previous job at a local factory was inadequate for her family and she had been in several relationships with men before Fred. She provided great details of her current marriage which she described as challenging due to their age difference—and went ahead to advise younger women to avoid marrying older men—and the fact that she was HIV positive while Fred was not. Fred, who had no formal education and thought

that he was 80 years old, confided that at his age it felt embarrassing to talk about HIV infection within his own marriage. Though he was bitter, and kept on shaking his head as he spoke, as a Christian, he had accepted their situation and vowed not to ask her to leave. He re-married because he needed someone to help him on his relatively large farm after his first wife passed on; his children are all adults and with their own families within the same farm. On finances, Fred was uncompromising that he had total control of both land and financial decisions because he had acquired all his property before marrying Agnes:

There are things that I tell her need to be done. I have a bigger plan than hers. For example, she does not know when this coffee was planted. I planted it in 1963. I bought the farm on which we have tea in 1966. *So what has she brought me here? She did not come here to manage me; she came so that I could manage her. Even though I am old, my plans are not old...* Yes she can propose something and if I find it worth then there is no need for disagreements. So, if she says something that is better than mine, it is okay. People need to talk and discuss.

Agnes clearly pointed out that she married Fred because she needed someone to take care of her children, and like Bancy above, she persevered for this reason. Additionally, because her husband acquired his wealth before he married her then she had no claim to these resources. She described Fred as a man who loved education, and therefore, had no problem with educating her children, but she still needed money for her other needs. She, hence, worked as a HIV peer educator, despite his discomfort with the idea.

Fred's rejection to be "managed" by a younger woman is explicable. Older couples who were in their 70's and who were without any no formal education did not find it a problem for men to make all major decisions on family matters. John, who narrated the story of the Embu prophet and his wife Jane, were one such couple. Jane respected her husband and his decisions, and even when they discussed family matters, she let him decide what was best for them, as a *muthuuri* (husband, competent, manager, wise man), and that is how they had managed their

family whose children now had their own families. Additionally, another female participant, 70-year-old Rose whose husband held land and bank account felt empowered by the fact that she did “not have to deal with money issues or to make the big decisions.” He took care of family needs often only informing her of his intentions. For Rose, joint decision-making meant that she informed her husband about her needs and he decided what to fulfil then, what he could not, and what should wait given other priorities. Both of these older couples were of the view that younger and more educated couples found this arrangement (male head and decision-maker) a problem due to “digital wise-ness” and lack of understanding about culture and marital relationships. Rose noted that in contemporary times, couples had become secretive and suspicious about each other’s money and spending, hence the marital conflicts, whereas, 50-50 sharing that most young people agitate for, as an ideal, may not be achievable and should not necessarily be the goal:

For those in formal occupation, there are conflicts because they suspect each other on how each spends their money. They should sit and decide together. Money is a problem. It is disease. Today, sometimes husbands do not want to spend their money, they know how much their wives earn but the wives do not know how much they earn. We cannot be equal, and the more we fight about it, the more it creates problems. And the issues you are asking about AIDS, are as a result of this.

These older couple’s views about money and marital decision-making that were in contrast to the younger women’s seemed to challenge the dominant conception that male control of finances and decisions has historically disempowered women. They linked HIV transmission to loss of cultural understanding of complementarity of the roles of *mutumia* and *muthuuri* among younger people as they become “digital” through formal education, formal occupations, and a monetary economy that creates suspicions, mistrust, and conflicts between spouses. This, to both Rose and Jane did not mean that they did not participate in or influence decision-making,

they did so by suggesting to their husbands what they needed, and hence, how he should spend the money. To them, negotiating marital relationships lay in the understanding that a 50-50/equal decision-making process may not be desirable or empowering. Therefore, going back to Fred, his unequivocal response that a woman cannot manage him finds explanation in the traditional arrangement of marital decision-making where men dominated, while his younger wife Agnes hoped for more gender equal norms in marriage. Whereas this was the case in the rural site, how did it compare with my middle class participants?

### **Women Economic (In) Dependence: Rural-Urban Differences**

In Nairobi, middle class women enjoyed financial autonomy because of their professional salaried occupations, and ability to control and manage personal incomes without the “interference” of spouses. At the same time, middle class women’s relationships to their husbands, like the rural women, were ones in which they expected their husbands to provide for major items in the family under the male breadwinner ideology. For example, Faith who earned a similar amount of money as her husband only bought perishable food items and paid her female domestic worker, while Nicolas paid for utilities (e.g. cooking gas, electricity), their son’s education in a private school, and bought the durable food items. Additionally, Faith expected that her husband should surprise her with gifts and dinners, as a crucial component of the companionate marriage ideal. She spent her money on investment (buying land and stocks) or other personal pleasures, including gifts to her parents. At the time of the interview, she was paying for her graduate education. Nonetheless, she had contributed to building their house in the suburb, buying their two cars, and made joint investments with her husband, as part of her strategies to contribute to matrimonial property.

Like the rural Embu, there were differences in decision-making among my urban middle class couples, based on a woman's income and age. For example, Eunice, who was 11 years younger than her husband Charles was (40 years), noted that her current job paid much less income compared to her husband's international job. As a result, even though they reported consulting on financial matters, Charles was the one "who brings in most money" and she "cannot force how he spends it." Unlike Faith above, they owned several properties all registered in her husband's name except for the house they lived in, in a suburb. Charles concurred that he made decisions by himself because he had lived on his own for a long time. He had moved in with Eunice while she was in college and he had provided for her with very minimal consultation making it seem that where women had no incomes, there was either less, or no consultation.

In the rural area, dependence on agricultural wages, which men controlled, created HIV risks for Bancy. Her husband "disappeared" on most month-ends after receiving the farm wages and spent this money "buying sex", sometimes in the bars in the local market with women that she knew. Further, Age and HIV status complicated Agnes's access to financial resources and decision-making given her elderly husband's discomfort with their HIV discordance. In terms of thinking about women's extramarital sex, all participants reported that, sometimes, women who had never before considered this possibility might be pushed to engage sex work in order to provide food for their families or other needs, especially if the men had the resources but spent them on alcohol consumption and/ or infidelity. As I found, the mere fact that men failed to provide, on its own, is a simplistic explanation for women's extramarital sex in this community because women worked hard and labored on other farms. Besides, other factors such as the homogeneous nature of the community, and patrilocal residences would ruin a married woman's

social reputation should people see or suspect her of engaging in extramarital sex. Therefore, infidelity for women was, often times, a necessary last resort, as Charity, 39 years, pointed out:

*It gets to a point where women find no difference between having a husband in the house and not having one. He in fact becomes a burden. You have to provide for both him and the children, in fact you cannot give your children food and deny him. Actually, you have to give him more. Or children are sent home from school for lack of fees, sometimes as little as 200, the men have drunk the money. The child stays home for a week without school. A woman will go and pick tea in another farm and pay the fees. When the man sees that the child has gone back to school, he becomes more notorious with alcohol. He feels that he has a wife who can take care of everything. I will wake up, feed the cows, pick tea, come back, milk, and cook. And when I give the kids some milk, I have to give him too but you will never see him milking. So women give up and work with the assumption that they do not have a husband. When they need one, they will go out to look for one. If the man asks, the woman will be like “you provide nothing in this home”. Even if there are fights, they will fight and life goes on. Or some men do not even care where their wives get the food. Some of them have been fooled by alcohol, they know nothing about the home.*

Overall, the narratives from the two sites inform us that access to and decision-making processes on financial resources within and among couples may be a more complex matter than we generally understand it, and needs further exploration. If we think about age, levels of income, HIV status, and residence as they interact with contemporary changes to shape women’s financial autonomy—with differing interpretations of empowerment—we find that they are intricately tied to the ability to negotiate financial decisions and a possible link to HIV transmission. On other hand, financial autonomy does not necessarily suggest the ability to negotiate HIV risks, as I show in the following section.

### **Women’s Economic Independence: The Contradictions**

The grand narrative within public health discourses, including government gender programs and many feminist movements is that increasing women’s economic empowerment through education and income generation will automatically lead to a reduction in HIV

transmission because it increases negotiating power and ability to end an unfaithful marriage. At the same time, statistics indicate that HIV is prevalent among women in urban areas, higher among women with secondary or higher education levels, and in households in the middle and fourth wealth quintiles, and among employed women (NASCOP 2014). Despite these statistics, public health and feminist movements continue to emphasize women's poverty and low levels of education. I found that the interaction of the ideologies on love and intimacy, and consumption, might account for HIV vulnerabilities in wealthier groups.

The middle class, facilitated by growth of international NGOs, agencies, corporate organizations, modern state institutions, and global market dynamics has shaped consumption patterns. Capitalism consumption has exploded and wealthier Kenyans now flaunt big homes, expensive luxury cars, vacations, and other material items making the difference between the haves and the have-nots glaring. Socio-economic status is also gauged by the kind of schools one's children attend, ranging from, under-funded, poor infrastructure-public schools (with recurrent teacher strikes for poor pay); a continuum of low to extremely high cost private schools (including international schools offering UK, US, and other foreign curriculum); to paying for one's children's education abroad. Some of these were typical among my participants. Women like Faith, who had a high paying corporate job, emphasized the importance of her husband providing these things for her— surprise gifts and dinners—because it made her achieve “what every woman wants.” Her husband, on the other hand, loved her and provided these things, but he also engaged in extramarital sex while Faith conceived of their marriage as very faithful and intimate. Faith constructed her marriage as faithful and intimate based on the companionate marriage ideal and her consumer lifestyle that her husband maintained. On the other hand, her



husband met her needs, and his needs for inclusion into the male group through multiple sexual partnering.

Another participant, Janet, who in the previous section talked about *researching* on her husband, reported that if her husband cheated on her she would remain in her marriage because though she could afford to live on her own, he paid for their children's education in an expensive private school. He also paid for utilities and bought most of the food, even though she could afford to do these things. Nevertheless, she would change the nature of their sexual relationship. She observed that at the risk of losing the reputation of a good wife, some women might consider the possibility of infidelity if:

In very few instances will you find a woman waking up and saying you know what, I am going to cheat on my spouse. Those are very rare case. Yeah and because also society expects you to be that good wife. I think that the major factor is if your spouse is cheating on you, attention shifts. Emotionally you feel you are .... So what do you do? It actually boils down to sex. It boils down to the man not being there because may be there is someone else he is attending to. Yeah, I think basically that is where it starts. You realize most women don't cheat because they are not being provided for. I think women have this strong will of working hard. Unless may be you are a sex worker. Otherwise I don't think women cheat because they are not being provided for. I think the main reason is that his attention shifts to other individuals.

Janet at first noted that she would stay in an unfaithful relationship to maintain her middle class status. Conversely, in the excerpt above, she observed that a woman would only cheat if her husband were himself cheating. This implies that because dependence on husband to sustain consumption minimizes the likelihood of confronting a husband's infidelity, which might lead to conflicts and perhaps withdrawal of this lifestyle—or at worst divorce—some women might choose “revenge” infidelity rather than confrontation or dissolution of marriage. This additionally makes them vulnerable to HIV risks if we think about power relationships in negotiating safe sex with their other male partners.

The consumption boom and related ideologies of romance and intimacy have also infiltrated rural areas through rural-urban linkages and technology. Migrated women and men often visit the rural area in expensive cars, clothes, jewelry, and other items. Consumer market advertising on billboards and media outlets cut across the country. As poorer women are struggling for basic survival, they are also confronted with these other material desires making some of them vulnerable to using their sexuality as a kind of currency to move into middle class status. It was common to hear explanations for women's extramarital sex in the rural areas related to middle class material goods and fashion as Hanna observed:

If I see a nice sweater like the one you are wearing, I will also want it. Or a nice (hair) weave and shoes. If I tell my husband to buy and he cannot buy, I will go out and look for a man who can buy them for me. And this means that you also have to give what you have.

Therefore, it is evident that consumption in Kenya, circulated by the mass media and some religious discourses, and often bound up with modern ideologies of love and intimacy are also pathways to female extramarital sexuality. Commodities are significant because they are markers of class and inclusion into social groups.

In conclusion, given the various narratives and observations in this section on economic dependence or autonomy as an opportunity structure for extramarital sex, I find complications in the ways it might facilitate infidelity for rural and middle class urban women. My data suggests that whereas for poorer women it is shaped mostly by the need for basic survival (e.g. food, children's education), on the other hand, I find that for middle class couples, it is the effect of ideologies (mostly mass media) that present middle class status symbols or consumerism as constitutive of romance and intimacy. This makes the intersection of romance and consumption, especially among middle class couples, crucial to discussions on HIV transmission in marriage. Thus, in terms of ending gender inequalities among classed women, the current emphasis on

education and economic empowerment may not necessarily reduce dependence on men. Other factors such as the unequal education systems; societal and religious emphasis on the male breadwinning role; the relationship between love, intimacy and consumerism which entrench dependence on men while at the same time invisibilizing their infidelity need to be considered. All these factors, and more, continue to shape women's economic dependence in various ways and to exacerbate HIV risks. A single-factor intervention such as increasing incomes, without adequately accounting for its relationship to multiple other factors is unsatisfactory and leaves out a category of women (middle class) who, I found, were very vulnerable to HIV transmission.

## **Chapter Conclusion**

In concluding this chapter, I note some of the emerging patterns. I will discuss their theoretical implications in my conclusion chapter 8. Broadly, gender is in flux in Kenya. However, traditional gender ideologies were more restrictive in rural areas. I have discussed three interconnected dominant "opportunity structures" that are central to power, production, emotional, and symbolic gender relations in marriage and which facilitate extramarital sexual behavior. These opportunity structures are household division of labor that gives rise to gendered leisure time; labor migration and daily mobility (public space work); women's financial autonomy or dependency.

I find that because women performed both productive and reproductive labor, across the two sites, men had comparatively more leisure time which could be spent in social spaces (local markets, bars, beer dens, clubs) where various forms of masculinity (hegemonic, protest) were enacted, including the probability of extramarital sex. Whereas, generally, men attempted to limit their wives' mobility (which facilitates their own), middle class women had more leisure time and mobility than their rural and urban poor counterparts which begins to suggest ability to limit

their husband's extramarital sex, or facilitate their own, other factors considered. Additionally, the ideologies on men's breadwinning role and work in the public sphere, and organizational gender regimes that emphasize male work migration both produce and enable extramarital sex. Further, data suggests that while poorer women were vulnerable to HIV infection from their husbands or by being drawn into extramarital sex for children's well-being and basic survival, for middle class women, the modern companionate marriage ideal created further dependencies and, therefore, vulnerability. Notably, age, HIV status are also important factors to consider in economic empowerment.

Therefore, the gendered organization of labor (both domestic and public sphere); relative economic advantage among rural, urban poor, and middle class; and opportunity to be in control of one's "leisure" time are important factors for extramarital sex and, consequently, for the HIV risk. Importantly, these structures are nested within practices that valorize greater power of men than women and other patterns (either older or brand new) of patriarchal practices that are being institutionalized through legislation processes, religion, and the media. Thus, I argue that extramarital sex is produced by the social structure of marriage and that participants pragmatically interpret and negotiate the biological risk of HIV; meanings of marriage, wife and husband (which result in social and moral risks such as reputation loss); and class status, making women complicit in infidelity and, therefore more vulnerable to HIV risks. In the following chapter, I show how social networks produce gender, how this complicates marital dyadic gender relations and impacts HIV transmission.

## **Chapter 6**

### **Social Networks and Gendered Social Spaces: The Contradictions of Empowerment and the Modern Crisis in HIV Prevention**

In the previous chapter, I discussed the case of Paul, who “lied” to his wife about the HIV status of his male acquaintance. He did this to “scare” her from forming any relationship with this male acquaintance, who was also known to her. Paul was vibrant and communicative. He and his nuclear family lived next to his parents and siblings. His seven married brothers lived on their own small pieces of land inherited from the father. Both his parents and siblings did not like his wife because to them, she controlled their son and was the reason Paul did not financially support them when they needed help. It seemed to him that they would be happy to see her leave. They had said the same of his ex-wife. Paul had two children with Evangeline, five years and four and half months. When Evangeline gave birth, her sisters and friends helped her to carry out domestic chores. Paul appreciated this because “my wife had people cooking and fetching water for her for two months. They come to cook, and sometimes they bring cooked food and porridge. So after the two months, she was well enough to go back to the kitchen.” This tradition was important because, as an Embu man, Paul did not do domestic chores.

In the last chapter, I examined the opportunity structures for extramarital sex within the marital dyad. This chapter focuses on the informal and formal networks (I discuss formal health networks initiated by NGOs in the next chapter) in which my participants’ lives are embedded, therefore, responding to my second—and intersecting with the first—level of analysis. I seek to answer this question: At the social networks level, how do married partners’ networks foster particular relationships between—and expectations for—married women and men? How might these networks affect HIV vulnerability within a couple? However, these interactions did not

happen in a vacuum, they took place in spaces within communities. I, therefore, also analyze the gendered nature of social spaces including how they produce or entrench gender ideologies. As I discuss later and as gender scholars have pointed out, these networks are important sources of support, and as Paul's case indicates, sometimes they are indispensable for sheer survival. At the same time, and less documented in the AIDS literature, is that networks can have contradictory effects such as entrenching or creating additional forms of gender inequality and mediating AIDS messages, therefore, exacerbating HIV vulnerability. I begin by anchoring the chapter in Paul and his wife, Evangeline's story, and then provide the theoretical argument that guides my analysis and then the outline of the chapter.

Paul spoke at length about his expansive network of relationships in his own, and neighboring villages. He was a member of his local protestant church, often participating in development work in the church. In the past, he brewed and sold local beer in his home and men often came to his house to drink. Recently, he stopped brewing because he realized that it overburdened his wife with responsibilities often leading to conflicts between them. The men arrived early in the morning making it impossible for him to feed his cows and pick tea; his wife had to perform both domestic and farm work by herself. Nonetheless, he did not abandon drinking altogether. He now went to homes where the beer was brewed (beer dens) and occasionally to the bars (more expensive than local brew) at the local market after the day's work on the farm. In the bars and beer dens he said, "Men talk politics and advise each other about life and family." They talked about national and local politics, sex with their wives, extramarital relationships in the local markets, people suspected to be HIV positive who were "spreading the virus" (often naming them in his narration). Back home he delivered these "HIV messages" to his wife. Paul talked a lot about *uraa* (prostitution) in a neighboring local market where he had in

the past worked for four years in a small bar and restaurant. He knew many *maraa* (prostitutes) “but these women are different, they are selling themselves. It is like a market of bananas; the men go to the market and choose the bananas they want. So I don’t blame those women, I blame the men because you make the choice to go to the market.”

Evangeline’s narrative concurred with Paul’s about the indispensability of friends, in a community where men did not do housework. Her network of friends included her family, and people she labored with or met at the *kivanda* (green leaf collection center) and in church. She was a member of the women’s prayer group that met weekly in members’ homes, on a rotational basis. She belonged to a village women’s *gikundi* (merry-go-round, cf. footnote 17) which contributed Ksh. 200 (\$2.4) monthly to buy household items like water tanks, cooking pots, and thermoses. To confirm that members bought these items, they made home visits. These visitations also served a social support and welfare function. Members brought food items, ate together and talked about families, and friends. In the groups, they passed on information on, for example, loans, immunizations, agricultural and health seminars that they learnt of from other networks, or radio and television. They also “gossiped” about HIV and “who was sleeping with whom” in the village. In fact, her communication about HIV with Paul, as I found with many other couples, was ingeniously through re-telling such gossips because HIV was a difficult topic to approach.

Evangeline mostly emphasized her difficult relationship with her husband’s family, which Paul had also talked about in but less detail. Because they did not fully accept her as his wife, she was not able to participate in the women’s *gikundi* that organized around kinship relations. They often complained about her creating conflicts between Paul and her. She had

learnt to be non-confrontational and make him see her perspective. In one instance, she observed the following about her relationship with her in-laws:

Let me tell you, if he (husband) was not around now, given the things I see in his family, I swear I would not be around. They do not want me around. They want him to stay unmarried. *They know I am very hard working and they do not like it. I am not lazy and when we have money like the bonus or mini bonus (lump sum annual tea wages), I ask him that we sit and plan on it....* And he sometimes listens to me because he can see those are good ideas. I want us to do things for ourselves so that by the time these kids go to school we shall have made our lives better. Because when they go to school they will need the money for fees. So it is better that we do these things early.... They openly show some distaste for me and they also tell him bad things about me. He does not hide it and sometimes he becomes violent so I understand that he has been told things about me.... Like they will say that I am the reason that they do not visit him. *Like he should kick me out and get another woman so they can come and visit.* Then I ask him, ‘when I was newly married they all used to visit and I have never stopped them from coming, so who stopped them from coming?’ It means they know they have done something wrong and they have kept off. *Their business is to come here and get jealous because of my efforts and development projects, and then they go around saying that I am controlling him financially.* If I tell my husband that we should do something important with our money like buy a cow, is that controlling him?

Evangeline learned to cope with these tensions for she intended to “develop” her home and keep her marriage. She said, “A clever woman builds her home, and a foolish one breaks it.” Her last marriage dissolved due to conflicts with her ex-husband’s family. They often told her ex-husband who worked in the city, while she lived with them in his rural home, that she was involved in extramarital sexual affairs in the village. He listened to them and became abusive despite her pleas to him that it was not true. Therefore, she was determined to make this second marriage work.

As I pointed out in the theoretical section, literature by gender scholars has made clear the importance of formal and informal social networks for poor women in diverse settings in the South (Purkayastha and Subramaniam 2004). Social networks enable women to gain social power and agency in a male-dominated society where most women lack access to and control



over economic resources and formal representation in governance structures and other institutions (Creevey 2004). Women's networks also play a critical role in influencing health decisions (Adams, Simon, and Madhavan 2004). Relatedly, AIDS scholars have highlighted the vital role networks play in reducing HIV transmission (e.g. Gupta 2000; Lwendo 2013; Schensul et al. 2009; Toller 2008). These health scholars note that conventional global public health interventions aimed at empowering women ignore these community networks and contexts by emphasizing individual-level interventions.

However, while both the gender and the AIDS scholars emphasize the usefulness of social networks to health, for example, by highlighting their role in HIV risk reduction, we know much less about how these networks might, in fact, create or reinforce gender inequalities thus mediate public health AIDS messages with consequences for the HIV risk. This chapter seeks to contribute to this gap. Since my argument in this dissertation is that modernizing forces contribute to gender inequalities and present a crisis for HIV prevention, I add to the social networks literature by attempting a historical approach to how network interactions create, nurture and reproduce, or challenge existing gender ideologies in marriage, and how this affects HIV vulnerability.

In the first section that focuses on rural social networks, I document the historical transformation and significance of women's 'traditional' informal networks, then the formal financial networks while paying attention to the tensions and contradictions created in these shifts. Then, I analyze the effects of the persistent gender segregation of the male and female networks and the social spaces in which network interactions occur. The second section on the city site highlights these network interactions while at the same time making comparisons with the rural site. Here, I investigate the ambivalence of, particularly, middle class women's

empowerment as it intersects with ideas of companionate marriage and consumption that marginalizes rather than empowers them. Following that, I explore the usefulness of the extent and nature of both formal and informal networks in limiting extramarital sexual behavior. Finally, I consider how the increasing gendered sexualized spaces structure gender inequalities, and then I conclude the chapter by pointing out what these processes mean for gender equality and HIV vulnerability and risk.

### **Rural Social Networks: The Transformation of Women's Informal Networks, and Disempowerment**

The importance of networks for social and economic support as narrated by both Paul and Evangeline cannot be overestimated. Gender scholars in Kenya and elsewhere in the Two-Thirds World have well documented the historical significance of social networks and the transformation of these networks during and after the official colonial period. Focusing on women's networks, scholars in Kenya (Oduol and Kabira 1995), Mali (Adams, Simon and Madhavan 2004), and Senegal (Creevey 2004) together, point out that the tradition of women cooperating and mobilizing themselves to assist each other goes back to the pre-colonial period but was reinforced and widely expanded in the post-colonial era. Women collaborated and formed self-help groups or work parties to perform crucial labor activities within the household and on farms especially during peak agricultural seasons, and during illness and childbearing thus providing sick leave and maternity (Oduol and Kabira 1995). In Senegal, Creevey (2004) notes that women also formed village level associations that paralleled the men's groups for discussion and decision-making on village matters.

Membership in these collaborative work groups was based on friendship, kinship, and common need. These groups, including family groups that consisted of co-wives and children in a polygamous household (Oduol and Kabira 1995) were and continue to be important for the

everyday survival of women. For example, I find that even though the practice of polygamy is rare in this rural community—nor do people live as communally as was in the past—most women still formed support groups based on this notion. The popular *gikundi kia eru* (co-wives' group) consisted of wives of brothers and these brothers' cousins (In Embu all are brothers, *murua ia*, no word directly translates to cousin) who are in local terms regarded as co-wives. These groups played a crucial role in women's lives specifically during illness, childbirth and other family celebrations. During illness and childbirth, they performed the entire woman's domestic work, and helped on the farm, while during celebrations, they organized, ran errands, cooked and cleaned.

Traditionally, in a society in which there was gendered division of labor, with women responsible for domestic work and most of food production and provision, women's collaboration was important. McKenzie (1990) and Creevey (2004) both note that women's status was higher in the pre-colonial period because they were essential to family economic production, which was related to their group work pattern. Even though women were not included in community political structures, their kin groups (co-wives) were able to manipulate male power, at least within their households, which were the main institutions they dealt with in their everyday lives. Notably, these women's work groups developed in the context of male domination but they permitted women to exercise some power within society, even though their aim was not to change women's status or roles (Creevey 2004). Certainly, then contrary to some uncritical discourses that patriarchal cultural practices such as polygamy *inevitably* subordinated women, there is evidence in diverse African contexts, including within my own family<sup>24</sup>, to

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<sup>24</sup> My late grandmothers are examples of women who urged their husbands to marry more wives for both social support and work in the fields. This is in light of gender division of labor where women were in charge of domestic work, and most of food crop production. For instance, my late paternal grandfather had four wives. The first two,

suggest that women encouraged, facilitated, and vetted polygamy for numerous reasons, including to increase their social power and workforce within households and communities. Zeitzen (2008:5) observes that Western perceptions of African society and marriage patterns are biased in their “....critique of polygamy as oppressive to women or detrimental to development,” and the practice has been ruled to violate the ICCPR (International Covenant on Civil and Political Rights), and hence, proscribed (e.g. United Nations 2008) without adequate attention. However, largely, polygamy is decreasing in Africa not so much because of Western (feminist) interventions to eradicate it, as it is the changing economy and the overall prevailing (global) cultural climate.

In Kenya, Mckenzie (1990) and Oduol and Kabira (1995) have argued that colonialism further undermined the position of women by transforming the agricultural economy. The introduction of a male controlled capitalist cash crop economy in this rural community, together with the introduction of colonial land tenure systems, entrenched patriarchy and transformed these collaborative work groups. Women now began to form self-help groups for support as a “coping mechanism” in a community where they no longer had access to and control of land resources and where the land inheritance was through the husband’s patrilineage (Oduol and Kabira 1995). At the same time, the introduction of Christianity together with western education both of which were anti-polygamy further marginalized women, as they lost their “co-wives

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one of who is my father’s mother, were kin and great friends (*mwari wa ia* - sisters). Stories by the two tell that they grew up working together on their parents’ farm and vowed to marry one man so that they could continue to do so and to avoid separation from one another. My grandfather married them both. While one took care of the young children, the other went to the farm. When they both were older, their husband married two other younger women to help them with work. Symbolically, in their deaths, we laid the three (the two women and husband) next to each other to respect their wish of not being separated, even though by this time each woman had her own piece of land on which they could have been buried as we did with the third wife. My maternal grandfather had two wives. My mother’s late mother, who was a second wife, often told me how she also would urge her husband to marry a certain girl that she knew personally and was hardworking. However, he left for the forest first to join the freedom fighters, during which the British guards killed him. I grew up around six grandmothers.

power” to manipulate their husbands and decisions within the household, and by extension at community level in the traditional political structures. Ultimately then, the institutionalization of colonial patriarchal structures—Christianity, new marriage practices, land laws and other legal systems, and political and economic transformations—further stripped women of their power within the household.

In post-colonial Kenya, rural women’s informal networks became more widespread as Kenya gradually embraced the neoliberal ideology. Consequently, some of the networks’ previous functions changed consistent with the demands of a modernizing society. For example, in this community, whereas in the past women worked collaboratively on the farm without pay, today one would need or feels compelled to compensate in cash or kind a *gikundi kia eru* who spend a day working on a “member’s” farm indicating the changing economic realities that make it difficult to offer a whole day of free labor. Additionally, today, these groups, apart from their informal social support work, play another key function of financial contributions, usually done monthly in what is commonly known as just *gikundi* (merry-go-round group), in order to increase the women’s economic power and deal with the effects of economic changes or neoliberalism. I discuss the financial networks in the following section.

Broadly, among my participants, informal interpersonal relationships consisted of kin and non-kin. They expanded beyond the village level boundaries into other kin and non-kin groups in churches; tea collection centers; tea and coffee factories; other formal and informal work places; and the local markets and shops where women sometimes obtained food items on credit to pay at the end of the month or after *kuthukuma* (selling their labor). These informal networks, which also include members of the traditional *gikundi kia eru* described above, were especially crucial during family occasions as people came together to organize and celebrate weddings and related

customary marriage rituals, birth and birthday celebrations, and burials. At the same time, these occasions established and maintained ongoing networks. As these festivities involved many domestic chores, women played a significant role in planning and execution often going back to their homes late at night. This kind of network of relationships assisted Evangeline when she gave birth. The women, as is the common practice, visited her in the hospital, brought her home, and took turns to care for her and her baby until she was able to resume her regular duties. Her husband, Paul, noted he did not have to perform or worry about domestic work when she gave birth because these friends effectively did these chores. It is worth noting that, generally, men in this community do not take care of babies and are particularly uncomfortable holding newborns. Seen this way, women's networks and work collaboration, whose manifest function was to ease women's work burden also unobtrusively served to enforce gender boundaries in work spheres and facilitated husbands' leisure time (discussed in the previous chapter as central to extramarital sex).

Evangeline also reported strained relationships with her husband's family that made it impossible for her to participate in the family's *gikundi kia eru* nor did they visit her house because they did not "accept her" as Paul's wife. This case was not unique. All my female and male participants noted tensions, and some other times serious conflicts, between a woman and her in-laws. Notably, Evangeline's first marriage ended because her in-laws accused her of extramarital sex. Stella narrated her experiences with her husband's (half) brother with whom they had land conflicts. Hanna talked at length about her relationship with her husband's sisters who often complained to him that she was a "bad woman." For example, that she did not feed them when they visited, so he deserved another wife. Also, she and her *mwiru* ("co-wife"—

husband's brother's wife) who was her immediate neighbor had not spoken to each other for several months and the co-wife had stopped participating in their family couples' meetings.

As I have discussed above, these family networks were important both for social support and for farm work. Another central traditional function that they served was informal social control and the enforcement of various types of social sanctions to elicit conformity to group social norms, including marital fidelity. Indeed, there are no comparable and easily accessible networks to fulfill the same function. Traditional extended or communal families were not devoid of internal conflicts, but these have escalated in contemporary times and revolve around land and money. It is, in fact, very common to hear of physical fights and deaths within the community (and broadly in Kenya through the media) as parents and siblings fight over land ownership and money. In my discussions with my father who now works as a community elder (sub-area) after retirement, he noted that one of his biggest responsibility is resolving family land, financial and marital disputes. Therefore, my participant's reports of conflicts with their in-laws (husbands' family) over land, money, and food items, and the victimization of married women—blaming them of controlling their husband's earnings—reflects a wider process of change in Kenya.

As the value of land has soared, the size of the land within families has diminished as it is passes on from father to son(s), yet majority of people cannot afford to buy their own pieces of land. Most disputes among siblings (brothers) are due to land boundaries, to ensure that none encroaches onto another's land, thereby reducing its size further. The disputes between or among brothers, and their parents, often spill over to these brothers' wives (co-wives in local terms) and into the marital dyadic relationship.

Related to the land issue, is the privatization of the family and the “development” ideal as expressed here by Evangeline who noted that her in-laws were “jealous because of my efforts and development projects.” Her desire was to develop her home (for example, buy cows, build a good house) before her children started school because when they did, it would be difficult for them to develop the home and pay tuition at the same time. She had often told her husband that, and he sometimes saw the sense in it. Given the economic truth in the community, most couples did not have capacity to support their parents or siblings because they now had their own nucleated families to “develop.” In fact, in discussions with Paul, Evangeline’s wife, and with other couples, they talked about how generally among a man’s parents, the feeling of or actual deprivation of material support by their married sons was a major source of conflict especially between mother- and daughter-in-law. In-laws often blamed wives of their brother or son for “dominating” and influencing their husbands’ decisions not to support them. The blaming of wives consequently isolates and subordinates women who are already isolated from their natal family and maiden social networks, with the apparent result of further weakening social support and decreasing their social and economic power. Moreover, the marriage system already demands obligations of subordination by the married women<sup>25</sup> to her in-laws. In this manner, these blames and disputes widen inequality gaps and can be detrimental to the relationship between husband and wife. In truth, rather than providing support in sanctioning behavior of, for

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<sup>25</sup> The debate by Oyěwùmí (1997) and Bakare Yusuf (2003) about gender vs. seniority as main axes of oppression in Yoruba, Nigeria, are important here in terms of thinking about the position of married women. Whereas Oyěwùmí claims that seniority (chronological age), rather than gender was the main origin of oppression, these two are complex and each is insufficient for explaining the realities in social relations. Whereas age remains a critical organizing principle in this community, married women are, nonetheless, subordinate to their husbands’ siblings regardless of age ( a married woman refers to her husband’s younger brother who may also be younger than her as *muthuuri*-husband), in addition to their gender.



example, an errant husband, the disputes over money, land, and food with in-laws may provide room for supporting such behavior in order to ridicule or ‘punish’ the ‘bad woman.’

Yet another important factor to consider in changing kin relationships, and consequences for the relations between husband and wife, is the modern companionate marriage. Seemingly, past extended family relationships appear incompatible with the modern companionate marriage ideal and may breed further family conflicts. This marriage ideal potentially elevates the importance of the marital dyadic relationship relative to the extended family and other social ties. Thus, where there are marital conflicts related to, for example, economic abuse, or men’s extramarital sex, women may find it difficult to negotiate these conflicts because appealing to kin contradicts this ideal. It seems to say that the women have failed to take care of their men’s intimate and sexual pleasure needs, which today form the foundation of most marriages.

As a result of the interlinked factors above, I found that to my participants, rather than the more empowering nature of traditional extended family networks, today’s kin groups are sometimes viewed as less empowering especially for women. They are anti- companionate and development agenda of the post-colonial nucleated family. The irony of this is that whereas modernity seeks to nucleate families to empower (develop) individuals; it had, in the case of many participants, a disempowering function that may have consequences for HIV transmission. The inevitability of the pursuit of development, but more so for sheer survival in this rural area, necessitated by global processes that have reconfigured and entrenched gender and economic hierarchies, means that now more than in the past, women participated in merry-go-rounds whose economic motives surpass the social support functions.

## **Rural Financial Networks: The Merry-go-Round as a Coping Strategy**

In the last section, I have pointed out that women's self-help groups were important to their domestic and farm work, even as they did not directly seek to challenge the gender hierarchy or women's status in the community; they in fact policed gender boundaries and inadvertently contributed to men's surplus time. Increasingly, these rural women's informal networks became even more widespread and formalized as Kenya embraced the neoliberal ideology and the need for money became more urgent (Oduol and Kabira 1995). Consequently, these groups have, central to their networking, a very direct economic motive that overlaps with their informal functions, as Hannah's narrative below informs us. The narrative also suggests that men, unlike in the past, now participate in financial networks to increase their incomes, although with the consequence of re-shaping the gender mixed networks' dynamics, mostly benefiting the men.

Hannah participated in multiple merry-go-rounds. She was an elected secretary for her *gikundi kia eru*. The 43-member group met monthly at a member's home on a rotational basis and contributed Ksh. 300 (\$3.5). Part of this money was set aside for their credit and savings scheme from which members could borrow small loans at a 2 percent interest rate (compared with 12 to 20 percent for bank or microfinance institutions). The rest of the money was shared on a rotating basis and equally among four members during each meeting. Her other group consisted of 30 women friends from the village who gave Ksh. 100 (\$1.2) per month. They used that money to run a credit scheme for members for a year, from January to December. At Christmas time, the money and interest earned were used to buy each member a bail of wheat flour and cooking oil to ensure that all members' families enjoyed the most celebrated and more expensive Christmas dish in the rural areas, *chapatti* (Each ethnic group has a staple food. For

the Embu today it is *githeri*, a mix of beans and white corn, which one may vary by frying it together with beef or different vegetables, or mashing in potatoes/bananas [*nyanyiri*]. *Chapati*, an Asian dish, is more common in wealthier homes). Hanna was also involved in a prayer *gikundi* consisting of about 100 women who met in church every Thursday where each member gave Ksh. 20 (\$0.2) and divided between two members. They also visited members who were or had ailing and elderly family members, as part of church pastoral requirements. Finally, unlike all other participants in this area, Hanna was in a *gikundi* of four couples—four brothers and their wives—that rented tea fields and used the wages for credit and savings. This couples' (mixed gender) group had a bank savings account, unlike the women's only *gikundi* where an elected treasurer was entrusted with group money that she kept in the house for re-distribution at the next meeting. However, the men controlled the accounts and processed the loans, as Hanna pointed out "We told the men to lead. They are the ones who run the accounts and they pay the people that pick the green leaf." Her husband's (Amos) network of friends, on the other hand, was expansive. It included his *boda boda* business; a local group that educates people on HIV stigma reduction; chairman of the *kivanda*; chairman of the men's fellowship group that was in charge church development; secretary of a disabled self-help group; and organizer of a local farmer's (male) group that contributed money and bought farm tools for the members.

Scholars, for example, Creevey (2004) and Purkayastha and Subramanian (2004), have noted that in a society where work is still most often organized by gender, women tended to borrow from other women and to loan to them in a women's financial network. These semi-traditional women's credit and savings groups were important in this rural area because most women had no access to loans from formal financial institutions. They owned neither land nor the crops—tea and coffee—required as collateral by the tea and coffee management bodies or

banks that loaned farmers money. On the other hand, whereas all women talked about *gikundi*, I did not find that many men participated in merry-go-round activities. The men would often say “*ikundi ni cia atumia*” (groups are for married women). True, because, generally, unmarried women also did not participate in a *gikundi*. Husbands’ non-participation has its roots in the traditional association of a *gikundi* with women and women’s work, which then seems to undermine masculine status if men became part of the groups. Additionally, because men primarily had control over agricultural wages, the gender and economic hierarchies in this community largely worked in their favor.

These financial networks helped women to meet some of their needs in a male-dominated economy. They supplemented family income in an area where land was shrinking and agricultural wages for tea and coffee were increasingly diminishing on the globe. These small monetary contributions enabled women to purchase household items—water tanks, thermos, plates, cups, and pots—that were no longer budgeted for in the agricultural wages. Women also borrowed small loans from these networks to meet urgent needs for health, education and other eventualities when the couple needed the money or when the man failed to provide for these basics. However, the loans were insufficient given the small individual contributions towards their savings. Undeniably, then, these financial networks did attempt to challenge gender relations by transferring some money and economic responsibilities to the women and enabling them to take care of small items in the home. Largely, women were dependent on their husbands, themselves marginalized by the evolving wider processes that have affected land and agriculture, even though these men still powerfully controlled the meager wages. Therefore, these women’s financial networks were invaluable for sheer survival although they did not notably alter gender and economic hierarchies.

Yet, I found that for some women, participation in the financial networks gave their husbands the impression that these women had the economic capacity to provide for their families. Most men spoke highly of the women's *gikundi*, and proudly reported to occasionally give their wives money (when the wives did not have any) to contribute towards their savings in the group. This impression, that the *gikundi* solved a woman's need for money led some men to fail to provide for the family and instead channeled the meager family incomes to alcohol consumption and infidelity. These men constructed the *gikundi* as economically empowering for their wives but, on the other hand, the women knew that the reality was different and that they struggled to provide. This had the likelihood of pushing some women to extramarital sex. For example, Charity pointed out that when a man saw that his wife could pay school fees "he becomes more notorious with alcohol. He feels that he has a wife who can take care of everything...Or some men do not even care where their wives get the food. Some of them have been fooled by alcohol; they know nothing about the home." Consequently, "women give up and work with the assumption that they do not have a husband. When they need one, they will go out to look for one." Thus, men drunk more if they perceived that their wives were capable of meeting family needs from their own sources of money. In addition, data indicated that some men are now forming, or being part of, financial networks.

In the vignette, Hanna and Amos belonged to a couple's group that rented tea fields, a unique financial network that I found among my rural participants, in that it involved both women and men. Unlike the women's *gikundi*, this was more complicated and financially motivated. In this network as Hannah noted, the men controlled the accounts and processed the loans, "We told them to lead. They are the ones who run the accounts and they pay the people that pick the green leaf." This was not unique, it reflected the general community gender

practices governing cash crop production processes and men's greater control of bank accounts as I discussed in chapter 5. However, it also suggests that where men may be drawn into such mixed gender financial networks, the networks have the likelihood of socially and economically benefiting men, more than the participating women, due to local gender practices that elevate men as leaders. In this case, to control the tea fields, bank accounts and loans, which belong to men's sphere of work, thereby entrenching both gender and economic hierarchies.

The gender inequalities also necessarily resulted from the separation of women's networks versus men's networks, and the spaces in which their network interactions took place.

### **Gender Segregation and Homosociality in Rural Networks**

An important point that emerges from the accounts of the two couples whose vignettes I have presented in the last sections—Evangeline and Paul, and Hanna and Amos—is that these formal and informal networks were homogenous (except one of Hanna's couples' group) in gender composition and that peer interactions occurred in separate spaces—gender-segregated spaces. Women met in homes for prayers, family celebrations and for *gikundi* meetings, or in the local markets while selling and buying food. Men's networks went beyond these spaces, to include those in the public spheres of their work, mostly where they spent their leisure time in the village and local markets, in bars, and beer dens.

The gender-segregation of spaces is characteristic of this rural community though it has been eroding slowly. For example, among the younger generation women and men are more likely to mix, chat and hug. Typically, in social functions such as weddings and funerals, at the *kivanda* and coffee factories, women and men sit in small homogenous groups. In churches, they generally sit on different sides of the church, with the church leaders and elders, mostly male, taking the front seats/pews. Additionally, and very visibly, the social topography of the local

markets changes as women hurry back home in the evenings from the markets and other daily work while men *kumira* (come out) to the markets and bars.

Central to this popular phenomenon of *kumira* (which I do not engage with in detail in this dissertation) is the traditional organization and gender segregation of the home space. Pre-colonially, in this community, married men spent little time with their wives, and a husband had a separate hut (*thingira* or *garu*) from his wives where he spent most of his time—some times in the company of other married men—and slept. Homesteads have changed as people embrace the companionate marriage and share the same house and bed every night in order to provide companionship and intimacy. However, in rural (and urban) sites, men persistently go out to seek male company in the evenings after their work. Therefore, the popular activity of married men “coming out” to the markets and other social spaces after spending their day on the farm (or work) seems to indicate some resistance to the domesticating companionate marriage ideal. That most men spend more of their leisure time in the local markets than with their families, whether or not they engaged in alcohol consumption or infidelity, so that local markets are filled with almost only men in the evenings and later into the night. This sex segregation of spaces had implications for reinforcing gender ideologies—including hegemonic masculinity—because the talk in these homosocial (same gender) peer groups (Bird 1996; Kimmel 2004) was women’s or men’s talk and the audience was women or men, respectively.

In contrast to the women’s networks that I discussed—which meet in a members home for social, moral and economic support—an analysis of the men’s networks show that these tend to occur more in public spaces. In the research setting section, I provided details of this community’s history and topography, underscoring the growth of local markets, particularly around the tea and coffee factories. This description is important to our understanding of how

some of my male participants spent their leisure time with their male peer networks. Structures that shape extramarital sex, and hence the possibility of the HIV risk correspond to actual physical and socially meaningful spaces (e.g. Hirsch 2009). These places, such as bars and beer dens in the villages, organize or incite male behavior

Paul's friendship networks, as his narrative consistently suggested, were mostly in the local market bars and beer dens, and mainly consisted of men. Notably, neither did "proper" rural women visit these spaces nor drink beer. Indeed, spaces that were seen to facilitate multi-partnering or sexual encounters were socially and morally unsafe for the socially constructed image of a proper Victorian wife in both sites. Paul informed us that these places, were a "market of bananas" (selling sex) that was permissible only to women who "belonged to no one (prostitutes)." However, this notion of isolating women from certain specific spaces—the bar and the beer—fashioned as 'morally' unsafe for women, is, really, not an old practice.

In the past, the equivalent spaces were socially and morally safe for male and female interactions, and women were active participants in the activities including the brewing and consumption of local brews. For example, Embu historian-anthropologists Mwaniki Kabeca (1973) and Saberwal Satish (1968) have documented how women partook in local beer brewing, drinking, and danced with men at night dances in open fields to mark important social and political life-cycle ceremonies such as circumcision, age-set initiation, and cattle raids. Most of the labor on beer brewing came from the older women. One of the most common dances, also among the Kikuyu and other communities in Central Kenya, was *Kivata* (the warriors'—waltz-like—dance) which, among the Embu, marked the beginning of a new age set<sup>26</sup>. Saberwal

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<sup>26</sup> For more on the social and political organization of the Embu, see: Saberwal Satish .1968. The Traditional Political system of the Embu in Central Kenya. Makerere Institute of social Research. Uganda



(1968:29) points out that, the dance went on until dawn and “the war councillors (sic) supervised the warriors and *airitu* (young women) while they danced, ensuring that they did not engage in sexual activity.” In some cases, the councilors ascertained from each woman the name of her male dance partner, so that if she got pregnant through their relationship elsewhere, the elders would know whom to look for. In the colonial era as land privatized, and the economy and cultural communal practices died or changed, these open field night dances and brew consumption transformed to modern bars and nightclubs in effect moving alcohol and night dances away from being part of communal celebrations among women and men. Therefore, colonialism hegemonically constructed the beer and the bar as men’s domain and a place to “pick” women without the benefit of elders or councilors to sanction sexual partnering (picking). Consequently, as we see today while men “come out” (*kumira*) to these places, women remain or hurry back to their homes in the evenings because these spaces are no longer safe for women. They are men’s only spaces, for men’s talk and activity.

Paul’s narrative from the previous chapter and above tells of their talk as men. He noted that men “advised” other men in the bars. They talked about sex with women, about the need to balance their alcohol consumption with fulfilling their wives’ sexual needs. They talked about extramarital sex, and people they suspected of HIV infection. Paul claimed to ‘know’ married men who were “were spreading it (HIV).” His incessant need to protect his wife is in this light, but also speaks to the fact that extramarital sex was a common practice. Additionally when I

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Mwaniki, K. H.S. 1973. Categories and Substance of Embu Traditional Folk Songs. University of Nairobi, Institute of African Studies.

asked Amos whether they talked about health or HIV with his friends, he laughingly pointed out, “Men do not discuss HIV. When men are in bars or playing draft in the evening, or at the *kivanda*, they talk about women, sex, other things, and politics and what is going on in the country. HIV is only talked about in seminars.” Even though men’s talk does not necessarily lead to extramarital sex, male-oriented spaces may facilitate it by providing an encouraging audience for this behavior.

Paul, a frequenter in local beer dens and the market bars, associated extramarital sex with the bar, given his experience in his earlier job in a bar and interactions with his friends in these spaces. He described the “market of bananas” and blamed the men who chose to buy the “bananas” (prostitutes), not the women. These women “belonged to no one.” Notably, the spaces where men entertained and socialized with women who “belong to no one” or other women who were not their wives were safe because they were not likely to encounter their own wives. These spaces, and the men, were outside the social and moral system that governed marriage, therefore, rendering extramarital relations socially safer. The role of men’s economic and symbolic power (Bourdieu 1990), relative to their wives, facilitated men’s commodification of their leisure time privileges—buying “bananas” and alcohol—and worked to affirm their masculine identity.

Bird (1996) asserted that, homosocial interaction amongst the heterosexual men that she studied, contributed to the maintenance of hegemonic masculinity norms, and Kimmel (2004:396) in his analysis of male homosociality has argued that “by drawing lines between male and female spheres physically and symbolically homosociality founds and maintains habitual security of individual men. This security manifests itself in a naturally performed taken-for-granted positioning in the gender relation—as opposed to a positioning brought about in

discourse, by reflecting on the male role.” According to Kimmel, embedded in men’s talk, is what it means to be a man—habitual security founded through supplying resources and skills about “being a man.” Paul and Amos’s reports of bar and market talks about women, “market of bananas”, extramarital sex, or the actual engagement in infidelity, as also commonly reported by other participants, suggest the importance of homosociality, and the physical presence of such spaces that made it possible to engage in these practices.

Similarly, female homosociality served to create and sustain ideologies on femininity, but with the result of entrenching male privilege. For example, at a family event of one of my participants that I attended, women arrived very early on Sunday morning to cook, clean, and make other preparations for guests before some of them left for church. Informal lively conversations among women as we cooked in the open behind the family kitchen (rural homes have kitchens built separate from the main—living and bedrooms—house) revolved around their children, what they had done and who they had met during the week, and stories about other families. One woman told about a couple who had “fought” (means wife was beaten) because of her husband’s habitual drunkenness. This story elicited talk about women’s need for perseverance and prayerfulness for their husbands and families and one woman announced, “We cannot change the men, *nwa Ngai* (only God can).” While such messages were self-consoling, they reinforced ideas about what it means to be a female and “proper wife.” Further, they incite behavior linked with the feminine ideology—submit, pray and leave it to God, and persevere—thus making it less possible that such women would, in addition to praying, challenge their husbands’ alcoholism, or other behavior that affected them. Essentially, these homosocial interactions left male privilege uncomplicated and served to reproduce gender inequality both materially, and ideologically. The gender hierarchies were reinforced in other social spaces such

as the church, whose gendered messages fed from or spilled over into the homosocial groups and local practices.

After preparing meals for this family event, I accompanied the women to the family's local church later that morning. As if taking the cue from the women's talk earlier when we made food, the female pastor's theme emphasized marital relationships. She stressed women's subordinate status in marriage and blamed them for marriage break-ups. For example, she pointed out that women were the reason "men go out to look for other women or marry other wives because women refuse to wake up at night to serve food when the men came home late." She noted that instead of waking up to feed their husbands, wives usually talked back at them pushing them away from home.

Generally, and as I discussed in the last chapter, interviews suggest that women understood that it was their responsibility to wake up to open the house and feed their husbands when they came home late at night fromr their *kumira*. In fact, Josephine reported to fulfil this role expectation even though she had a four-month old baby, which made her completely tired by evening. She had disagreed with her husband, James, for urging him to come home early so that she too could sleep uninterrupted but he would not. Because married women expected that men did not stay at home in the evenings, Josephine had complied to avoid conflicts. Both women and men underlined that being a "quarrelsome" woman facilitated men's extramarital behavior, so wives were careful to avoid conflicts about their expected duties. Therefore, these gender double standard messages from the church and local discourses that emphasized women's submissiveness and blamed them for their husband's behavior rendered women less able to challenge or navigate men's (extramarital) behavior for fear of losing their status as "good wives." Indeed, the numerous women's prayer groups that exist in this community are in part to

cope with challenges in their marriages and family. Women fervently prayed for their husbands, some of who did not go to church or who were not “firm” believers.

Additionally, the female pastor, in addition to justifying and privileging men’s extramarital sex, also stressed men’s provider and head-of family roles consistent with biblical teachings. It was characteristic of my participants to mention the church or bible when we discussed roles, particularly with regard to husbands as heads of their families. Amos, who was the chair of his evangelical church’s men fellowship group, gave verbatim quotes from the bible to buttress his point on being the head and provider. Stephen who was a member of the men’s fellowship group in his Catholic church described his marriage as very religious. In the men’s fellowship groups, they talked about the place of man in marriage: providing and guiding. He talked at length about their religiosity as a couple, consistent prayerfulness, and church attendance. His *maendeleo* (development) for his family had been a result of prayer and ability to lead.

Therefore, the church accentuated compliance with ‘proper and acceptable behavior and attitudes’ for women and men, including marital fidelity. As the accounts above suggest, biblical messages about men’s headship in the family were emphasized in the male homosocial fellowship groups, as women also affirmed their submissiveness to their husbands in the women-only prayer groups and other networks. This pattern sustained gender and economic hierarchies that facilitated conditions for extramarital sex. Yet, contradictory to the churches’ canonical form of marriage—monogamy and fidelity—the pastor seemed to excuse the extramarital behavior of men further revealing the challenge of pursuing the modern Christian monogamous marriage ideal.

To complicate this further, the churches' emphasis on the male provider role in the context of current economic realities and modern marriage companionate and *maendeleo* (development) ideology, especially among economically marginalized men is contradictory. It is inconsistent with the economic reality of many rural male participants who had to make do with the ever-shrinking wages from agricultural labor making it difficult for most of them to "develop" their families. Paradoxically, therefore, the church in its messages contributes to men's protest (alcohol consumption, and extramarital relationships) and violent masculinities (wife abuse) which contradict the churches' teachings.

In sum, this analysis on rural social networks suggests that the social processes that altered the ways in which this community was traditionally socially organized that is, how women and men participated in networks and what that signified for their daily gendered lives, are central to the construction of new inequalities and reinforcing the enduring gender ideologies and practices. As I have argued, this has consequences for HIV transmission. In the following section, I discuss the urban social networks. Because I have already laid out a broad picture of women's networks in pre- and post- colonial Kenya in this section, I therefore, will only lay emphasis on where I found differences between rural and urban gender and class network interactions and objectives, and what this means for the HIV risk.

### **Urban Social Networks: Middle Class Empowerment or Marginality?**

Faith, the middle class woman who in the last chapter talked about "every woman's dream" to find a man who was not "old school", that is, one who would "spoil" her, often did go out to lunches and dinners with her husband, family and friends, including attending her husband's work parties and events. They also occasionally vacationed, especially during the Christmas holiday. Her informal and formal social relationships were expansive. They included

professional acquaintances, college friends, family and in-laws, neighborhood/estate interactions, husband's friends and colleagues, and her evangelical church affiliations. Faith's job within the city was very mobile requiring her to regularly meet clients (old and new), both women and men, almost every day at their places of work or scheduled meetings in upmarket hotels.

She participated in several women's formal *chamas* (the popular Swahili word for merry-go-rounds or investment groups). In her suburban estate welfare *chama*, 50 women met monthly to socialize, and contributed Ksh. 1,500 (\$17.6) and distributed in rotation amongst three women on the same day. They also gave Ksh. 200 (\$2.4) towards the welfare kitty to support members in time of illness or death. Another smaller group of 11 women drawn from this larger estate *chama* visited members' parents with gifts and food items. Her college female friends' *chama* was primarily for investment—buying pieces of land collectively. They made a monthly contribution of Ksh. 2000 (\$ 23.5) towards investment and Ksh. 300 (\$3.5) towards welfare. Finally, she and her husband (Nicolas) were members of a mixed gender investment group of 11 members. The group was formed by her husband's college friends (both female and male) which later incorporated their spouses but as individual members so that each member has claim to shares and property. In this mixed gender group, they met monthly and gave Ksh. 3000 (\$35.3) towards investment—land and stocks; Ksh. 300 (\$3.5) towards welfare; and Ksh 500 (\$5.9) for members' baby showers. Since its inception in 2007, the chairpersons of this *chama* have been men. Faith's *chamas* met in diverse places including members' houses; bar and restaurants; and occasionally travelled to hotels outside the city for a night/s of strategic planning and to have some time to relax. In all the networks they talked about, “Money, just money issues and investments....but women will gossip about their husbands and boyfriends.” Faith also belonged to the women's ministry, and bible study groups at her local church.

Faith did not live with or near her in-laws. Her husband's parents lived in a rural area, several hundred miles from the city, but his ten siblings all lived in different parts of the city. Faith was concerned about her relationship with Nicolas' siblings earlier in her marriage. Because her husband was close to the bottom in the birth order, they influenced his decisions and often sent him to run errands, particularly those who did not have cars, taking him away from her. They did not understand that he was now a married man. However, she learnt to cope with it "as long as somebody is not really stepping into my space and affecting my day to day life." Now they all own cars, they mostly run their own errands. Importantly, because they all lived in the city, she did not have to worry about in-laws visiting and staying for days in her house, like many families in the city do, and hence stepping on her toes.

Nicolas's narrative reinforced Faith's account about his sibling relationship; and spending time and vacations with his family. He emphasized his networks of siblings and their families, college friendships and relationships formed in the various organizations that he had worked including his work in other parts of the country. He was an active member of the men's fellowship group at his church. He only participated in one *chama*, the mixed gender land and stocks investment group where his wife was also a member.

Like the rural site, the informal/formal dichotomy of networks in the urban areas was blurred though middle class investment *chamas* had more structure in their operations. For example, they had a constitution that spelled out specific goals, rules, regular elections and roles of elected officials, and bank financial statements. However, the *chamas* also had an informal social support component. Members made home visits and contributed money towards eventualities such as death in a member's family, baby showers and births. The same networks



of women helped to organize, and cook during family celebrations. Therefore, like the rural *gikundi*, the urban *chamas* were gender segregated and reinforced divisions in gender ideologies.

A key difference in the rural farmers, urban middle class, and the urban poor was in the goals of the women's financial networks, and resulting autonomy levels for the women. Middle class women had total control over the use of their *chama* finances, most of which they spent on longer-term investments in land and stocks. They also had money to purchase gifts for their parents, baby showers, spend nights out of town, and hold meetings in relatively expensive hotels and restaurants. On the other hand, rural and urban poor women spent most of their money on basic survival needs in the home, such as food, utensils and other household items, health, and education. Mostly, in the rural area amongst my participants, women's income from the *gikundi*—in addition to their wages from laboring on other farms, sale of food crops, or knitting—supplemented family income or was in cases such as Bancy's almost the only source of income when the husband failed to provide. Amongst these three categories of women, the urban poor women participated in the least number of *chamas* and contributed the least amount of money. For example, in the informal settlement, Christine was a member of only one *chama* that gave Ksh. 80 (\$0.9) per month shared amongst 21 women during Christmas for buying food. Christine was a stay-home wife whose husband was a casual laborer in the construction industry.

Given this scenario, middle class women generally had more sources of income and were able to make collective investments with other *chama* members, in addition to their individual investments from salaried employment. This placed them at a higher economic advantage than their rural and urban poor counterparts, and higher than both the rural and urban poor men. However, as I discussed in the previous chapter, despite their economic status, middle class women generally expected their husbands to provide for basic needs in the family. Husbands

bought durable foods and took care of children's education, health, and utilities. Wives mostly bought everyday perishable food items, and paid the live-in female domestic workers (usually to limit interaction between the young girls and husbands). Middle class women also expected their husbands to shower them with love (material items). In the end, because the middle class husbands did provide for all these needs, some of the middle class women had more surplus money compared to their husbands—because they were also in diverse financial networks. In fact, Faith, did mention that she had given Nicolas some money when he bought his own car, because his money was inadequate for the kind of car he wanted to buy. Middle class women mostly spent their surplus money on personal luxuries.

Whereas participating in the financial networks enabled middle class women to invest in joint and individual property, it did not reduce their dependencies on their husbands, both basic provision in the house, but more so for their consumerist lifestyle. In chapter 5, I discussed how women like Faith, Eunice, and Janet, either conceptualized their marriage as very faithful because they were romantically engaged and intimate, vacationed and husbands bought them gifts, or their children were in expensive private schools paid for by the husband, factors which challenged the idea of discussing safe sex or leaving the marriage altogether. In fact, even though these middle class networks discussed the possibility of their husband's infidelity, some women did not entertain these discussions. For example, Eunice castigated her female friends for talking about their husbands' infidelity, "You see these friends you have and all the time they talk about infidelity, how men sleep around and all that and how they follow (stalk) their husbands you know, and for me I don't see the importance of that." She chose to focus on the "little intimate time" she had with Charles who frequently travelled for work. These modernity-created dependencies on men and inequalities limited these women's capacities to negotiate safe

sex practices. These discussions challenge the dominant, yet simplistic, idea in HIV interventions on economically empowering the poor towards a middle class status, which programs equate with the capacity to negotiate safe sex or challenge infidelity. By focusing on the poor, they leave open the questions of middle class women's susceptibility to HIV risks.

Overall, I am suggesting that women's financial social networks (the rural *gikundi* and urban *chama*), or economic empowerment in general, did not seem to mitigate HIV vulnerabilities and risks among my participants, as is common the "wisdom." But, how about the overlapping friendship networks within couples?

### **Extent and Nature of Social Networks: Limiting Extramarital Sexual Behavior?**

Another key difference that emerged among participants in the two sites relates to the extent and nature of social networks, which may play a role in shaping behavior. Unlike many rural and urban poor women and men, many middle class couples, to some extent shared friendship linkages in addition to their kin network. Faith, as well as other couples, reported that she and her husband were members of the same *chama*; they had dinners with friends, and attended corporate parties and events where partners were invited. This allowed them to create large and loose social networks with each other's close friends. These extensive common networks may be important.

First, it implies that couples spend time together in these shared networks (gender-desegregation of spaces). Second, in the previous chapter, I suggested that the free mobility of (professional) women might limit a husband's extramarital behavior because it suggests that the roving eye of a wife might catch them in compromising situations. Free mobility for women may also facilitate women's extramarital partnering. Therefore, men control their wives' mobility to facilitate their own extramarital sexual partnering, and to limit the likelihood of wives engaging

in the same. The of sharing networks may complement the role of limiting infidelity for both; any spouse seeking to engage in extramarital behavior would have to meet with their partners in very discrete, or far off, places to avoid the risk of running into someone who is known to the couple. This may consequently reduce the frequency of meeting and, perhaps, sexual contact. This may especially be so for a woman who more than the man, risks losing her reputation given the higher acceptance of men's than women's infidelity.

This view of a shared extensive network for middle class participants allows me to explain how some middle class men in chapter 5 talked about the relative ease of engaging in extramarital sex mostly when one was away from the city. At the same time, I find that middle class urban social networks, to a great degree, then function as an alternative to the rural and traditional dense kin networks and patrilocal residences that socially sanctioned the behavior of married persons, even as these functions continue to decline in post-colonial Kenya.

Middle class women, like their rural counterparts talked about declining relationships with the extended family. Many talked about conflicts or general negative feelings towards in-laws, especially mothers-in-law. For example, they saw mothers-in-law as controlling and critical about how the middle class women related with their husbands, or mothers-in-law blamed them for the decreased economic support from their sons. As such, many middle class women celebrated the modern neolocal residences (where a married couple resides separately from their natal [husband's] households), unlike rural women, because it meant that tension with in-laws could be better avoided, though not always. Faith's parents-in-law lived hundreds of miles away from the city. Her husband's ten siblings were all city dwellers but in middle class status now so they did not bother her anymore as they did when she got married, often taking him away from her to run errands when some of them did not own cars. Now she is undisturbed

by them, “as long as somebody is not really stepping into my space and affecting my day to day life.” Janet reported that she kept her “safe distance, they don’t know much about me and I am happy about it. I limit my visits.” Even though her husband’s family lived about 15 miles from her city house, she only visited them once a year but spent more time visiting her own parents about 155 mile from the city. While Faith and Janet could avoid their in-laws, this was not the case for Eunice.

Eunice’s mother-in-law often visited from the rural area. Both Eunice and her husband, Charles, reported that his mother did not approve of their marriage often publicly accusing Eunice of marrying her son for money rather than love; she was in college when they started living together while he already had a well-paying job. Whenever Charles’ mother visited in the city, she complained about how Eunice cooked, and treated Charles and his younger brother who lived with them. She openly talked about her dislike for Eunice. Eunice knew that in her culture (Luo) polygamy was still widely practiced and her in-laws could influence their son to marry someone else so she has trended her marriage carefully, not engaging with her in-laws to avoid losing her husband. It took the intervention of friends for Charles to speak with his mother and assure her that he would continue to support her and his siblings, that his marriage to Eunice would not affect their economic relationship.

Generally, the image of the “contemptuous mother in-law” on the post-colonial middle class Kenyan family has come to acquire a certain permanence on Kenyan TV sets. For several years now, a popular local TV series, “Mother-In-Law”, has characterized “Charity” as a matriarch who singly exerts her power on her middle class extended family. Charity represents the new image of the mother-in-law as conceptualized and contextualized in the Kenyan middle class sense. Rather than being supportive, the mother-in-law is now unreflectively portrayed as a

despotic, critical woman and, therefore not fitting with the modern nucleated middle class family set up. It, therefore, should not come as a surprise that these women kept their distance from their mothers-in-law. The contemporary mother-in-law 'problem' is an everyday discussion among women. While it is entertaining, such media representations further alienate married women from the social support mechanisms that might give them power to deal with gender hierarchies in their marriage, including sanctioning a husband's behavior.

On the other hand, I found that among the urban poor, Christine and Anthony who were a discordant couple with no child yet having lived together for six years, experienced pressure to bear children from Anthony's mother. This pressure is not unusual given the importance of children in marriage in Kenya. Christine, therefore, worried that her husband may abandon her because of her HIV positive status that had delayed childbearing due to her low CD4 count (weak immune system). Anthony, a staunch Christian, reported that he loved his wife and he did not disclose their status to his parents or his two siblings who lived with them in their one-roomed tin house. He was also afraid that doing so would make his parents force him to leave Christine and to marry someone else with who he could have children. Therefore, to assure Christine that he would not abandon her, Anthony had decided to have just one child with her, even though she at times fell ill. Though condom use had been a challenge, he had altogether stopped using them so she could get pregnant, and he was aware that he was putting himself at risk. Unique to this couple, they had not shared their intention to conceive with a health professional, even though she still collected her ARVs from an NGO clinic, therefore, they did not know about reproductive options for discordant couples wishing to conceive. Additionally, Christine had dropped out of the support group for HIV positive people that she had joined when she immediately learned of her status, from where she may also have received information on

conception. This case also points to the pressures from extended families that may shape the HIV risks.

Therefore, the extent of networks—few or large networks—and the nature of relationships within those networks, that is, whether people sanction or influence certain behavior may shape the HIV risk. I find that a large social network, shared by a couple may limit a partner's extramarital sexual behavior because it implies that couples participate together in those networks, and that it also increases the number of people one has to mind while engaging in 'unacceptable' behavior. I also find that the city's radical transformation over time counter the possible effect of social networks that I suggested might work as alternative to rural dense kin networks to sanctioned behavior. Below I discuss the growth and effects of gender segregated, sexualized, and hidden, spaces.

### **Networks in Gender Segregated and Sexualized City Spaces**

As the country continues to embrace a liberal market economy, complemented by an increasing class of consumers, spaces that provide a variety of sexual services largely targeting men have mushroomed in Nairobi. Upwardly mobile men who can afford have the option of choosing from a range of lodgings, nightclubs, massage parlors, and strip clubs. Whereas the rural markets described in the previous section do have some of these sexualized spaces, commonly bars, beer dens, and lodgings, Nairobi as a strategic capital city offers much more variety of these spaces and on a much larger scale. The city's sexual landscape is marked by a drastic change from daytime work and business activities to a nightlife signaled by what moral discourses refer to as sexual impropriety.

These sites offer opportunity for sexualized encounters with women and affirmation of masculine identities. Men can either purchase sex or lovers can 'hide' to have sex or for some

privacy. Informal conversations and, more recently, increased television and other media reports where journalists burst on a “cheating” spouse, or publicize “caught with pants down,” (with the help of the other spouse’s networks, thus the usefulness of networks) indicate increased sexual activities taking place in hidden lodgings. These informal conversations revealed that many people in the city knew the location of such hidden spaces associated with ‘illicit’ sex, and often pointed them out. The prevalence of hidden spaces explains the need to manage personal reputations. That is, to reduce the risks of being caught by a spouse or friends, therefore, ‘making difficult’ the role of shared networks in sanctioning behavior. As reputation management spaces, they mostly cater for married persons and other individuals who are judged more harshly due to their ‘higher moral standing’ in the society, such as church pastors, with occasional public shaming. Whereas participants reported some sexual rendezvous during the day in such spaces, the evenings and nights invite sexual behaviors that would not be permissible during the day.

Like the rural area, spaces that promoted or facilitated multi-partnering or sexual encounters were, largely, socially and morally unsafe for the Victorian wife. However, unlike rural areas, women in the city did visit these places, particularly the bars. Faith and her *chama* members met at home or, unlike rural women’s *gikundi*, held their *chama* meetings in bar and restaurants, and occasionally travelled to hotels outside the city. This depicts a larger picture in the capital of a growing heterogenization of these spaces, perhaps attributed to evolving cultural gender norms (though informal sources and anecdotal reports depict some places were still reluctant to admit unaccompanied black women). Nonetheless, whereas, quantitatively, the number of women visiting bars is rising, qualitatively these places remain gendered when we consider the persistent perception of unaccompanied women in such spaces. Married women who choose to visit such places have to negotiate the social and moral risks (reputational costs)



of doing so. To ensure that they maintain the ‘good wife’ image and safeguard their reputation, married women visit bars that prioritize the sale of alcohol either only in the company of their husbands and family, or at the least in the company of women. Being in the company of other women, *chama*, made it socially safer for Faith to hold her network meeting in a bar and restaurant, but she would generally not visit those places by herself or in the company of a man outside of her close family.

Unaccompanied women sitting in the bars on their own are often assumed to be waiting for a man to invite her for a drink, or a hook up. Indisputably, not all extramarital sexual relationships start in or involve bars or similar places, but they were reportedly common. More importantly, such spaces continue to be important for masculine identity formation and performances. Men performed for other men when engaging in opposite-sex relationships, as one of my now familiar experiences—as a female person who has lived in the city for many years—indicates. During the summer of 2014 fieldwork, my female friend and I were having a Wednesday evening drink in a popular establishment in Nairobi. Two elderly men sat two tables away from us. As the evening went on, our waiter came to us sent by the two men to take our drink orders, for which they said they would pay. We politely declined and watched him relay our message. After about an hour, the waiter came back again to tell us that the men had requested us to join them at their table. Once again, we sent him back with the message that we appreciated their request but we were fine by ourselves. Persistently, the third time, aware that sending the waiter did not bear fruit, one of the men came up to us and requested us to join them. Yet again, we declined the offer and told him that we were discussing a private matter and joining them would cut short our business there. He proceeded to the bathroom and shortly after that the two men passed by our table to wish us a good night as they left the establishment.

Social spaces, such as the bar (and the beer), are key to the promotion of men's sexual partnering with possible consequences for engaging in sex. The construction of the bar as a sexualized space serves to keep Victorian wives away, at home, while encouraging (married) men's multi-partnering—also facilitated by men's leisure time and unrestricted mobility. In bars, men affirm their masculinity to fellow men by buying drinks for women, entertaining, or displaying “their women” to other men. On the other hand, women are expected to participate in the accomplishment of this affirmation by accepting offers of drinks or requests to join the men for further entertainment. In interactions with men in these city spaces, I often heard men telling stories about their extramarital sex encounters, often emasculating male friends who did not talk about engaging in extramarital behavior. A popular local phrase that supported these discussions was that “men cannot feed on one type of food every day, they must change diet” implying that having sex with only one's wife (or partner) was as monotonous, and perhaps, unhealthy (for a masculine identity), as eating one type of food daily.

The increasing commonality of sexualized spaces for sexual partnering in Nairobi is more recently indicated by local discourses that refer to short sexual liaisons, especially among upwardly mobile women and men (both married and single), that start from, particularly, nightclubs and bars. My participants explained and discussed the current slang phrase, “*chips funga*” which refers to late night “French fries to go” and is popular for hook-ups in bars. Women are the fries that are *fungwad* (wrapped) for a “one-night stand” in a man's house or in a lodging (especially if married). In 2012, Kenyan song artist Neosoul released a song with the same title, “*chips funga*”, which warned girls about the psychological effects of “feeling used” the following morning after the one-night stand and doing the “walk of shame.” Currently, “*chips funga*” runs an online dating website for East Africans “looking for love or a quick hook

up” (website: [chipsfunga.co.ke](http://chipsfunga.co.ke)). Further variations of the phrase that keep emerging include “corporate *funga*”, a tryst during the week; “regular *funga*”, a more consistent companion; and “sausage *funga*”, a man who is taken home by a woman. This evidences that these seemingly growing gender mixed spaces have not resulted in egalitarian relationships. In fact, they seem to create additional inequalities.

But, some accounts on (social) media, such as Dayo Olopade’s (2012) writing for the New York Times, suggest that women’s participation in the use of these phrases is some sort of empowerment because they exercise the agency to be *fungwad* (hooked). This means that to these women, the *funga* era is a step towards dismantling Kenyan male sexual privilege, and “sausage *funga*” (the imagery of sausage is important in the construction of this phrase—penis) is the pinnacle of these women’s sexual liberation. Certainly, the “*funga*” concept implies an (economically) empowered woman, and may be from this narrow perspective, a good thing: “*Fungas*” are one-off sexual encounters with no emotional involvement (and social media advises women not to develop any emotions) or material exchange. They are, therefore, post- the transactional sex associated with women’s lower economic status. However, we have to engage more with, and be reflective of, the nature of women’s sexual subjectivity and agency here. It seems to me that these bar hook-ups tend to create an illusion that these women have control over their *already* sexualized bodies. The *funga* era might appear to be an expression of modernity with the corresponding implication of agency, empowerment, and break from traditional pasts, while, in fact, a deeper analysis reveals the inequality, including sexual double standards, promoted through these forms of modernity.

A general assumption of sexual agency may be deceiving because it ignores the dominant media messages and representations, furthered by sex aunties, which sexualize women’s bodies

and place more emphasis on women to provide sexual please to their male sex partners. I noted earlier that city younger women were under pressure to show that they were “up to the game” for fear of losing their husbands to women who could perform better in bed. Therefore, married women (especially the younger generation) made effort to ‘sexually liberate’ themselves from their past docile selves to modern selves who were “up to the game.” It is, therefore, unlikely that a woman would “sausage *funga*” (hook up and take a man to her house or lodging) if she doubted that she was not “up to the game.” Hooking a man up, thus, may actually be constrained by a need to obtain approval of their sexual prowess from the men, thus contributing to their own objectification, and essentially privileging men’s sexual partnering. So, then, the “sausage *funga*” notion which to the naked eye suggests that a modern woman now *can* hook men up, use them, and make them do the ‘walk of shame,’ in actuality, benefits the man. These evolving sexual mores in Kenya do shape extramarital sex, and have profound implications for HIV transmission.

Therefore, despite the ideologies of modernity and tradition that underlie much of the discussion of gendered lives of “African women,” in Kenya, I find that the transition to particular forms of modernity promoted through institutions such as the media and the church, and the effects of neoliberalism, are detrimental to women’s access to deeper equality.

## **Chapter Conclusion**

This chapter suggests that formal and informal networks are important particularly for women’s social support, increasing social capital, access to resources and, therefore, challenging both gender and economic hierarchies. My analysis also points to contradictions of modern individualized empowerment, which de-emphasize traditional collective activities and social support mechanisms that may help to decrease HIV vulnerability and risks. For example, the privileging of nucleated companionate family forms over traditional social arrangements such as

the extended family may have the effect of decreasing women's capacity to navigate extramarital sex because they can no longer appeal to their in-laws for help.

In the AIDS era, programs promote women's empowerment in order to reduce gender inequalities and, consequently, increase the capacity of women to negotiate HIV risks and vulnerability. Therefore, both the informal and formal social networks are central to this endeavor. In my analysis, amongst women who participated in merry-go-rounds (rural *gikundi*, and urban *chama*) for economic empowerment, middle class women had the greatest advantage. Rural and urban poor women's merry-go-rounds only helped to meet some basic survival needs leaving them still heavily dependent on their husbands. At the same time, rural and urban poor husbands, as very small-scale farmers and casual laborers, respectively, epitomize the disempowerment of "Third world" men. But, this study also reveals how modern loves and consumption for middle class women creates new dependencies on men and exacerbates HIV vulnerabilities, despite their participation in financial networks that further elevate their economic capacities.

Interpersonal relationships in the local community, including kin and church interactions, were important for information sharing and shaping behavior, and for material support. They also reinforced gender inequalities because of their reliance on homosociality. The persistent taken for granted segregation of female and male spaces of social interactions ensures that their homosociality creates and/or reinforces feminine and masculine identities and local gender ideologies which carry immense potential for increasing HIV vulnerability. More importantly, unless the women have very extensive networks that overlap with their partners' networks, the urban network segregations have the same effect as the networks in rural areas: they increase

men and women's opportunities to engage in extramarital affairs and increase vulnerability to HIV transmission.

Moreover, the vast growth in the number of sexualized social and hidden spaces within the city, and growing at a slower pace in the rural area, has served to further enforce gender desegregation and facilitate extramarital sex. Though some spaces such as bars are seemingly gender mixed, in my study, they remained ideologically male spaces where men perform and affirm their masculinity through sexual partnering. In addition, some women's participation in these sexualized spaces in the city, perceived as modern, sexual liberation, further served the interests of men.

## **Chapter 7**

### **Public Health Programs: Assumptions, Disjunctures in Practices, and Implications for HIV**

“I am a culprit....She asks me to practice what I preach as a peer educator. But the moment I hold the condom in my hands to wear it, I lose my erection immediately”, Moses pointed out towards the end of our interview. I begin this chapter with Moses and Martha’s story to highlight the disjuncture between individual sexual behavior, and public health policy and programs and how programs shape local social interactions. As I pointed out in chapter 1, along with the focus on how gender power relations regulate individuals’ sexual behavior at the marital relationship and social networks levels, it is important to specifically examine public health’s arena of power—the direct control and management of married persons’ sexual behavior. I discuss how ‘NGO’ programs sought to alter bodily behavior and gender relations, how participants received, interpreted, and acted on AIDS messages, and what this meant for gender practices and HIV risks.

I met Moses through an AIDS CBO. He is as a peer educator for a USAID-funded health integrated program implemented by a partnership of several international NGOs, and hosted by a private hospital in rural Embu. 46-year-old Moses, with partial high school education, and his second-marriage wife, 30-year-old Martha, are both HIV positive. They started living together in 2003, less than three months after his first wife died of “suspected” HIV-related complications. Moses and Martha have three children from his first marriage, two from her previous relationships, and at the time of the interview, were expecting a child in a month’s time. When I arrived at his home (a three-roomed recently constructed wooden structure on a half-acre piece of land) for the interview, Moses was preparing to leave for the hospital to

disseminate AIDS information (educate) to a “support group”; a program implemented by the NGOs for People Living with HIV (PLHIV) in the community. He had returned the previous day from an AIDS seminar in a different county in the country. Support groups are part of NGO health programs created to empower HIV positive individuals through AIDS education, and offer social and moral support and are, thus, important for enabling one to disclose their HIV status in order to reduce stigma within oneself, and the community. They also provide free AIDS treatment and material support to members. We agreed that I would interview him after the peer education/support group meeting at the hospital where I went with him. At home, I interviewed his wife.

Martha, unlike her talkative husband, spoke softly about her marriage experiences, regrets, and hopes. She did not attend high school due to financial difficulties in her family. After giving birth to two children out of wedlock in 1999 and 2002, her family kicked her out in early 2002. She rented a room in a local market and labored on farms until she met Moses in January 2003. They courted and moved in together in less than three months despite “hearing rumors” about the suspected cause of death of his late wife and his HIV status. She ignored the talks because “he looked healthy” but also indicating that she worried more about her economic vulnerability than about HIV. In 2004, around the time their child was born, and passed on three weeks later, Moses started ailing and was in and out of hospital several times. When he finally tested HIV positive in 2006, he did not disclose to her for a while. It was difficult for him to inform her, as it was with many couples in HIV concordant or discordant relationships. A friend of Moses talked to her about her husband’s status, and she and her second child who was still breastfeeding at the time of marriage tested HIV positive a few days later. They did not disclose her status to anyone else. Martha prided in her body size which has remained unchanged,



therefore, no one would confirm that she was HIV positive, even though they might suspect given her husband's earlier state of health before he started taking antiretroviral (ARV) drugs, and the fact that he is more open about it.

Martha also remembered that Moses had “many sexual affairs” before they learnt of their HIV status, sometimes with women who were known to her. They had separated several times for short periods due to his infidelity. She hinted that he was still involved with other women but he had “improved.” She was partly grateful for their positive statuses because money that was spent on infidelity was now used to “develop” their home; “the house we lived in before was not good but things have changed slowly.” More importantly, Moses now had a formal job—HIV peer educator—that brought in a regular income. Before this, “he was a casual laborer working on people's farms but since he started disclosing his status, he began to get formal employment....and that is something positive because he can now get jobs.” One of her main challenges in marriage though, despite her husband's job as a peer educator, was condom use; “I would like him to use (condoms) because we have learnt that if we don't use, we are adding viruses to each other. Sometimes when I go to the clinic and my CD4 count drops, I feel very bad but when I tell him about it, he only uses them for a very short period and then stops. Sometimes it is a big problem until you feel like leaving.” Because of her HIV status, Martha participated in two different support groups. Apart from HIV education, she had received foodstuff, mattresses, and a water purifier from different NGOs by the fact of being in the support groups. In one of the groups, they applied and received NGO funds to make soap, and in the second, they received seed capital to rear chicken, which they had sold and progressed to keep goats. After my interview with Martha, Moses and I drove to the hospital for the support group meeting.

In a small room arranged with benches and chairs in the Comprehensive Care Centre (CCC) wing of the hospital, I sat in a circle of nine women of varying ages. I held informal conversations with the women before, and after the meeting. In the same room were an elderly woman in her late 70s who had accompanied her under 10-year-old grandchild whose parents had separated and abandoned her after learning of their HIV positive status. Two young women in their 20s had infants strapped to their backs. The rest of the women varied between 40-50 years, from their introductions. Our introductions and talk before Moses came to educate them revealed that all except one woman whose husband abandoned her were living with their spouses. Earlier interviews with local peer educators and program staff in the city had revealed that men rarely participated in support group activities. Peer educators requested and encouraged women to ask their husbands to come along with them. They also directly spoke with the men when they went to collect their ARVs about the significance of the support group, but most would not.

The women combined their introductions with their lived experiences with HIV. While some spoke softly and hesitantly, others were very talkative. They talked about their pathways to infection; reactions from their spouses—blame, abuse, abandonment, and increased alcohol consumption; and non-condom use. Most women had travelled long distances to this hospital because they did not want members of their communities to see them in CCCs or support groups in the hospitals nearer their homes. People would “gossip” about them if they associated them with the groups. They had joined the support group to share their individual experiences to help combat their own shame and stigma about being HIV infected, and to share ideas about how to cope with their husbands.

When Moses came in, his 3-point message from the training seminar that he had attended emphasized drug adherence, importance of disclosure, and acceptance of status and positive living. It was short. It seemed these women already knew this; they were looking at him without any responses or asking any questions. In any case, they had already heard these messages before because these issues are the foundation of the support group. Moses also reminded them that they could live a normal married life and have children because there was treatment that enabled people like him and his wife to conceive. These conversations, including the narration of the women's sexual experiences with their husbands in the presence of the 10-year-old girl and her grandmother made me uncomfortable.

After the meeting, I spoke briefly with the hospital's community health worker who quickly informed me that this was a new group of clients (name used for patients) formed "*just* a month before." The clients had, therefore, not learnt how to express themselves openly yet. She was optimistic that they would learn and get better with time. She invited me to visit and meet with an older group of clients in whom they had imparted "talking skills" and converted into individuals who openly disclosed their statuses to other people. The ability of people to "talk" about their HIV status defined the success of the program. However, I did not have more time in the field to be able to meet with them.

Later, my interview with Moses confirmed what Martha had talked about: his extramarital affairs and his non-use of condoms. Before learning of his status, Moses had many affairs outside his two marriages. He blamed his infection on his late wife whom he accused of having sex with other men when during their period of separation. Immediately after his first wife died in January 2003, leaving behind three children, his cousin urged him to "look for a wife very quickly before people begin talking about you and saying that your wife died of

AIDS”, pointing to the role of kin social networks in HIV transmission. He needed a woman to take care of his children, and his situation required him to do it urgently before rumor went round. Therefore, he met, courted, and moved in with Martha within three months. He suspected that Martha’s cousin who lived near his house told her about him but his own cousin helped to woo her quickly. At the time of knowing his HIV status, he was on his “deathbed” but treatment brought back his health to the shock of his family some of who had abandoned him leaving him to die. He began volunteering as a peer educator in the hospital where he received his ARVs. Later, the hospital hired him as a peer educator. Not long after he found and left for his current “better paying” job. His employer NGO trained him on TB and AIDS awareness and stigma reduction so that he could train other people on the same. His work entails, “trace people who have abandoned the support groups, clerical work, health education, and other client work.” Apart from his formal job in this hospital, Moses participates in three registered support groups in different areas. They write proposals to donors to support income-generating activities (IGAs).

Moses talked in detail about men’s difficulties in practicing safe sex. In talking about “men”—in contrast to his individual experiences—he appeared to draw on local discourses of manhood, masculinity, and sexual pleasure to explain men’s reluctance to use condoms. He, for example, noted that many men did not use condoms because “their sexual desire diminishes” or because “it is like eating a wrapped sweet (candy).” His work included talking to men who are in HIV concordant and discordant marriages about the importance of condom use and urging them to avoid “ignorance” about HIV risks. As a man, he “knew” it was difficult to use condoms. He also emphasized that if a wife refused to have sex with her husband for any reason, the man would go out because:

*Men cannot do without sex. ..The other thing is that you know men are very weak. If a woman seduces a man, it is very difficult for them to refuse sex. You know a woman*

may refuse to be seduced by a man, but if the woman seduces, the man cannot help himself. Even when a man tells the woman that he is positive, she will tell him she knows about it but is not worried about his status. ...*The other thing is that some of the ARVs we use increase sexual desire.* This is happening a lot. I have heard some say that it decreases sexual desire. But from my experience, I know that they increase your libido and desire for sex.

Moses continued, unsurprisingly, to point out that:

*I have told you about condom use, I must confess that I am a culprit. I am not able to use them.* Before I used to tell my wife that we were not using condoms because we wanted a baby. But when she got pregnant, she told me to start using them. She said if we do not use condoms, then she will not have sex. I know what she is saying is the truth but now I have no desire for her and sex. Sometimes we fight over sex. Men use condoms very rarely... *She asks me to practice what I preach as a peer educator. But the moment I hold the condom in my hands to wear it, I lose my erection immediately.*

Though not explicit about whether he engaged in extramarital sex, Moses also noted that sometimes he did not sleep in the house because he and his friend who owned a car often drove to urban centers in different parts of the country and spent nights there “*kujienjoy*” (having fun). At other times, he said he had to travel for work to neighboring counties on short notice with no time to go back home first, and would return after two or more days. Martha did not ask about his whereabouts, “I suspect she thinks that I may have another affair,” he said.

I have highlighted this narrative to show how couple’s social and material circumstances, that is, belief systems, gender practices, economic statuses, and other community contexts interact with the field of public health interventions revealing the tensions in these realms of power relations. In order to understand how these fields work, I begin with a brief account of AIDS management in sub-Africa while at the same time examining the power interactions within Kenya public health HIV management system. This sets the context for understanding how NGO programs understand gender and community interactions, and how they perceive local sexual behavior. I then investigate three programs (marital fidelity campaigns, condom education, and

support groups), in order to highlight the assumptions in their formulation and implementation, and how they played out in my participants' lives.

### **Public Health HIV Management in Kenya: The (In) Visible Government**

Postcolonial and African scholars of gender, sexuality, and HIV focusing on the African continent have decried the narrow western view about “African sexuality” and assumptions in global public health’s AIDS interventions on the continent (e.g. Ailio 2011; Gausset 2001; Nguyen 2010; Nyanzi 2011; Tamale 2011; Undie and Benaya 2006). Together, these scholars note that these interventions follow the colonial pattern where the focus of public health researchers during the colonial era was disease, pregnancy prevention and curbing sexual excesses and perversions. This narrow approach meant that the research by biomedical specialists, epidemiologists and demographers ignored sexual wellness and people’s general well-being in the communities, leading to limited theoretical framings of African sexualities.

With the global onslaught of AIDS, and Africa as its epicenter, Western public health researchers, medical anthropologists, and advocates descended on sub-Saharan Africa, apparently, to work at finding preventive measures. However, in reality, they resurrected the colonizing project through research that again focused on the sexual practices and behaviors of African women and men in the hope that cultural and behavioral change would curb the spread of the virus (Nguyen 2010; Tamale 2011). To date the “AIDS-in-Africa” discourse has remained uncritical of its assumptions and research has largely failed to unravel the complexities of AIDS. Gausset (2001:511) noted that:

Like the first studies of African sexuality, once again the ‘exotic, traditional, irrational, and immoral practices’ were the focus of the research. If the pattern of AIDS epidemic was different in Africa than in Europe, the explanation obviously had to be the difference between African and European cultures and sexualities...early researchers were looking for things to blame, and identified African cultural practices

as culprits. The logical consequence of this was to fight against African cultures and sexualities.

The global AIDS response demanded that policies be formulated, national AIDS coordinating bodies be formed, national frameworks and advocacy programs drawn, and sexuality research carried out in order to respond to the dangerous sexual cultures of the Africans. The different agenda of the WHO, bilateral and multi-lateral donors, international NGOs, pharmaceuticals and western medical health professionals informed the strategies and meanings that they attached to the epidemic (Gausset 2001; Nguyen 2010; Tamale 2011). Swidler (2006) in her research in Malawi and Botswana documents the hierarchies of power in African AIDS governance where to get resources from global donors, local governments had to create organizational forms and procedures subject to tracking, monitoring and evaluation by global donors (see also Poku 2002).

Similarly, in Kenya, the government established the National AIDS Control Council (NACC), the government's body that coordinates the national AIDS policy, frameworks and response, in 1999, against the backdrop of intense transnational AIDS activism. At the top of the hierarchy of AIDS interventions is the Joint United Nations Programme on HIV and AIDS' (UNAIDS) strategy. UNAIDS is the main advocate for "accelerated, comprehensive and coordinated global action" on the AIDS epidemic. Theoretically the global policy allows for domestication in order to capture local-level diversity achieved through the development of national AIDS policy but which must be aligned to the UNAIDS strategy. A central component of AIDS interventions is monitoring and evaluation in order to ensure both compliance with the global strategy, and continued funding. Therefore, national narrative and documentary reports must be periodically sent to UNAIDS as part of the process of monitoring country progress.

UNAIDS also “insisted on a multisectoral approach for coordinating AIDS prevention and care” (Swidler 2006:273). Therefore, the AIDS response in Kenya involves a multisectoral approach which includes development agencies; the public sector—government ministries, departments, agencies and state institutions; civil society organizations such as NGOs (national and international), faith based organizations (FBOs), community based organizations (CBOs), community and household efforts; and the private sector (NACC 2014). These entities implement diverse programs towards meeting the objectives and targets set in the national AIDS strategic plan. Recent UNAIDS-NACC-sanctioned programs among married persons include marital fidelity education, condom promotion, couple counselling and testing (HCT) and *mandatory* HIV testing for pregnant mothers under the prevention-of-mother- to-child transmission (PMTCT) of HIV. These programs are implemented through partnerships and collaborations between and among the entities or by individual organizations. ‘Grassroots’ CBOs are often times subcontracted in order to effectively reach and involve local communities (community participation). In the language of the NGO world, donor organizations call those with whom they roll out interventions —national government and organizations—*implementing partners* to suggest a horizontal partnership built on consultation, trust, and equal understanding.

AIDS interventions rely primarily on funding from the West. Specifically, during the period 2009-2013, external funding sources contributed over 70 percent of total spending (NACC 2014) revealing the heavy reliance on external funds. The largest share of the funds come from UNAIDS-Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM); USAID-President’s Emergency Plan for AIDS Relief (PEPFAR); United Kingdom Department for International Development Cooperation (DFID); and World Bank (NACC 2014). The NACC disburses these funds to public sector organizations, and to registered civil society



organizations through a competitive bidding process. The civil society also independently solicits funds from international donor organizations or foundations—usually as a response to a call for proposals with clear priority areas of funding, objectives and goals. Once funded they often submit mid-term and end-term reports to account for funded activities, which determine further funding of programs. Notably, as my discussions revealed, donor priorities shift with time. Therefore, in order to ensure continued funding for AIDS programs, and personal survival, national NGOs and CBOs shift their activities, irrespective of whether or not they met the earlier need.

It is also important to point out in this discussion that in addition to the AIDS policy framework, Kenya takes a criminal approach to HIV prevention. In deed (Tamale 2011) observes that to increase responses to curb risky practices, global public health advocates and policy makers encouraged African governments to integrate the epidemic into their criminal justice system so that now criminal law began to be applied to cases in which a person transmitted or exposed others to HIV infection. The goal was ensure that these HIV-specific laws would check sexual immorality and reduce incidents of sexual violence against women. In Kenya, the laudable first “Sexual Offenses ACT 2006, includes a clause on imprisonment of “not less than fifteen years but which may be for life” if convicted of deliberate transmission of HIV or any other life threatening sexually transmitted disease. In contrast, the “HIV and Aids Prevention and Control Act 2006, recommends a fine or imprisonment for or a maximum of seven years, or both. This criminal approach, with its decontextualized sexual behavior, to be sure, diverts attention from the real structural drivers of the epidemic. To date, there is not convincing evidence of criminal prosecution for the spread of HIV neither did the couples, CBO

staff, nor peer educators like Moses, know about this law when the topic came up in the course of our conversations.

The AIDS governance exhibited in the global-national-local AIDS interventions indicates the complex interplay of different powers in shaping people's bodily behavior in the AIDS era. Foucault (1998:40) talked about biopower as a particular technology of power aimed at controlling and disciplining the body, to achieve the subjugation of bodies. He was talking about this power resting on the state. However, in a post-colonial country such as Kenya that is trying to find a balance between meeting the demands of neoliberalism and making claims to sovereignty, and remaining legitimate through provision of basic services, biopower extends to the development agencies, NGOs, and the corporate sector, in other words, the civil society. Ferguson and Gupta (2002) following Foucault developed the concept of "transnational governmentality", to refer to this new system of transnational connections that has emerged to challenge the authority of, especially, weak African states.

In the case of Kenya, in the neoliberal AIDS era, civil society constitutes a loose network of transnational and national movements that have mobilized to respond to the exceptional case of the AIDS epidemic, to shape and exercise power over life. AIDS exceptionalism denotes that the response to the epidemic must, and does, differ from other public health interventions (Nguyen 2010). Development agencies and NGOs have played an enormous role in managing AIDS, and scholars have argued that this practice of "saving lives" in sub-Saharan Africa echoes colonialism (Decoteu 2013; Nguyen 2010; Mutua 2002; Tamale 2011). Ferguson and Gupta (2002:993) observe that when "such organizations begin to take over the most basic functions and powers of the state...it becomes only too clear that NGOs are not as "NG" as they might wish us to believe." Nguyen (2010) adds that the activities of these entities point to a particular

nongovernmental biopower,—a term I borrow for my analysis of intervention programs—an extension of the colonial biopower.

Seckinelgin (2005) has argued that the global AIDS governance system not only manages but also constitutes the agency of actors and relevant domains of policy. Local state and non-state actors are incorporated only as implementers and largely lack the right agency to influence the conditions of the AIDS epidemic. Additionally, Two-Thirds World feminists, for example, Chowdhury (2011), Desai (2008) Purkayastha and Subramaniam (2004) Helle-Valle (2004), Mama (2007), Oinas and Arnfred (2009) have argued that transnational movements, including donor agencies, engage with local issues from the outside, while remaining largely detached from domestic movements who are only used as implementers of programs. Some of these scholars argue that the movements oversimplify or disregard local contexts, lack adequate consultation with local actors about the nuances of local issues, or bypass them altogether. Therefore, as Chowdhury (2011) points out, the domestic actors end up playing complex and contradictory roles such as incapacity to resist interventions that do not match local realities; domination in program management due to reliance on donor funding; and accountability to donor interests rather than clients.

Undoubtedly then, these power relations raise questions about whether the non-governmental actors are part of (mediators of) governance, or in fact, governors themselves, in what I have termed the (in) visible government. In the case of my analysis, I conceive of these agencies as the *visible government*; in AIDS interventions, some of these actors have come to exhibit a biopolitical power over the state, at the same time engaging the state in ways that absolve it from its responsibility to address inequalities and provide for its citizens. In this chapter, I show that AIDS interventions undeniably impose certain individual centered

understandings of sex, gender and community relationships on Kenyans. At the same time, these NGO ideas interact with local understandings and practices and lead to outcomes that often differ from the NGO ideas. While scholars have highlighted how western NGOs affect the agency of national organizations and local agents, I examine the case of marriage, specifically how western NGO programs and models of HIV prevention—i.e. NGO biopower—imagine and seek to shape gender and sexual relations in marriage. I, investigate how the consumers of these messages adopt or resist them, and consequently how these interactions structure gender relations and HIV transmission in marriage. I begin by exploring the “*Mpango wa kando*<sup>27</sup>” (multiple and concurrent partnerships) mass media campaign that I presented at the beginning of the dissertation. I briefly describe the program, and then examine its implicit assumptions against actual behavioral practices amongst my participants, as narrated by Moses, and what this means for HIV transmission in marriage.

### **“*Wacha Mpango wa Kando*”: Marital Fidelity Campaigns**

In chapter 1, I noted that rigorous strategic interventions for heterosexual marriages and long-term partnerships did not begin until 2009, after two national AIDS studies indicated high levels of HIV transmission in these unions. Following these studies, Kenya began a series of behavioral interventions under the rubric of global public health’s “ABC” (Abstain, Be Faithful, and Condom use) now specifically focused on married persons.

In 2009, Population Services International (PSI)-Kenya, a social marketing organization, launched a national mass media campaign to increase HIV risk perception among married

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<sup>27</sup> *Mpango wa kando* is a Swahili phrase meaning ‘alternative arrangement’. It is popularly used in the local discourse to refer to multiple and concurrent sexual partnerships.

women and men. They did this in partnership with USAID, UKAID and the Kenya government. PSI has its head office in Washington, DC, and their mission is to “make it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services” (PSI website). Their programs in Kenya include, HIV and sexually transmitted infections, gender based violence, maternal health, contraception, malaria, and child health. One of its major approaches to improving health is through developing and marketing health products and services (PSI website). It is in this context that they developed the “*wacha mpango wa kando*” education program channeled through national electronic and print media, and billboards in the entire country.

The “*Wacha Mpango wa Kando – Epuka Ukimwi*” (Stop concurrent sexual partnerships – Avoid HIV) video advertisements highlighted the risks associated with multiple and concurrent sexual partners (PSI 2012). In 2010-2011, “*Mpango wa Kando*” campaign had the tagline “*Fanya Hesabu*” (Count the Cost) aimed at having married persons consider and tally the implications (financial, emotional, and social) of having an extramarital sexual affair (PSI 2012). Examples of the series of these TV video advertisements include the one that opens this dissertation, and the following:

- 1) A man sleeping next to a woman in a hotel room is startled by a voice of another man—a figment of his imagination. The figment urges the man to avoid ‘*mpango wa kando*’ and takes him through an itemized monthly spending on an extramarital affair that totals to a rough \$410. To emphasize that he spends almost all his money on his girlfriend/s, the man’s family is shown without any food and adequate clothing. He urges the man to weigh the cost of this affair against the benefits of remaining uninfected with HIV and being able to provide for his family. The man quickly jumps out of bed. The figment (now invisible) loudly repeats the message, “*fanya hesabu wacha mpango wa kando*’ (count the cost, stop infidelity) at which the man hurriedly leaves the room without the knowledge of the still sleeping female partner.
- 2) A woman is in a bar having a beer in the company of female friends. A man standing not far from her makes sexual advances at her but she is shy to smile back at him. Suddenly, a male on the TV located at the front of the bar loudly announces, ‘*Mama*

(polite Swahili word for ‘married woman’), how are you? So, you told your husband that you went to meet with your *chama* (merry-go-round or self-help group) members, ha!’ The woman, now startled, realizes that the narrator on TV is actually addressing her. He goes on to remind her that nearly half of all HIV infections are happening in marriages like hers and that she should avoid extramarital sex. The woman, now embarrassed at her “behavior,” quietly leaves the bar without being noticed by her friends, who are deeply engaged in a conversation of their own and did not see this interaction happen.

While these messages form part of a highly gendered AIDS discourse, PSI-Kenya declined an interview. One of the local employees, a “senior HIV manager,” noted in his email response to my request, “We don’t have a specific gender focus on any of our current HIV programmes– and consequently I really have nothing I could contribute...” He then kindly went ahead to provide names of organizations I might interview.

Without a doubt, the video advertisements drew on some lived social and material circumstances of married women and men that I have discussed in the previous chapters; that men may engage in extramarital sex due to their relative economic advantage over women (though it is not necessarily true that this results in destitution in their families). They also recognized women’s social networks by referring to the *chama* (social and financial networks), and they show the bar as a place where partnering may occur. Despite this, what is significant and telling is the responsabilizing (making individuals responsible for their own health) ideology and discourse, and framing of HIV risks in interventions. In the first video, the campaign developers completely ignored the female partner and locked her out of the conversation between her male sexual partner and his figment. She remains covered under the blankets even when the man, now embarrassed at his behavior, walks out upon the loud message “stop infidelity.” Consequently, the woman here is framed as the vector of HIV who should *simply* be avoided. Her own social and material circumstances or even conversations between the two sexual partners who are in the same bed are unimportant to this framing of risks.

In the second video, while the campaign acknowledges the significance of networks, that social and financial networks (*chama*) are central to women's lives in Kenya, they are at same time *quickly* invisibilized upon the announcement of the HIV message. So is the man making advances at this married woman in the bar. Therefore, only the woman hears the loud male voice from the TV *in front* of the bar. The message reminds her that she is married and that she 'lied' to her husband that she was going to meet with her female friends. Yet the video does not show that she actually partnered with the man; it, in fact, portrays her as shy to smile back at him. She then stands up and leaves unnoticed by the man, or her friends who are actively engaged in a conversation of their own. The woman is the vector, the bad wife.

Taken together, these two videos, apart from narrowly framing risks, moralizing about sex, and emphasizing that married individuals should take charge of their own sexual behavior, also educate and reinforce the male-provider, and good/bad wife images. As my earlier chapters have shown, the male-provider images may serve to create further dependencies on men, while good/bad wife representations not only stigmatize female sexual behavior but may make it difficult for women to challenge their husbands' infidelity because doing so makes one a bad wife. Notably, the first advertisement only portrays the "good wife" who is at home with her children as only in need of money, food and clothes, and not worried of where her husband might be. In the second advertisement, we also do not know where the husband is, we only know that the "bad wife" lied to him that she was with her female friends.

In discussions with my participants, including Moses and Martha, all were aware of these advertisements because of their popularity. However, despite their wide publicity, all the participants including peer educators; government, NGO, FBOs, CBO staff; and community elders reported wide practice and acceptance of extramarital sex. As I have discussed in earlier

chapters, infidelity is embedded in local social and cultural idioms, and gender practices within marriages and communities. It is produced by the modernizing neoliberal state projects, consumption patterns, and conceptions of romantic love and sexual pleasure. Infidelity is facilitated by the growth of sexualized spaces, hidden spaces for sexual rendezvous, and perceptions of female empowerment. For example, Moses noted that, “Men cannot do without sex” and that they would go out if a wife refused to provide it. He drew this from the popular discourse and framing of men’s “natural need” for sex, or that “African men are naturally polygamous.” He also noted that, unlike women, men are sexually “very weak” and cannot resist seduction by women, making infidelity the fault of the women. As such, both the local and public health frames buttress each other, they both blame women in this case. Other men like James, a staff of a local CBO, who had a four-month old infant drew on pre- and postpartum sexual practices to explain his extramarital sexual behavior as a natural need:

... Also you know when a woman is pregnant, there is a duration during which you should not have sex. That duration *makes* men have other sexual affairs. After your wife delivers, you should also give her some time, let’s say six months. Not many men can stay for six months without sex.

The narratives on extramarital sexual behavior from participants, including Moses and James both employed as agents of change, indicate the disjunctures between actual practice and the messages received. The disjuncture occurs, not because these individuals were irresponsible or lacked knowledge on the HIV risk as assumed in the advertisements. In fact, in Moses’ conversation, he mentioned several times about loving his wife, working hard to provide for his family. His wife Martha, though concerned about his movements, was very happy with Moses’ progress in building them a new home and providing for them. Therefore, program’s framing of risks in terms of *just* wives’ need for money, or women’s fault left men’s place in this unequal relationship unproblematized. In fact, it serves to entrench male/female binaries and naturalize



men's extramarital behavior; that as long as men are able to provide, they are free to engage in extramarital sex secretly in the hotels. On the other hand, the messages say that a good wife's place is at home, not in the bar. Therefore, pushing married women away from 'risky' spaces where extramarital partnerships 'most' likely occur, and, consequently, making the same spaces safe and permissible for married men's partnering with unmarried women. Consequently, good wives know that bars are 'unsafe' spaces, but they are only so for them, not for their husbands. Good wives ought to be in the house waiting on their husbands.

It is not surprising that the greatest impact of using the catch phrase *mpango wa kando* was that the public embraced the phrase more than the advice, they owned it and popularized it. Local music artists and comedians turned the phrase into a popular rhyme, with the effect of ridiculing the campaign. *Mpango wa kando* was soon on everyone's lips, and remains the most common phrase in the local multiple sexual partnering discourse and in 'modern' polygamous practices (clandestine/outside wives—or husbands) even though it was conceived to regulate such practices. The message was resisted and *mpango wa kando*, henceforth, took on a life of its own. The ridiculing/rejection of the campaign through appropriation of the phrase and its absorption into the local partnering discourse does tell us that individuals matter, but also that their lives are part of wider systems that circumscribe their choices and actions.

Indisputably, education on marital monogamy and fidelity beginning with early Christian missionaries and the commercialization of love has allowed people to achieve modern marriages through consumption and public representations of affection. In the time of AIDS, the ubiquitous public health mass education and Christian messages have served to reinforce discourses of monogamous relationships and fidelity, providing support for avoiding certain types of sexual behaviors in order to avoid HIV risk. However, contradictorily, while it is not deniable that the

fidelity campaigns may discourage some people from engaging in extramarital sex, I also find that the fidelity discourse may have added a layer of stigma to sexual behavior and contributed to the extant norms of keeping extramarital sex secret in practice. At the same time, it may lead people to deny ‘risky’ behavior, so that, for example, a man who adequately provides for his family may conceive of his extramarital sexual behavior as non-‘risky.’

Scholars such as Hirsch et al. (2009:18) have argued that the concept of social risk may better explain behaviors that global public health professionals “misunderstand as unhealthy, uneducated or irrational within the narrow individualistic and biomedical conceptualization of risk.” (See also Smith 2003, 2009; Tamale 2011). Social risk allows us to understand how women and men seen as at-risk of HIV rationalize their behavior given their economic, social and cultural contexts that are more significant and consequential to their daily lives than the biological HIV risk. In chapter 5, Elijah “needed” an “outside wife” to perform domestic chores for him when he migrated to work and maintained a girlfriend. Hamisi lost his job, was frustrated and took to “casual” sex. Paul frequented beer dens and local market bars in the evening after his farm work because he was free and that is what men here did. Moses saw extramarital sex as a ‘need’ for men and their ‘inability’ to resist seduction. Charles highlighted the significance of ‘marking male presence or territory’ through having sex with women when they travelled or migrated to new places for work. To all these men, it is not that they lacked education. In chapter 6, I pointed out how this ‘need for sex’ and the sexualization of the female body are central to socialization in male homosocial settings and inclusion in to peer networks. Therefore, conforming to peer practices differentiated by class, to avoid the risk of emasculation made more sense than the consideration of a biological risk of HIV.

UNAIDS has increasingly pushed to educate men on masculinity. In 2009, at a global symposium on “Engaging Men and Boys in Achieving Gender Equality”, the UNAIDS Executive Director Michel Sidibé, noted in his opening speech:

We must engage with men and boys to promote awareness of the need for a ‘*new masculinity*.’ The ‘men’s movement’ is still in its early days and needs to be supported. We need to share good practices.... *And push National AIDS Programs* to engage with men and boys especially in HIV prevention efforts.”

As part of the *push* by UNAIDS, Kenya has progressively ‘engaged’ men. The MenEngage Kenya Network (MenKen), founded in 2006, is a national network comprising organizations and individuals with interest in engaging men and boys in gender based violence, HIV and AIDS and sexual reproductive health. Their activities focus on training workshops with men and boys for the promotion of gender equality, and AIDS education. In the field, a government agency staff pointed out that they involved men to educate other men on their “role” in extramarital sex because “men listen better to men” which seemed to make sense given traditional local social and gender relations. However, the strategy of UNAIDS gender programs to educate men towards a “*new (normative) masculinity*” makes the assumptions that Connell (1995) has pointed out: an essential, universal masculine identity.

To assume that there can be a universal natural-male character-type (Connell 1995) is to, for example, critically ignore how men (and women) located in Kenya embody imperialism, colonialism and other global processes which consequently produce a variety of masculinities that facilitate extramarital sex as I showed in chapter 5’s discussions of rural, urban poor, and middle class men. Developing an ideal-type universal man through education is insufficient because it rests on the assumption that some men are ‘backward,’ and that gender or masculinity is only an ideology that resides in the body of an individual and which can easily be transformed through education in order to bring about new behavior, a new ‘man’. This same simplicity is

seen in the marital fidelity advertisements above, and, more unambiguously, in the advertisement that opened this dissertation that tells men “there is *only one* way to stop HIV from destroying your marriage. It’s *very simple*. Men, stop *mpango wa kando*.”

I argue that seeing extramarital sex as a practice promoted by structural opportunities and avoidance of social risks would help to move global public health discourses from a moralized, decontextualized, ahistoricized, and racialized narrow view of people who engage in infidelity as promiscuous or uneducated or slaves to culture and tradition. AIDS managers and activists would see them as people who make rational choices in reaction to their social contexts and opportunities as consequences of structural forces and political economies (Farmer 1999; Tamale 2011; Smith 2009). Such view also offers a contextualized explanation for women’s complicity in their husband’s infidelity, or their own infidelity as I showed with my discussions on the intertwined factors of financial resources, companionate marriage and consumerism, which entrench dependencies on the ‘male provider.’ In fact, ignoring these connections may marginalize a group of women assumed to be educated and economically empowered, the middle class women.

In the following section, I examine the related condom campaign promoted for married persons engaged in extramarital sex, specifically, how my participants acted on condom messages and how condom programs contradict local sexual behavioral norms and, hence, impact HIV transmission.

### **Condom Use in Marriage**

AIDS programs extensively educate and advocate condom use for HIV risk reduction and PSI has been central to developing mass media condom advertisements. I found that relevant government agencies, NGOs and CBOs gave out free male condoms. In the rural area, James, a

staff of a local CBO usually subcontracted by NGOs and NACC, created awareness on HIV and distributed condoms. His programs included HIV testing and counselling. In the past he had carried out a “door-to-door couple HIV counselling and testing” exercise where they went from home-to-home to educate, counsel, and test couples for HIV but, he and his co-workers would mostly “find padlocks on the doors” because couples, especially male partners, would not accept to test in their homes with the families around. As a result, they had switched to “moonlight HIV testing”, that is, opened their offices late in the night so that couples and individuals, especially men, who would not test in the day for fear of stigma would walk in at night for the HIV test. Several questions emerge from these practices but my specific focus here is condoms.

James reported that while some younger unmarried men—some of them his age—went to his office (located in a small local market) to chat and for condoms, married men did not. For married or older men seen walking into his office might suggest to other people that these men are HIV positive. Further, because condoms for married persons are largely associated with *mpango wa kando*, thus, immorality in marriage and HIV, married men wanted to distance themselves from stigmatized behavior. James also observed that he could not discuss sex matters or tell older men how to or not to have sex because, “it is like advising my father about sex and condoms, fathers and sons do not discuss sex. He should be advising me instead.” Traditional social norms of interaction on taboo topics such as sexuality dictate that such advice may only come from older men to the younger ones. This, therefore, deterred older and married men from visiting his office. However, James, as a married person who lives in the community and frequents local bars, knew that some of these men engaged in extramarital sex and that those partnerships, sometimes, started in the bars with the “barmaids.” Hence, in a bid to increase condom use, and to target persons who were not able to collect them from his office, James

distributed condoms in these “high risk spots.” However, he sounded convinced that people in bars did not often use the condoms and that some bar owners sold them in secret.

Generally, organizations reported “number of condoms distributed” as an indicator of a successful condom campaign, yet realities of usage on the ground pointed to a different picture, one that was documented in the strategic plan end term review (NACC 2014); that condom use remained extremely low, especially among discordant couples. While I cannot dispute the fact that some men do use condoms, local program coordinators and peer educators, in both sites, reported that usage was very low. Moses and James who were part of the bar clientele and/or other male social networks were concerned about condom use in light of men’s beliefs and conversations they had with men regarding condoms. For example, they noted that some men might collect condoms from the bars but not use them due to drunkenness.

Additionally, Moses’ narrative suggests certain beliefs surrounding condoms and manhood. That some men were concerned about the effect of condoms on sexual performance and their experience of pleasure. He noted that many men believed condoms decreased sexual pleasure; it was like “eating a wrapped sweet (candy).” Further, Moses *confessed* that despite being a peer educator who was teaching people on the importance of condoms, he was a “*culprit*”; he did not use condoms because whenever he held it in his hands, “I lose my erection immediately.” Moses and James named other married persons, including fellow peer educators, who also engaged in extramarital sex without condoms and “bragged” about it. Non-condom use marked their masculine identity—to experience the pleasure of an unwrapped candy. In the rural area, I also found that some men did not believe that condoms reduced the HIV risk and asked me to confirm to them if they were 100 percent safe to use. All this reality of non-condom use

happened against a backdrop of a massive promotion and free distribution of condoms, and where my participants knew about behaviors that transmit HIV.

On the other hand, all women challenged the notion that they could negotiate condom use with the “ease” that public health almost seemed to imply in the campaign. Particularly, women in HIV concordant and discordant relationships reported that their biggest challenge was condom use despite both partners having received counselling from health professionals on its importance in reducing further risks. These women’s insistence on condom use, heightened by suspicions of their husband’s infidelity, often led to disagreements and, sometimes, short periods of separation after which they came back because they were wives and had children, as Martha in the vignette pointed out. In local understandings in Kenya, women’s bodies are seen as commodities of their husbands and the men, generally, hold the final word on condom use.

Whereas it is the case that condom use was a challenge in discordant couples, this data begins to suggest, though not conclusively, that where the woman was HIV positive, there was consistent condom use and reduced frequency of sexual intercourse. For example in chapter 5, the case of Agnes and Fred where Agnes was HIV positive indicates this. While I am not suggesting that Fred should not use condoms, the shift in the pattern of condom use here—unlike the other three discordant couples where the man was HIV positive—suggests Fred’s disengagement from, and blame on, Agnes for “bringing the virus” into the relationship. This is evidenced by his bitterness and regret with which he spoke about his second marriage to Agnes after his wife passed on; and his unequivocal stance that he could not be “managed by a woman” when we talked about decision-making processes. However, this observation requires more data beyond this project.

What the above data suggest, and what I have highlighted in previous chapters, is that generally, for married women, suggesting condom use within an institution built on the modern ideals of love, intimacy, fidelity and ‘development’ is almost inconceivable. The social risks outweighed the consideration of an epidemiological risk of HIV. Public health’s mass education and research focusing on poor women infers that empowerment programs increase women’s capacity to negotiate condom use. However, this comparative study of middle class, rural and urban poor women suggest that this was a difficult bargain. Asking a partner to use a condom implied mistrust and accusations of promiscuity suggesting a breakdown of the ideals within which the marriage was negotiated—fidelity, trust, love. In addition to this, but most common among middle class, women feared losing their class status and consumerist lifestyle. Empowerment through condom education or counselling for HIV concordant and discordant partners, and economic empowerment for women, in themselves, did not seem to reduce the inequalities that drove condom non-use.

Peculiarly, in early 2013, perhaps acknowledging the increasing participation of women in extramarital sex, or perhaps a defeat of the *mpango wa kando* campaign, once again, PSI-Kenya—in partnership with Kenya’s ministry of health, USAID, and UKAID—developed the “*Weka Condom Mpangoni*” (include condoms in your extramarital affairs) mass media campaign for married women. In this TV advertisement, two women friends (Mama Michelle [MM] and Priscah) meet on the way to a local open-air market in a somewhat filthy low socio-economic status neighborhood. Priscah asks MM about her husband’s well-being, to which MM responds with a conversation about her dissatisfaction in her marriage; her husband had become a habitual drunkard who spent all his time in bars. Priscah then asks her about her other male partner, *mpango wa kando*. MM confides that even though her husband no longer fulfilled her needs for



sex and pleasure, the other partner whom she has had for a long time does. They are in love. This male *mpango wa kando* is then brought into view in his shoe kiosk attending to a younger female customer with whom he is heartily laughing, to indicate to the viewer a sexual network of HIV risk. Priscah who is now looking at this interaction at the shoes kiosk suspects them of having a sexual relationship. She then turns to MM and asks her whether they used condoms. MM's jovial facial expression and interest in the conversation disappear, to signify that they did not. Taking the cue from MM's reaction, Priscah then advises her on the need to protect herself and those she loves, her children and family (her children shown running around the market), through condom use. MM at first looks surprised at this advice and then uncomfortably manages a smile at her friend, and the video ends.

Not unexpected, this advertisement brought sharp divisions amongst Kenyans on both social and mainstream media. It came to my attention, as I was preparing my research proposal, through face book on the first day it aired on television. Religious leaders—both Muslim and Christian—and most public furiously condemned the advert by calling press conferences, newspapers, and social media. They argued that the AIDS managers endorsed infidelity and promoted sex among young people, both of which did not conform to the sanctioned local practice and religious teachings. They also particularly objected the fact that this advertisement aired at night during family time (at peak TV audience, news time). After a long period of complaints and negotiations, the advertisement was withdrawn later in the year. Recent campaigns have focused on educating masses on the importance of HIV couple counselling and testing (HCT). This advertisement and condom education in general, provide for discussion about the Western-led program's assumptions on local contexts, contradictory condom messages, and conceptualization of risk.

While the advertisement recognized women's agency in extramarital sex, it made assumptions about what constitutes gender equality, ignored local social relations, and seemed to indicate a widespread involvement of women in extramarital sex. When the public opposed the airing of the advertisement during family time, the message they were sending to AIDS program managers was that the advertisement defied local social norms that restrict age, gender (and other considerations) interactions and typically dictate what people can talk about in a given space. In this particular case, social norms limit discussions about or viewing of sexually related material between parents and children. The objection to the video was heightened by the fact that what was at stake was the involvement of wives and mothers in what is widely perceived by the public, and what HIV managers have themselves framed as 'immoral' and 'risky' sexual behavior. NGO programs have increasingly encouraged demystifying sex and sexuality—still regarded as taboo topics—by urging parents to discuss safe sex with their children and pushing for introducing of sex education in schools as ways of curbing HIV risks. But, directly involving children in adult married persons' sexual business seemed, in this video, to go against the norms that guide the flow of information; that parents can be involved in their children's sexual lives but, clearly, not the vice versa.

In addition, this video and the message seemed to suggest that gender equality means that women could also engage in extramarital sex because men did it (revenge), and all that women required was a casual reminder by a friend in the market (importance of social networks) about the importance of condom use. Similar sentiments on such forms of gender equality—in the age of individual rights—were circulated on social media at the time of the protests against the video. Some women and men observed that, if men have been doing it, then women should do it too. In addition, some of my participants reported the same revenge practices. This is a simplistic

and dangerous view in the AIDS era given the already recognized challenges and power relations involved in condom negotiations between women and men. Indeed, in the video, we cannot be certain that MM, now educated by Priscah on condom use, would be able to negotiate those terms with her *mpango wa kando* who is not part of this education.

Instead of being part of the conversations on condom use, given that programs already recognize that men wield the power over their use, the man is ‘naturally’ and obviously brought into view with another woman to indicate that he has a sexual relationship with her. By so doing, this video promotes men’s multi-partnering and places the responsibility to protect solely on the woman, and consequently, then, blames them for not using condoms if they (or their husbands) become HIV infected. Therefore, the video draws on and entrenches existing discourses on women-as-vectors of HIV. At the same time, by bringing up the issue of condoms only when framing MM’s behavior as ‘risky’ the advertisement reinforces longstanding HIV programs’ link between condoms, illicit, and high risk sex. I find that this link may inadvertently stiffen resistance to condom use. For example, in a love relationship women and men avoid discussing condoms to indicate love and trust, and to distance themselves from immorality. This is how MM conceptualized her relationship with her male partner. She said that he loved her and her facial reaction suggested that they did not use condoms. She, in fact, at first looked surprised that Priscah was advising her to use condoms, and only nodded and gave her a quick smile after that, there was no further discussion and that was the end of the video. In MMs view, therefore, her relationship was not ‘risky’ until Priscah defined it as such. Thus, in the end, the video educates us that married women should engage in infidelity to revenge as part of realizing gender equality; that men’s multiple partnering is natural; that should women become HIV infected it is

their fault because they were educated and did not heed to this advice; and that condoms are only used in ‘illicit’ ‘risky’ behavior.

Further, and pointing to another gap in programs, and which should have also been a major focus of the intervention advertisement since programs recognize the wide practice of men’s infidelity, and are actively aimed at saving marriage, is that the “drunkard husband” was completely left out. Instead, the “wife” adversely mentioned him as a man who had failed in his duty of fulfilling love, and sexual desires. This, then, ‘justified’ MM’s revenge infidelity. His social and material circumstances in this dirty marginalized neighborhood, which might possibly have contributed to his drunkenness and, hence, his failure to provide love and pleasure or vice versa, were beyond the purview of this campaign. Neither do we know what he was doing in the bars where he spent all his time, leaving open the conclusion that he might also be engaged in other sexual affairs, as his wife’s male partner who we see with another woman. Essentially, therefore, programs are not concerned with material realities of married persons. By this, the program both contradicts and reaffirms its ideology. The self-contradiction that the woman is ‘educated’ to use condoms in order to ‘save’ her family but on the other hand they ignore ‘saving’ the “habitual drunkard” husband, yet these programs have the objective of ‘saving’ marriages from HIV. At the same time, it reaffirms its ideology of blaming women and placing the responsibility to protect on the woman, and, consequently, freeing the man.

In sum, I find that whereas these programs are well intended to increase knowledge on risk and to encourage condom use, they may inadvertently increase the HIV risk by promoting rather than challenging power inequalities that are inherent in marital gender and sexual relationships. My discussion on condom use, and the *mpango wa kando* fidelity education suggests this through several factors. First, they reiterate the neoliberal market ideology of

responsibilizing individuals. Second and related to the first, the ideology that sees risks as the result of individuals' irrational or uneducated behavior is not much concerned with changing people's (or men's) material conditions. Third, in the era of equal rights, gender equality seems to imply that because men engage in extramarital sexual behavior, their wives should now revenge. Fourth, in a bid to *totally* shape behavior, programs seem oblivious of the local social norms that structure relations. Fifth, women are the beasts of burden—seen as both vectors and responsible for protecting their husbands from HIV. Sixth, they entrench male privilege in multiple partnering by failing to question men's 'behavior' and implying that as long as they provide for their families' their extramarital sexual behavior is condoned. In the same vein, they represent women as almost comfortable with their husbands' behavior as long as their husbands provide for them. Seventh, they associate condoms with 'risky' behavior, appropriate only in 'immoral' or 'illicit' sex rather than as part of a respectable method of dual protection, making people avoid collecting and using them. This framing of condoms as interlinked with HIV risks and 'immoral' sex makes it difficult for married persons to use them, because that would suggest that their sex is immoral.

In the next section, I examine how NGOs attempt to empower and provide welfare to individuals—stepping in for state welfare provision—through HIV support groups, and how this shaped my participants gender and other social relationships, and then I conclude the chapter.

### **HIV Support Groups: Solidarities, and Biomedical Citizenship**

Martha and indeed all except one self-identified HIV positive women participated in support groups. Moses, her husband, was in charge of peer education for support group members at a local private hospital. The hospital provided space for a health program, the AIDS, Population and Health Integrated Assistance Plus (APHIPlus) implemented through the

hospital's Comprehensive Care Center (CCC). In the early 2000s, Kenya's Ministry of Health adopted a new health delivery system, the CCC, as the prototype for HIV care and treatment. This model was geared towards improving HIV clinical service delivery through public sector hospitals, by providing, among others, open access center for HIV and AIDS patients, provide HIV specialists, quick services, and nutrition counselling. The government sponsors some programs while NGOs and private hospitals complement government efforts to increase access (NASCOP 2005).

The APHIAplus program—that has a nation-wide reach—is funded by USAID and “implemented through a partnership between Pathfinder International, Population Services International, Child Fund International, Family Health International, Cooperative League of the USA, and the Network of AIDS Researchers of Eastern and Southern Africa (Pathfinder website). These NGOs also work with local organizations. For example, in this rural area, they worked collaboratively with a national organization, Society of Women and AIDS in Kenya (SWAK) to mobilize grassroots communities. The NGOs provide free treatment and nutrition to people living with HIV (PLHIV) particularly among marginalized populations. They have also progressively implemented support groups—networks of PLHIV—in order to socially and economically empower individual living with HIV. The support groups are tied to free treatment and material support; to receive free treatment, nutrition and other items, one has to register themselves with a support group.

APHIAplus trained Moses on HIV and related complications and deployed to work for the program at the hospital as a peer educator. His work involves educating clients (NGO polite term for patients). He travels frequently for trainings by the NGOs and then brings back information to the groups. This dissemination exercise is what I had accompanied him to do. His

other work includes record keeping and following up on individuals who fall out of support groups because it also implies that they may not be adhering to treatment. To Moses, support groups were highly favored because they encouraged a solidification of identity around being HIV positive. PLHIV learn (are taught) to share their experiences and to articulate their needs as a group. It is the result of 'being taught' that they were able to share their health experiences with me during introductions; the community health worker told me that the particular group I visited was still shy because it was a new group and offered that I meet with an older group who were more talkative. Thus, through the support group, members become more visible to others. This visibility and sharing empowers them to combat their own internal stigma as a step towards disclosing to other people, and, therefore, normalizing HIV and reducing stigma in the society.

Yet, support groups served another importance for both members and humanitarian workers. Being able to mobilize around a biological identity made them visible to the NGOs whose goal is to alleviate suffering and meet the needs of marginalized groups. For example, Martha reported that in the past, she had received donations of food, mattresses, and a water purifier. Additionally, support groups became formal and visible through registering with the social services government department. This way they were able to represent their need to the NGOs through formal procedures (proposal writing) to solicit funds for income generating activities (IGAs) such as goat-keeping and chicken rearing as Martha told me, and reported by other participants. The goals of NGOs that implemented these support groups were, therefore, twofold; to reduce stigma and ensure mutual support and solidarity with the community through disclosure, and to provide treatment and material assistance to PLHIV. However, these objectives were imbued with assumptions. I investigate two concerns that were notable in the workings of the support group.

The first concern is with the goal of disclosure, that is, whether it created, strengthened or threatened solidarity with the existing social networks. According to UNAIDS<sup>28</sup>, the idea that personal experiences should shape the AIDS response was first voiced by people living with HIV in Denver in 1983 (see the Denver Principles).<sup>29</sup> According to Nguyen (2010), this “come out” strategy was first used in gay AIDS activism and self-organizing in both North America and Europe in the 1980s. In 1994, the Paris-World AIDS Summit adopted the Greater Involvement of People with AIDS (GIPA) declaration. In 2001, 189 United Nations member countries endorsed the GIPA Principle as part of the Declaration of Commitment on HIV/AIDS (UNAIDS 2001). The notion of support groups is part of the commitment to involve PLHIV in the management of the epidemic.

Support groups have the intended objective of encouraging mutual support through talking and sharing in a non-threatening environment, such as hospitals, chief’s grounds, or NGO offices, as I found among my HIV positive participants. They are founded on the idea that being able to disclose one’s status to people with a similar biological condition was a step towards the ability to disclose to family and community and, therefore, create solidarity and reduce stigma in communities. As such, to the community health worker in the hospital that I visited, the invitation to meet an older group in order to compare them with the new one I had just met was to allow me to evaluate the success of the program. That is, their effectiveness in teaching clients “how to talk” about their HIV condition and experiences to others in the group who shared the same identity, and gradually to other people in the community so that they may gain

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<sup>28</sup> [http://data.unaids.org/pub/briefingnote/2007/jc1299\\_policy\\_brief\\_GIPA.pdf](http://data.unaids.org/pub/briefingnote/2007/jc1299_policy_brief_GIPA.pdf)

<sup>29</sup> The Denver Principles (1983). Available at [http://data.unaids.org/Pub/externaldocument/2007/gipa1983denverprinciples\\_en.pdf](http://data.unaids.org/Pub/externaldocument/2007/gipa1983denverprinciples_en.pdf)



acceptability, that is, reduce stigma. While networks may fulfil this objective at the group level, it is not certain that this step actually translated into the ability to disclose to other networks in the community.

While the GIPA declaration does not require disclosing one's HIV status to the public, disclosure is, nonetheless, encouraged to reduce community stigma. It was also, in practice, *required* to ensure adherence to treatment. Therefore, members were sort of compelled to disclose to others. At the hospital, Moses reported that they “required” HIV positive persons to register a “treatment supporter,” the term used for someone, for example, a close friend or relative, who would ensure that they adhered to their ARV treatment:

Many of our clients do not like to disclose. When they register at the clinic, they are *required to have a treatment supporter*. Sometimes they do not even disclose to this treatment supporter. So, for example, if they miss a clinic and we call the treatment supporter who at times have no idea that they are a treatment supporter. On the other hand, if the client gets to learn that we talked to the treatment supporter, they accuse the clinic of lack of confidentiality.

Agnes, also a peer educator at another local health center, noted the importance of a “treatment supporter”:

You know there are people who learn of their status but have never told anyone at all. We tell them that it is good to tell at least one person about your status. Let's say you fall ill and are unconscious and hospitalized and nobody knows that you are on treatment. At least you need someone who can tell the doctor that you are on HIV treatment. You cannot stop taking drugs.

These quotes suggest that whereas members understood the importance of having someone else know of their status, they nonetheless, found it difficult to disclose to persons outside of the network of people who are HIV positive. Moses informs us that when a client failed to attend the clinic, they would call the person's treatment supporter who sometimes may not even know that they are one. Hence, the client would accuse the staff of lack of confidentiality because they

disclosed his/her status, *albeit* to a registered treatment supporter provided by the same client. This raises questions of enabling solidarities with friends and networks within the community.

Participants suggested that while support groups sought to self-empower individuals through disclosure and to help them find support in those whom one chooses to disclose to, it was nonetheless, a difficult decision for them. Some had taken many months to talk to their spouses about their status, and, indeed, disclosing to a trusted friend first was an easier option. This confidante would then help them to disclose to the spouse, as suggested by all my participants who were in concordant or discordant relationships. Therefore, in this sense networks were significant. Beyond the difficulties of disclosing to a spouse, I did not find that participants had disclosed their status to anyone else in the (extended) family or community, yet these networks are important sources of social and material support. Stigma was still high, despite years of HIV education on stigma reduction and implementation of the support groups meant to reduce the stigma. In my discussions with the HIV positive participants, they understood quite clearly that the norms of the support groups were in tension with those of the existing social networks.

The idea that people should learn how to talk and then disclose to others outside of the group formed around an HIV identity seemed to go against the existing networks of obligation, responsibility, and exchange that bound individuals together. The logic of the existing social networks does not require people to disclose illness, disease or a biological condition as a prerequisite for the formation of new or for cementing older bonds of relationships, as envisaged and taught by NGOs. Rules governing behavior outside of one's family, for example, among my rural participants, are commonly expressed in local idioms such as *cia mucii ti como* (family/private affairs are not public). Specifically, sexuality remains a highly private matter that

couples find hard to discuss between them. It is a taboo topic especially among older persons. If ‘normal’ ‘moral’ sexual behavior is difficult to discuss with one’s spouse, it is even more difficult to talk about it with other people. Therefore, to ask one, especially a married person, to disclose their HIV positive status exposed not only their sexual behavior but a sexual ‘immorality’ that is publicly stigmatized and condemned by the church, AIDS managers in campaigns, media, and the general public. Given the social norms, talking about a sexual matter or a personal ‘immorality’ would be considered an irresponsible act towards others because these issues are not part of network exchange or daily talk, and actually trigger suspicion rather than create the anticipated mutual support.

Obviously, women’s social networks shared health matters and were crucial for social and material support in time of illness as I discussed in chapter 6. But it seemed that a framework where people are removed from existing groups to teach them how to speak about their sexual behavior, and then send them back to the groups to disclose their ‘immorality’ in order to create a sense of belonging, threatened the very solidarity of the networks on which they are reliant. Rather than create a sense of belonging, participants felt that they would be excluded if they disclosed their status. This explains why clients would register a “treatment supporter” as required by the NGO staff but not disclose their status to these supporters. They feared they would lose their reputation and support rather than create it. They, especially women, risked exclusion and access to resources that were basic to their survival.

Female participants were already afraid of being abandoned by their spouses, or ostracized by in-laws for not being ‘good wives’ as earlier chapters suggest. Asking them to tell these kin about their HIV status would make this worse. One woman in the support group I visited was deserted by her spouse after she tested HIV positive and disclosed to him. The under

10-year old girl in the group was abandoned by both parents who quarreled and ran off in separate ways after the girl was born HIV positive leaving her under the care of her elderly grandmother who brought her up. Family and kinship networks were vital sources of social and material support and disclosing had the risk of completely excluding them from kinship networks and other community relationships, especially for rural women in patrilocal residential systems. Extended families were crucial and obligated wives to act in a certain way towards them and their husbands in order to gain both social and material support. The constrained mobility and scrutiny of their behavior by in-laws was to ensure that they conformed to the group's sexual and behavioral standards, which often times created conflicts and risks of losing support. Women also understood the double standard where they were largely blamed for their husband's extramarital sex and hence HIV infection. These relations and expectations of behavior imply that social networks, kin or non-kin in the community, and not NGOs, framed the terms of solidarity.

Yet, at the same time, economically disadvantaged individuals in the rural area and the informal settlements in the city needed and joined the support groups in order to receive free treatment. Discussions with city NGO staff revealed that support groups did not targeted middle class individuals; neither did these individuals join these groups because they could afford private health care. As such, disclosure and support group participation was enforced on the poor who then had to negotiate the difficult terrain of meeting the norms and moralities of two different groups: One, the existing networks in which disclosure was an exclusionary mechanism, and the other, the NGO morality where disclosure offered hope of treatment and material resources. This negotiation exemplified, partly, by the long distances women travelled to the support group meeting that I attended. They left behind other hospitals and support groups

that were nearer their communities, some of which I had visited to interview peer educators. I found the same with the other HIV positive participants; that they did not enroll for treatment and support groups within or nearer their communities. They, for example, feared that people known to them who visit the local health clinic within communities might see them at the comprehensive care center, or at the chief's place where some groups met. Additionally, the peer educators I spoke with did not mobilize or head support groups within their local communities where people knew them. For example, Moses and I drove for about 10 kilometers (6.2 miles) from his home to the hospital where he worked. In the local setting due to the state of the roads, this would take more than one and a half hours depending on the mode of transport. Agnes too by-passed several villages to the health clinic where she was a peer educator. For, especially, married women, it can also be said that 'forcing' them to travel such long distances increased their burden of work at home given that they already did not have much leisure time compared with the men.

Peer educators widely reported that men did not participate in support groups. This behavior is explained by the context of existing gender relations, and expressions of masculinity. Men not only feared facing stigma from friends, family and community but they also traditionally did not participate in self-help groups. Self-helps were typical of women's work. Additionally, social networks, especially in the rural area were still highly sex-segregated with norms governing what discussions can take place between couples and among women and men in mixed gender spaces. Therefore, to ask women and men to share a space to disclose and discuss sexual behavior and an already stigmatized condition did not conform to the script that governed relationships. Perhaps even more important is the fact that being masculine meant detaching oneself from discussions that were perceived to 'weaken' their sexual performance, for

example, by teaching them to protect themselves in a context where condom use was seen as not being man enough. Generally, it seemed that the methods of disclosure encouraged by NGO programs had great potential to upset existing relationships and it would require more than “encouraging” men to join a support group and to disclose. It requires a radical shift in enduring gender ideologies and practices that have characterized the Kenyan society. On the other, I found that the boundaries of taboo discussions may be breaking because the support group consisted of women of varying ages, from 70 to 10 years, who were being taught these disclosure mechanisms in the same room.

The second argument concerns tying material and economic support to HIV disclosure. The GIPA policy document states that, “GIPA is about ‘meaningful involvement’, not tokenistic participation” (UNAIDS 2002). But the practices of organizations indicated a different scenario. As I discussed above, support groups based on HIV status and outside of the norms of existing networks, threatened participant’s survival, and, therefore, challenged the concept of “meaningful involvement.” On the other hand, from Martha’s narrative, we learned that she was grateful that the ability of her husband to disclose his condition had elevated his economic status from casual labor to a formal job with an NGO, with paid benefits of travelling for HIV seminars in hotels. This way, they had been able to build a better house (develop). Martha too had received material support in her support groups. Agnes, a community health worker and peer educator also noted:

....I joined a support group. And then I became involved with \_\_\_ (national NGO) in 2009, a year after testing (HIV positive). They trained us as community health workers and on home based care.... and sent me to work in \_\_\_ (health center). I had already started a support group there. So I volunteered for two and a half years but now I have been recruited by \_\_\_ (international NGOs) as a peer educator. There is a CCC in \_\_\_ health center and I work there as a peer educator. I recruit people who are positive so that they can give them support. Like tomorrow, we have a \_\_\_ meeting (with NGO). They will come to distribute mattresses, blankets and nets.

Nguyen (2010:32) argues that in 1994, “anxious to break the silence and ‘put a face to the epidemic’, international agencies unwittingly created a market where stories about being HIV positive could be bartered for access to resources.” In Africa, those who went public in the early days of the epidemic were rewarded with ARVs at a time when treatment was scarce, fuelled by a logic, which, in the era of universal rights, values life unequally. Farmer (2002) and Nguyen (2010) note that due to cost and logistical challenges, drugs could not be delivered to resource-poor settings. Additionally, Decoteu (2013:114) quotes the director of USAID who claimed that Africans could not take ARVs because they “don’t know what Western time is.” These policies and statements had grave consequences for many Africans living with HIV and only those who “came out” found avenues of accessing treatment and other resources. Indeed, in Kenya, in the early days of the epidemic those who came out and became AIDS activists were among the first to establish donor-funded organizations that subsequently elevated both their material and social circumstances.

Contrary to GIPA’s policy of non-tokenism, treatment (ARVs, disclosure, counselling, nutrition) came with a package of material items, and token salaries for peer educators. In both sites, all peer educators that I interviewed were HIV positive and it, thus, appeared that to be a peer educator one had to be HIV positive. I did find that few participants questioned how a person who had engaged in ‘illicit’ sexual behavior had the authority to teach communities about morals, which might lead to rejection or undermining of HIV messages coming from people, who are seen in the community as ‘immoral.’ The peer educator salaries and other materials disbursed to clients did make a difference in the lives of clients compared to other people of similar economic status, thus elevating them. Moses had built a better house compared to what he had before, he travelled a lot, and he and his wife had received free food items.

Martha's groups had been able to rear chicken and progressed to goats with donor funding. Besides, I found that in the rural area, men made the majority of peer educators, which had the result of intensifying gender and economic hierarchies. Notably, some participants linked HIV risks to the elevated status of some of the male peer educators. For example, three male staff (peer educators and CBO) on different times described the sexual behavior of a married male peer educator (name provided) who was "spreading the virus in the local markets." Humorously, they noted that because he now had money and was in charge of giving drugs and distributing material items he could afford to have many sexual affairs and then provide these items to them. This is no light matter in a community where economic resources are dwindling and where the implied logic of the support group seems to support the idea that having a biological condition was a meaningful form of accessing "material citizenship."

Scholars note that biomedical (Decoteu 2013) or therapeutic (Nguyen 2010) citizenship is now a feature of the strategies of the neoliberal era, particularly in the time of AIDS. Decoteu (2013:19) points out that, "citizenship rights have become dependent upon the successful adoption of certain health behaviors sanctioned by biomedical experts." This practice of biomedicalizing citizenship (provision of free ARVs, foodstuff, blankets, water purifiers, and funding chicken, goat projects, and others) was a technique of governing behavioral practices such that those who received these material items were those who enrolled in support groups, disclosed, and adhered to treatment. In addition, Decoteu (2013) has argued that the shift towards governing health behavior through biomedical citizenship amongst poor populations is a form of "exclusionary inclusion" that is, giving pills without providing sustainable livelihoods amounts to abandonment. It entrenched donor-dependence that has mostly characterized urban poor informal settlements.



My NGO contact in the city advised me to bring food items whenever I went to interview the couples in Kibera “because they are poor.” Specifically, one kilogram (one kilogram is approximately 2.2 pounds) of sugar, one kilogram of rice, and half kilogram of cooking oil for each household. In the rural community, where the phenomenon of NGOs is more recent with the increase in AIDS, (there were no NGOs in this community when I was growing up in the 80s and 90s), I did not bring any food gifts. Despite their material circumstances, they would have considered me rude to seem to pay for their time because I had gone to learn from them, not to visit. This difference dictated whether I should bring gifts. This unsustainable dependence on humanitarianism in the informal settlement, which absolves the state and imperialist powers of their responsibility towards addressing structural violence, raises questions about the future of those living on the brutal edge of the society. Moreover, those who need the ARVs which require a healthy diet.

The above findings on HIV support groups are not unique. Scholars elsewhere in Africa, for example, Kalofonos (2010), in their research in Zambia and Nguyen (2010) in West Africa have both argued that western-led networks targeting a biological condition do not necessarily create the anticipated local mutual support. However, these scholars focusing on western-led networks and biomedical citizenship have not examined how these processes structure gender and economic relationships, especially at the marital level. I have pointed out here how this threatened to exclude married women (and men) from important sources of both material and social support within existing networks. I have also highlighted how the NGO process may increase women’s burdens; elevate married male peer educators’ economic statuses by providing extra incomes that might be spent on infidelity. Therefore, I find that while marginalized groups

do deserve services, the workings of the support group may also inadvertently reinforce economic and gender hierarchies, and exacerbate the HIV risks.

## **Chapter Conclusion**

This chapter focused on my third level of analysis, public health HIV prevention interventions to examine how their powers shape gender relations, and hence, structure the HIV risk in marriage. I began by providing an account of the global governance of AIDS, and the heavy reliance of the Kenyan government on western donor funding, policy, and program models. In this arrangement, the state and local movements participate as *implementing partners*, and I, therefore, conceive the NGOs as the *visible* governors (NGOs biopower) who provide the funds, models and directions for the AIDS management. I focused on three HIV programs for married persons to highlight their workings and how members consume, interpret and react to these HIV messages, and what this means for the HIV risk.

As this discussion has shed light, the intensive media education campaign on marital fidelity and condoms assumes lack of knowledge. It is, therefore, not only driven an “othering” ideology, but also by the neoliberal ideology of ensuring that individuals are *wholly* responsible for the circumstances of their lives—as though they are not affected by social structures—and blaming them for their actions. My participants seemed quite knowledgeable about the consequences of extramarital sex and non-condom use. But the *mpango wa kando* (fidelity) campaign draws a distinction between ‘immoral’ ‘risky’ behavior, and lack of knowledge; and what in their world view constitutes ‘proper,’ ‘normal’ behavior rather than engage with individuals’ interaction with their material and symbolic environments. Participants’ calculation of social risk made more sense to them than the irrationality or immorality assumed to drive the epidemiological risk. It, therefore, appeared that the notion driving the campaign may have the

consequence of further stigmatizing extramarital sex, and adding to its secrecy rather than reduction, hence exacerbating HIV risks.

Implicitly, both the fidelity and condom campaigns reinforce the ‘male provider role’, male sexual privilege and multiple partnering while married women’s representations suggest they should indeed be complicit because their husbands provide for them. Therefore, they contradict the prevention goal; to reduce multiple partnerships and increase the capacity of women to negotiate safe sex practices. In fact, they explicitly promote women’s infidelity as ‘revenge’ on husbands who cannot provide love and sexual pleasure, but place the responsibility of condoms on women in order for them to protect their families, consequently, reifying the ideology of blaming women as vectors of the disease. Particularly, by linking condoms with ‘illicit’, ‘immoral’, and ‘risky’ behavior, rather than as a respectable method of dual protection, this campaign may further fuel than reduce risks. Therefore, I find that the narrow framing of the campaigns in terms of ‘immorality’, ‘risks’, and ‘revenge’; the disregard for norms that guide social interactions; and the narrow view of gender and empowerment, may heighten the HIV risk in marriage even though these campaigns mean well.

Finally, on the support groups for PLHIV, I have argued that the requirements/norms of support groups (disclosure) were in tension with the norms of the existing social networks. Sharing and disclosing one’s experiences with social networks, without a doubt, may create social and material support. However, disclosing a condition (HIV positive status), particularly of a stigmatized illness, seemed to threaten the very existence of the support networks, especially for married women for who kin and friendship support is crucial for their well-being. Participants had to negotiate between disclosing to family, kin, and friends, and risking social and material support, and conforming to the requirements of the NGOs who also promised

material support, which they may not necessarily find in their networks. This was a difficult task and one that they had to negotiate carefully, sometimes through travelling long distances to the hospital and group meetings thus adding to married women's domestic burdens because the journeys eat into their time. This practice also reveals how NGO powers shape behavior through a biomedical citizenship so that the only way to access basic needs is through being HIV positive, a practice that is exclusionary too because it only meets survival needs; it is not sustainable. This process seems to reproduce gender and economic hierarchies that exacerbate HIV risks because the programs do not adequately address basic issues of gender, welfare and citizenship. In the next chapter, I conclude my analysis and suggest theoretical and public health program implications.

## **Chapter 8**

### **Summary and Discussion, Theoretical, and Program Implications**

In this final chapter, I provide a conclusion of my research while highlighting the main arguments and interconnections in the three levels that I examined. Then I discuss my theoretical implications and suggestions for public health HIV prevention.

#### **Conclusion and Discussion**

AIDS exposes the gendered embodiment of the politics of exclusion. In Kenya, the social, cultural, political, legal, and economic structures transformed by, and inherited from colonialism and further given force by neocolonial processes such as the neoliberal policies, and other global impacts pose a threat to AIDS. This capitalist liberal modernization project has targeted to change every facet of indigenous life—marriage forms and family relationships, religion, healing systems, economic systems, agriculture, laws and politics (Pearce 2001) with real consequences for gender relations and health. Yet, these realities are often masked by global public health's emphasis—and blame—on individual responsibility that underpins the neoliberal market logic which serves to shift obligation of welfare from the state, and other global institutions, to its citizens. Even when global public health managers acknowledge that gender is key to the organization of these global processes, and the main driver of the HIV epidemic, gender within this market logic, as many scholars have pointed out, is only addressed superficially at the individual level

This dissertation, therefore, focused on gender relations and inequalities in the marriage institution in Kenya as a response to Western-led global public health's emphasis on individual sexual behavior change, and, by implication, a narrow view of gender. Specifically, scholars and public health professionals have noted that women's greatest risk of HIV transmission comes

from having sex with their husbands or male partners. In Kenya, the behavioral change response framework has focused on mass education on marital monogamy and fidelity, condom use, women's economic empowerment, and more recently on men's 'role' in HIV transmission, all under the rubric of personal responsibility. Yet, I was concerned that this primarily western-led moral discourse and feminist 'victim-saving' approach—with an implicit assumption of a universally empowered man—was superficial both in its conceptualization of gender relations, and in its objective of 'saving' individual women in non-Western contexts. For example, the individual-level approach ignores that in some other contexts this individual only exists in a network of relationships, which are very significant and consequential for their lives.

Two-Thirds World scholars such as Bulbeck (1998) remind us that the notions of personhood in many other societies are constructed through and vary with kin relationships, sex, age, and other factors specific to those contexts. Further, scholars such as Connell (2009) have highlighted the disempowerment of "Third World" men. Importantly, Two-Thirds World Scholars have asserted that a critical analysis of gender in colonized worlds, of necessity, must engage with imperialism itself. These issues are central to discussions of marital gender relations, femininities and masculinities, which structure HIV vulnerabilities and risks in marriage. Therefore, I joined scholars who argue that current HIV prevention approaches should consider both the history and context of gender social relations that shape every day material and sexual behavior.

Two-Thirds World scholarship, and my own biography shaped my interest and historical approach to examining gender in marriage. My central theme focused on how couples negotiate (nipe nikupe) gender power relationships within marriage to prevent HIV infection. I focused on three intersectional levels in which marriages are nested to analyze how gender power organizes

social relations and consequently the possibility of sexual transmission of HIV within marriage. These levels were the marital relationship, social networks, and public health behavioral intervention programs. I was inevitably drawn to these levels, while at the same time linking them to other macro-process, in order to account for how different sites of power interact to shape HIV vulnerabilities and risk, and how couples negotiate those risks. I chose a rural (Embu poorer small-scale farmers) and urban (Nairobi, capital city middle class; and urban poor Kibera informal settlement dwellers) site for a comparative analysis on how the sites, though complexly linked by various rural-urban modern processes, might vary in gender ideologies and practices. I was also interested in how structures of difference in age, socio-economic status, religion, ethnicity, and HIV status, shaped participants' lived experiences, understandings, and perspectives of gender and HIV in order to, at least, avoid essentializing experiences and to attempt a nuanced analysis of their lives. I interviewed 27 couples individually (16 in Nairobi and 11 in Embu) —54 interviews, and 27 interviews with NGOs, government agencies, CBOs and community leaders/elders.

I found that the gender regime of the marriage institution in Kenya has enormously transformed since the arrival of the White man. In chapter 4, I began my analysis with John's account of Ileri wa Irugi, the Embu prophet who among other things foretold the coming of the colonialists, and then I compared older and younger individual narratives on meanings of husband, wife, conceptions of love, dating patterns, and broadly some effects of colonialism on marriage. I generally highlighted religious, education, political, and cultural processes that have affected norms on gender and sexuality in marriage. I also discussed state laws on marriage, both as part of the "governmental" techniques (Foucault 2004) to regulate gender and sexual relations in marriage, and as 'patriarchal nationalist' responses to 'western cultural

imperialism.’ Through this broad account of the transformations in marriage, I brought to the fore continuities, tensions and ambivalences in marriage as these newer ideologies interact with earlier cultural practices or technologies of governing habits, morals and ethics (Rose et al.2009). I did this to bring into focus that marital ideals and gender practices are deeply embedded in global processes, and that I was analyzing the “modern companionate marriage.” I was also intent on a historical focus that contextualizes practices that facilitate the sexual transmission of HIV in marriage. I was not interested in passing moral judgment about those sexual practices, particularly extramarital sexual behavior. Towards this end, I hoped to show that infidelity in marriage (both men’s and women’s infidelity) is produced by the social structure “rather than just occurring because men cannot help themselves and their wives are not powerful enough to stop them” (Hirsch et al. 2009:207). This analysis attempts to move us away from the moralist, and racist discourses about sexual cultures in non-western contexts that are both explicit and implicit in global public health programs.

Gender scholars have long documented inequalities in household division of labor, access to financial resources, and decision-making processes, which primarily disadvantage women, and are consequential for women’s well-being. In addition, gender and HIV literature has emphasized the relationship between women’s economic disadvantage and HIV infection. My analysis of the marital dyad level in chapter 5 adds to this literature and expands it by providing a nuanced analysis of *how* these gendered household processes contribute to HIV vulnerability. “Structural opportunities” as both a concept and theory is useful in revealing how gendered practices within marriage impact HIV transmission. I discussed three intersecting opportunity structures for extramarital sex at this level, that is, household division of labor and leisure time; labor migration and daily work mobility; and women’s access to economic and



financial resources. I analyzed power relations of productive and reproductive labor, emotion, and symbolism and discourse in the two sites to show how these have been shaped by Kenya's colonial past and present. Hence, how the contemporary social structure of marriage produces and reproduces gender inequalities that facilitates extramarital sex, mostly for men, and, in addition, examine women's agency in these relations to contest women victimhood.

Broadly, I found that traditional gender ideologies on marriage ideals and practices between and among married women and men were more restrictive in this rural community. Generally, the persistent gender division of labor that creates gender differences in leisure time and the opportunity to be in control of that time, coupled with economic advantage are crucial to facilitating extramarital sexual behavior. However, these processes are complicated by one's gender, age, socio-economic status, and residence (rural-urban). Some examples on findings include that domestic work (a woman's domain) affords men more free time to frequent often sexualized social spaces (markets bars, beer dens, night clubs,) where male masculinity is entrenched, and that their relative social and economic privilege affords them to visit these places to both entertain themselves, and possibly women, with the likelihood of extramarital sex. At the same time, the amount of leisure time and economic advantage differ among rural, urban poor (un/under employed), and middle class men with consequences for how hegemonic masculinity is embodied (e.g. poorer men engage in protest masculinities-cheap/illicit alcohol and sex with "bar maids") but which, nonetheless, have implications for extramarital sex. Additionally, more leisure time for career, mobile, city middle class women—because they have domestic workers—compared to their rural counterparts, and the anonymity of the city, are structural opportunities for women who are "dissatisfied" with their marriage to engage in extramarital sex.

The findings in the chapter are significant but more important is that they are nested within a larger environment of contemporary global social and cultural representations of a specific modern companionate marriage ideal which constructs and emphasizes romantic love, sexual pleasure and desire. The ideal also exhorts men to provide their wives consumer goods as an indication of romance and intimacy, in addition to their traditional “provider role.” Thus, the ideal has bred new forms of gender inequality: women’s dependence on men to provide consumer goods, whereas women have to provide sexual pleasure or else lose their husbands to women who can. This I found may make *mostly* middle class women vulnerable to HIV whereas poorer women are made more vulnerable (from their husband’s or their own infidelity) by basic needs. However, in the end, both wealthier and poorer women become complicit in their husband’s extramarital sexual behavior either to maintain a capitalist consumption lifestyle or due to basic needs and survival, respectively. This makes the intersection of romance and consumption particularly among middle class couples critical to HIV discussions.

Additionally, because marriage is embedded in cultural practices that valorize greater power of men than women, emphasize the Victorian “good wife” (in tension with the modern ‘sexually-liberated’ wife), and in patriarchal practices institutionalized through legislation, religion, and media, women’s complicity or ability to challenge or resist infidelity is based on their rationalization of these meanings to their lives. Indeed, both women and men make pragmatic decisions on extramarital sex based on their interpretation and negotiation of the social, moral, and material risks in their cultural contexts, more than the HIV risk.

This analysis also contests reproducing Eurocentric simplistic discourses of “Third World” women as victims of their husbands, and restrictive patriarchal practices. I demonstrated that women were active participants in the production of, and in challenging, infidelity. Some

women were complicit and excused the behavior of their husbands because they are “men,” for example, Hannah severally evoked local Embu idioms that seem to promote men’s multi-partnering and took men’s infidelity as innate and unchangeable. Others publicly shamed their husbands or resorted to physical violence as in the case of Bancy who told her husband’s lovers of his HIV status and reported his failure to provide to the local government administration. Still, others like Martha temporarily left their marital homes due to her husband’s infidelity while I received reports of a woman who burned their house while her husband was away and left, end her marriage. All women who “knew” or suspected their husbands of infidelity or who were in HIV positive relationships attempted to engage in condom negotiation though often with the result of violence from the men. These responses by women, and women’s agency, generally, need to be recognized.

In chapter 6, I extended the analysis of the marital relationship level to the interlinked social network interactions. This chapter is critical as it highlights how gender emerges as a result of network relations beyond the marital dyad level and how these are important for fostering marital gender and economic relationships in marriage. Therefore, as a site of power, social networks mediate HIV risks and may, thus, either facilitate or limit extramarital sexual behavior. My analysis advances scholarship on the significance of women’s formal and informal social networks (Purkayastha and Subramaniam 2004); male homosociality (e.g. Bird 1996; Kimmel 1996). Additionally, whereas HIV literature points out the importance of community networks in reducing HIV risks by shaping gender norms (e.g. Schensul et al. 2009) there is less attention to how, in fact, these networks may exacerbate risks.

I traced the transformation of networks from the women’s traditional informal farm/work collaboration groups to the contemporary informal and formal networks that now

have an apparent economic motive. I did this in order to highlight the neoliberal processes that have necessitated the changes in the functions of networks—from primarily social power and support, to self-help groups as a coping mechanism for women’s economic disempowerment. These informal and formal networks are crucial in Kenya and the financial (*gikundi/chama*) networks are particularly encouraged at the state level and often targeted by government’s economic interventions. They remain central to women’s social support, social capital, and material resources and, therefore, challenge men’s relative social and economic privilege. In my analysis of the marital relationship level in the previous chapter, I argued that middle class women’s intertwined desires of consumption and romantic love may exacerbate risk. In chapter 6, I found that unlike rural and urban poor women whose financial formal networks were primarily for meeting basic needs—because their husbands were also a disempowered lot—middle class women were able to make collective or individual investments in stocks and land. They were also able to increase their consumption. Nevertheless, these capacities did not make a difference in their dependencies on their husbands for consumption. Money increased desire. For example, wealthier couples wanted bigger TVs, or changed car models to better and more expensive ones to symbolize their class status.

I also pointed out the paradoxes of modern empowerment, which elevate the individual and de-emphasize traditional collective practices and social support mechanisms. I, for example, discussed how the privileging of the modern nuclear family over the traditional social arrangements such as the extended family created tensions in relations. I showed how in both the rural and urban sites all participants, especially women, narrated conflicts over land, food, money, “jealousies,” among others, with their in-laws and how women made effort to avoid these in-laws. These conflicts may have the effect of decreasing women’s social and material

support from the extended family, and hence women's capacity to, for instance, navigate their husbands' extramarital sex.

Additionally, I highlighted that even though interpersonal relationships in the community, markets, bars, and church, were important for information sharing, and for material support, the persistent take-for-granted segregation of female and male social networks—and spaces of social interactions—were key to reinforcing masculine and feminine ideologies and, therefore, policing gender. These practices were important in promoting, particularly, men's multi-partnering. At the same time, I argued that where women's networks overlap with their partners—as was the case with middle class couples—this might limit both women and men's infidelity. In other words, overlapping networks may, *ceteris paribus* act as mechanisms for sanctioning behavior. A critical dimension of contemporary social structure is the growth of gender-segregated, sexualized, and hidden spaces (lodgings), more so in the city, which facilitate network relations and sexual partnering, but which exclude “proper” married women. These social spaces may be seemingly desegregated (city bars and nightclubs), but nonetheless, remain ideologically male spaces for masculine performances. The growth of these spaces, therefore, limits the ability of overlapping networks of couples to sanction behavior. Relatedly, in analyzing some married women's participation in these sexualized spaces through the “chips *fungu*” concept, I argued that this conception of female sexual agency—a modern liberated sexual self, served to benefit men more than the women and may create HIV vulnerabilities.

Given these trends, I find that even though these networks remain significant, particularly, for the gendered lives of women in Kenya, it seems that the inevitability of the pursuit of individual empowerment/development and consumerism, but more so for sheer survival in this rural area, may exacerbate risks. Additionally, the social networks level analysis

indicates that these interactions, in the main, entrench gender ideologies at the marital relationship level. This happens where, for example, church leaders blame women for their husband's extramarital sex but do not address men or insist on division of marital labor. It also happens when women in their homosocial group urge each other to persevere and pray for their husbands because women "cannot change men", and when men in their peer groups emasculate those who have not engaged in extramarital sex (changed diet). In addition, extended family conflicts over, for example, land, money, and the "development" of the nuclear family, affect the dyad relationship. As such, any efforts to address gender and HIV vulnerabilities, then, should also focus on how gender is produced in "development," and romance and consumption discourses of the companionate marriage (which pits it against the extended family), in, and reinforced by, social interactions and other local discourses, beyond empowering individuals at the marital dyad level.

In the final chapter, I turned to public health as an arena through which married persons' sexual behavior is at the same time constituted and contested. Local meanings of HIV are considerably shaped by global moral discourses and intervention projects. AIDS scholars (e.g. Nguyen 2010; Poku 2002; Swidler 2006) have highlighted the global governance and the hierarchies of power in the management of AIDS and the constitution of local actors particularly in sub-Saharan Africa (Seckinelgin 2005). Additionally, Two-Thirds World feminists (e.g. Chowdhury 2011; Desai 2008; Purkayastha and Subramaniam 2004; Tamale 2011) contest donor agencies' disengagement with, or oversimplification of non-Western local contexts and co-option of domestic movements and agents as *implementers* of programs. Others like Manji and O'Coill (2002) argue that local movements have agency but would have to first disengage themselves from bilateral and multilateral agencies.

In countries like Kenya, the enormous reliance on Western donor funds for AIDS management—over 70 percent of total spending (NACC 2014)—and the wide reach and power of these organizations and agencies to introduce ‘expert’ knowledge and programs on directing population health, sweeps and co-opts governments into a patron-client relationship.

Consequently, the direct control or power over bodies in HIV prevention is not the prerogative of the nation-state, in the AIDS era. I called the NGOs (international NGOs, development agencies) the visible ‘government’ in AIDS management. Therefore, I was interested in how the NGO biopower (Foucault 1998) shapes, and is shaped by, the marital level and social network relationships. I examined three programs: fidelity campaign, condom campaign, and HIV support groups to highlight how individuals receive, interpret, and act on the program messages, and what forms of gender and social relations emerge.

Both marital fidelity and condom education revealed disjunctures between the program objectives and actual participants’ behavior; that extramarital sex and non-condom use were both widely reported by married participants. Most narratives from married women and men indicated that though marital monogamy and fidelity, or the companionate marriage, is the desired ideal in contemporary marriages, it seems almost unachievable. In my analysis, I noted several assumptions implicit in the program’s view of gender, sexual practices, and local norms that guide social interactions and discussions on sexuality. For example, programs assume that, individuals lack knowledge of HIV risks and are immoral and irrational in their choices of sexual practices that place others at risk of HIV infection; that women ‘should’ revenge their husbands’ extramarital sex. Programs also implicitly reinforce male provider ‘role’, male sexual privilege and multiple partnering and represent women as beasts of burden—both vectors and protectors of their husbands from HIV risks. They also disregard local social norms and contexts in which

parents and children may talk about or be exposed to media images that represent mothers (or parents) engaging in extramarital sex. I have argued that moral discourses that emphasize fidelity and label extramarital sexuality as immoral and irrational (yet contradictorily promote it) behavior contributes to its secrecy, while the association of condoms with ‘illicit’, ‘immoral’ sex may make people distance themselves away from condoms rather than use them to indicate their sex is moral.

Yet, I noted that the opportunity structures for extramarital sex in chapter 5 (division of private and public labor, and access to financial resources); and in chapter 6, network interactions and gendered social and sexualized spaces, show how social organization facilitates extramarital sex. This is critical to our understanding of extramarital sexual behavior as both produced by the social structure and a necessary component of the political economy rather than ‘immorality’ or lack of education (Hirsch et al. 2009). Extramarital sex, and spaces of sexual risk may be viewed as material manifestations of gendered economic organization. For instance, in this study, the men spending time in bars—and their homosociality—are there because they have greater access to wage labor or salaries, greater mobility, and fewer domestic responsibilities. Further, these spaces represent important aspects of the organization of capitalist economies that also facilitate growth of sexualized spaces, and the social construction and learning of sexual pleasure and desire.

At the same time, in the previous chapters, I highlighted that individuals make pragmatic sense of their sexual behavior based on the social, cultural and material circumstances that constrain their lives, and, based on this, calculate the consequences of social, moral, versus biological risks. So that, for example, women become complicit, adopt unilateral monogamy, challenge their husband’s infidelity, or indeed, engage in infidelity based on their class status and



on meanings of wife, husband, mother, basic needs, material consumption, romance and intimacy.

In this final chapter, I also examined a support group for PLHIV implemented by NGOs at a local hospital to highlight how the practices of the group exists simultaneously with the real threat of exclusion from existing social networks or altering norms of solidarity and interactions. Support groups help participating individuals to deal with internal self-stigma by disclosing their status and sharing their experiences with others in the group. This should serve as a step towards disclosing to the community in order to reduce community AIDS stigma. However, the support groups are also intricately tied to free treatment and material support for poorer persons. I found tensions and contradictions in their goals. I have already noted in chapter 6 that community social networks are inevitable for survival, particularly for women's social and material support given existing gender and economic hierarchies that mostly benefit men. But, the program's goal of isolating people from existing networks based on a biological condition that programs simultaneously label as 'risky' and resulting from immoral behavior (stigma) may further marginalize women from their networks that are perhaps even more significant to them.

Because of the basic need for free treatment and material support provided by NGOs—biomedical or therapeutic citizenship (see e.g. Decoteu 2013; Nguyen 2010)—poorer individuals have to negotiate both their community networks and NGO health network demands. For example, many men failed to participate in the groups because of local norm restrictions on mixed gender interactions and more so the requirement to discuss personal vulnerabilities in a group—their 'immoral' sexual behavior—which emasculates them (raising concerns over men's adherence to treatment). Also, women (some with babies on their backs) walked/ travelled far to evade hospitals and health clinics nearer their homes where people in their social networks might

see them and label them ‘immoral’ and ‘risky’, consequently increasing women’s burden of domestic work and reducing their ‘leisure’ time. At the same time, because I found in the rural area that these programs mostly employed men as peer educators, this increased their economic advantage and data suggested that some men now have extra money that they might spend in bars and on women, thus exacerbating risk.

Overall, my analysis reveals the multi-dimensionality of gendered opportunities that facilitate extramarital sex mostly for men than women, or discourage the behavior. In this dissertation, I find and argue that, in Kenya the transformation to *particular forms of modernity*, promoted through institutions such as the media, and some religions, and the effects of neoliberalism, are detrimental to, particularly, women’s access to deeper equality. When we consider the axes of difference, I find that gender hierarchy is all consuming, that both sites clearly show gender practices favor men (as a group) more than women with variation in gender restriction in urban and rural sites. Broadly, class did not affect domestic gender roles nor did it reduce women’s dependence on men, both, or either, for basic needs and consumptions. In addition, data pointed that HIV discordant status where the man was HIV negative and woman HIV positive, with a wide age gap, may in fact further disadvantage the woman. Data also pointed to the same age difference and financial decision-making in a HIV negative wealthier couple.

In comparing the three levels of power interactions, therefore, I find that the western-led ideologies, concepts and models of HIV intervention reflect particular relationships and dynamics of power in managing health. Programs often attempt to change the terms of existing social relations, with insufficient local community consultations. Individuals are expected to quickly learn and adopt these new prescribed norms and practices to become a self-regulating

individual and maintain a healthy body. It seems that the logic of AIDS management assumes that what exists locally is *wholly* problematic and needs to be *wholly* substituted with new norms and ideas in order to achieve a self-regulating western modern individual.

The prevalent individual-level interventions, and stigmatization of sexual behavior, within donor-funded prevention programs is an example of what scholars such as Hirsch et al. (2009: 211) see of public health policy as a “cultural production—that is, an ideological assertion of how the world is rather than a road map for how to make it the way it should be.” Scholars such as Sujata Patel (2000, 2007) would argue these programs are a “colonial modernity,” they reify modern/tradition binaries. On the other hand, as I showed in the chapters 4-6, local power structures and social norms in which individuals’ lives are enmeshed hold individuals to account and restrict their behavior because the structures are also critical to their survival. In the end, what we see are processes of resistance or subverting the terms of NGOs as people negotiate the *two “governments”*: local social and cultural norms, policies and laws set by the local government that draw upon *some* aspects of these norms; and western, colonial modernity. As several post-colonial scholars and Two-Thirds world feminists have argued, these resistances arise due to the preoccupation with this one form of modernity (colonial modernity) rather than merging insights with what locally exists and is acceptable. I, too, add that this modernity is not a panacea for HIV transmission. In what follows, I discuss the theoretical implications of my findings.

### **Theoretical Implications: Gender, Intersectionality, and Two-Thirds World Scholarship**

Attention to intersectionality in gender and feminist scholarship has increased over the last several decades. In this dissertation, intersectionality was necessarily useful in providing a nuanced analysis about how multiple dimensions of social structure/social identity influence

beliefs about and experience of gender, and produce multiple marginalities across the two research sites. Whereas I have applied the concepts of gender and gender regimes, it is clear that these refer to intersectional structures that shape relations between and among married women and men. Further, my analysis responds to individual gender conceptualization, by analyzing the multi-dimensional relationships that constitute the gender structure in marriage.

I took into account Two-Thirds World feminists' (e.g. Connell 2006; Mohanty 1986; Purkayastha 2010; Tamale 2011) consistent caution against uncritically imposing Western gender concepts and theory to analysis of non-Western contexts as this might have limited my analysis. I applied some of these concepts but I was careful about how they fit within my participants' contexts. For example, the public/private sphere dichotomy may be problematic for analysis of rural agricultural households in which men work on their farms while at the same time running businesses such as *boda boda* (motorcycle taxis) and convenient stores in order to increase household incomes. Further, it was clear that when some participants talked about family, especially in the rural areas, their narratives were enmeshed with relationships with their "extended" family/kin but because I was interested in exploring and explicating specific relationships within a couple, I had to often draw them back to talk about the marital dyad. My analysis of extended families as part of the social networks level aimed at this end rather than to impose a concept.

My intersectional multi-level analysis links gender power understandings and practices to historically changing circumstances at the marital, social and community networks, and broader levels of state policy and programs, and how individuals negotiate (*nipe-nikupe*) these relationships. This comparative analysis is important in highlighting time and spatial dimensions, and hence, the fluidity and dynamism in gender ideologies and relations as they are constructed

and/or modified by complexly linked global-local factors—education, politics, state laws, religion, technology, economy, culture. I have demonstrated how hegemonic imperialist, capitalist practices obliterated or transformed indigenous structures in Kenya and, therefore, altered the gender order and regimes (Connell 2009), and continue to do so. While these processes built on existing gender practices, they have also created and entrenched modern gender inequalities. I have discussed, for example, how the introduction of patriarchal agricultural economies, land tenure systems, and Christianity altered the gender regime in marriage and kin relations and how these play out among different classed women and men residing in both rural and urban areas. In fact, adding to Connells’ theory of multiple masculinities by highlighting how men who reflect marginalized masculinities (rural and urban poor) in the schema of masculinities within the country embody a different kind of local hegemonic masculinity based on one’s access to financial resources, social mobility, and social capital.

I also pointed out marriage laws that disenfranchise women, either as legacies of colonial laws or as resistance to Western ‘cultural imperialism.’ While, definitely, local practices do not necessarily reflect these laws, for instance, not every man marries more than one wife, the laws, nonetheless, give power to these *selected* local patriarchal practices. This, thus, suggests the need to engage further and problematize how states that promise good for women through legal processes, particularly in the gender rights era, are also the same forces that reinvent and entrench particular types of patriarchy and masculine power.

Consequently, the differences that I found in gender ideologies and social relations between rural and urban areas attest to the differential effects of these interconnected structural changes, and therefore, to changes and continuities in gender norms. Moreover, a historically

grounded analysis moves us beyond “othering” cultures, seeing them as primitive, backward and unchanging, whereas gender practices in those contexts may also be attributable to contemporary global influences.

The role of global social and cultural representations of gender ideologies, such as marital ideas on romantic love, sexual pleasure, intimacy, female subjectivity and agency, and capitalist consumerism, that infiltrate countries through avenues like technology or religious movements that emphasize consumption and male provisioning, I found, created specific inequalities. My analysis has attempted to show how love has become more tightly entangled with capitalist consumer lifestyles. In marriage, where women’s options of ending a relationship are already limited by cultural, legal, and economic factors, these modern love representations spell more doom for gender equal norms.

What I emphasized in my analysis, and my contribution to intersectionality, was a concept that tends to remain in the purview of feminist geographers; social spaces. In this case, the gendered sexualized social spaces such as bars, nightclubs, hidden lodgings, and massage parlors. The social organization of gender segregation—given force by growth of cities and towns that creates more of these gendered spaces—reveals how gender inequalities are further created and reinforced. For instance, I found that the perceptions of female autonomy—subjectivity and agency—among upwardly mobile young city women(un/married) in sexual partnering relations that often start off from bars and night clubs, was self-deluding and contributed to the sexual objectification project; my discussion on “chips *funga*” and “sausage *funga*” in Chapter 6 is a good case in point. Consequently, using this concept, I am able to argue that when gender initiatives talk about women empowerment (in the Two-Thirds World), these

are arenas they also need to address instead of mostly/only focusing on enhancing knowledge and economic capacities.

Therefore, I find that in the case of Kenya, contrary to constant and often hyped talk that modernity—with its emphasis on individual rights—*necessarily* promotes women's empowerment and progress, modern processes flowing from the West and 'forced' on states or uncritically embraced by state and individuals have the consequence of masking realities of local material, cultural, and social relations *with which they interact* to produce new or reinforce existing inequalities. Moreover, given that so much of gender empowerment (as a technique of governing health) continues to focus on education, 'eradicating harmful' cultural practices, and economic empowerment, I find that these are insufficient directions for achieving gender equality. Further, when Western (feminist) movements speak of the need to empower women in the "Third World," they employ an individualized (victim) rescue paradigm. This has the inadvertent effect of further disempowering individuals who are part of collective groups and networks—families, churches, merry-go-rounds—because the concept of empowerment here is based on notions of individuality and norms which contrast how people are collectively organized in Kenya, and other non-Western contexts. I find it has not yet become possible to separate the individual from these networks of relationships; neither is this model the universal remedy to gender inequalities.

Overall, then, for theory, this dissertation argues that structures of modernity as a dimension of structural inequality needs to be considered more critically in gender analysis.

## Suggestions for Public Health HIV Prevention

Since this dissertation focuses on gender relations and HIV transmission, and based on my findings and arguments, this section offers *some* suggestions for public health HIV interventions. My project supports the genre of work that calls for structural interventions to reduce the risk of sexual transmission of HIV, and particularly those who argue for the importance of placing gender at the center of interventions (e.g. Ailio 2011; Dunkle et al. 2004; Hirsch et al. 2009). This dissertation focused on three levels of HIV risk and vulnerability, and I, therefore, conceive of structural interventions as cutting across marriage, community, program levels to target those conditions that constrain individual agency and facilitate behavior that may lead to HIV transmission.

- a) *Land and Gender Rights*: In countries where agriculture is the economic mainstay, land is crucial to organizing marital gender relations and my examples, particularly in the rural community, shows this. Feminist movements have for long agitated against women's discrimination in land recognizing that the right to land is key to social status, economic well-being and empowerment. Whereas gender equality in land rights should not be considered as a remedy for universal gender equality, and hence HIV prevention for agricultural communities, it has beneficial effects on women's welfare and that of families for whom women are major providers. In Kenya, past gender discriminatory laws were addressed under the 2010 constitution's bill of rights. Some progress has been made with the Matrimonial Property Act 2013 but there are gender unequal gaps. Moreover, the enduring local community gender practices on male land inheritance, control, and access, continue to marginalize women. Public health managers might play a more active role in giving account of the intersections of women's land marginalization (including corruption and politics in



land redistribution) and HIV. This may include, influencing law-making institutions (parliament), and working with implementers, as well as with local community elders and members on the significance and implications of enabling women's access to, and control of land and financial resources, in light of women's family responsibilities.

- b) *Employment, economic opportunities, and provision of basic services.* Kenya has high unemployment and underemployment levels. Additionally, in the neo-liberal era, basic service provision on, for example, health, education, food, housing, overcrowding in informal settlements, are insufficient for many citizens some of who are left at the mercy of NGOs and well-wishers. All these create and/or reinforce gender and economic hierarchies and are pathways to HIV risks and vulnerability where infection further compounds inequalities. In the era of low agricultural wages and diminishing pieces of land, these macro-economic issues shape local community gender relations. Public health managers, government and other relevant national, regional, and global institutions should engage in ways to address these issues to mitigate risks. We cannot address HIV without addressing economic opportunities of both women and men, and then going beyond economic empowerment.
- c) *Beyond poverty-focused interventions:* Public health programs have primarily targeted poor individuals for HIV interventions on the premise that these individuals are made vulnerable by 'transactional sex'—basics needs. My comparisons between middle class and poorer women have shown that middle class women are made vulnerable to HIV by post-'transactional sex', that is, consumerism, romantic love ideals, or conceptions of agency and subjectivity. This renders the idea of enabling poorer women to reach middle class status in order to prevent HIV risks problematic given the rising capitalist consumption lifestyles that

were also evident among my poorer participants. Therefore, while economic empowerment is a step towards reducing gender and economic hierarchies, AIDS managers might consider the implications of the complex factors of class status for HIV transmission, beyond current emphasis on survival needs.

- d) *Work Migration, mobility and social spaces*: Public health managers in Kenya acknowledge the link between migration and HIV risk among long distance truck drivers on the Trans-African Highway and intervene through educating the men, and treatment. My research also addressed work migration and daily labor mobility as opportunity structures for extramarital sex. This informs us that sexual risk is embedded within the capitalist production system—the separation of female and male spheres of work given force by the persistent feminization of domestic labor. While there seem no easy solutions to this, public health entities might influence government and corporations to address the long separation of spouses by for instance, making provisions for regular family visits or enabling families to migrate. In addition, my research suggests that social spaces that engender inequalities that create risks need to be considered more critically.
- e) *HIV and Social Networks*: My discussions have shown how gender relationships emerge through social network relations and that community networks are very significant and consequential for people's lives. I showed that the conceptions and practices of NGO programs might inadvertently exacerbate risks by isolating people from existing networks. The complexities of AIDS demand a more thorough engagement with local social norms and relations and the understanding that seeking to completely alter norms that have been solidified over a long period to conform to a certain *specific* modern behavior may not necessarily be the solution to the epidemic.

- f) *Reflection on moral discourses (religion, media, and public health)*: AIDS management in Kenya is through a multi-sectoral approach. Faith based organizations are crucial partners, and religious leaders play an important role in shaping gender and sexual moral discourses, as with public health. The media too, as I have pointed out, plays a central role in constructing and reinforcing morality. My analysis suggests that, for example, moral discourses that label extramarital sexual behavior as ‘illicit’ and ‘irrational’ may inadvertently make them clandestine rather than lead to reduction. Public health management might engage with religion and media to specify ways in which their precise doctrines, ideologies, and practices contribute to, rather than reduce gender inequalities and HIV risks.
- g) *Condom use*: Findings suggested very low levels of condom use within marriages that were HIV infected, and in discussions of condom use with program staff. Discourses on masculinity, manhood, and condoms prevail. In addition, I find that the persistent non-condom use is due to public health’s association of condoms with ‘risky’ ‘illicit’, ‘immoral’ behavior so that people avoid condoms to indicate that their sexual behavior is not risky or immoral (the video advertisements on condoms clearly suggests this). For condoms to be acceptable there needs to be a cultural change so that condoms become normalized respectable methods of dual protection rather than used only for preventing pregnancy.

### **A Note on Methodology**

This dissertation attempted a qualitative, comparative, historical, intersectional methodology to analyze gender power relations in marriage at the micro, meso, and macro levels. While I certainly agree that this methodology is both ambitious and challenging, it is, on the other hand, very useful for producing a contextualized account of the various global-local social, cultural, economic, and political processes and ideologies that shape everyday material

lives of different categories of people. Global public health's approach primarily ignores histories. Yet such histories are central to shaping current sexual practices. Being able to elucidate "how" this affects health is important for implementing programs that target both context and specific needs. As such, showing how structural circumstances limit the behavior of couples differentiated by socio-economic statuses, ages, and residence (rural, urban or informal settlements) was important in highlighting, for example, how poorer and wealthier women's capacities to negotiate safe sex is limited by their different material circumstances. Further, complementing interviews with participant observations of interactions within couples and within their networks enriched the analysis since it allowed me to understand the time and spatial dimensions of the gendered relationships, the nodes of networks, and the realities of daily life within which the researcher ought to understand the gendered marital experiences. In other words, I was able to understand the context of the participants' lives independently of the accounts of the participants.

### **Suggestions for Further Research**

There are limited studies on gender and HIV in marriage and scholars should continue to research marriage as a specific site for HIV transmission. This is crucial in order to problematize the often-homogenizing literature on women's HIV risks, by accounting for how both women and men are affected by processes that lead to HIV transmission. In a continent ravaged by AIDS, it is of utmost necessity for a research that goes beyond reinforcing a racist, colonial, and moral discourse about African sexualities. Additionally, particularly for HIV, we need to enhance intersectionality as a theoretical, epistemological, and methodological approach to ensure that we do not leave out stories of people who are also under real threat of the epidemic.

Specifically, my research on Kenyan marriages points to other areas that I hope to continue to explore. Common to all participants, when I asked about their expectations in marriage, was the idea of *maendeleo* ('development') of the home, for example, having a "good" house; they intricately linked this to empowerment. I have constantly used these concepts in participants' narratives on an assumption that we both understood what development meant. Whereas development and empowerment are some of the most common terms in Kenyan state and NGO or feminist discourses, I did not specifically explore how participants conceptualized and interpreted them within their own material circumstances, and how these definitions fit or are at variance with larger institutional definitions. I hope to explore the nexus between marriage, development, and HIV.

I have alluded to chronological age as a dimension of organizing relations. For example, I pointed out married women's subordination to their mother in laws and conflicts that result from their relationships. Therefore, an additional central area of exploration is how, following some of Oyěwùmí's (1997) ideas, women gain power with age and how this re-organizes gendered relationships between and amongst women and men.

I have attempted to show the significance of social networks in facilitating or limiting extramarital sex, or in mediating between HIV interventions and community practices. One area that deserves further exploration is the men-only rural networks and social spaces of interaction. Whereas I have interview data on reported behavior and common topics that men talked about in their networks, I was not able to participate in these social spaces, as I discussed in my methodology section. It is imperative to enrich this data by being part of the networks and discussion. Observing and listening keenly to these networks offers better insights into how those discussions are informed by their social and material circumstances and how these

reinforce or alter behavior.

I have talked about the companionate marriage ideal. What this research suggested and remains inadequately theorized is that wives, particularly wealthier younger wives in the city felt under threat of losing their husbands if they were not “prostitutes” in bed. This might have specific meanings for our understanding of female subjectivity and agency given the simultaneous cultural images of “proper” married women sharply contrasted with “immoral prostitutes.” More so, I hope to investigate how these younger married women navigate these two spaces and expectations, and what this means for HIV transmission.

I also noted that couple discordance, where the husband was HIV negative, and wide age gap, suggested increased marginalization for the women, particularly in access to, and decisions on family finances. However, this is inconclusive because it was observable in one out of two discordant couples where the woman was negative. Nonetheless, it points to an important area of research to investigate how HIV discordance or concordance re-arranges gender practices within the family. Specifically how women who are HIV positive further experience inequalities, and what this implies for HIV transmission within and without the marital dyad.

On a final note, as the transmission of HIV continues to decimate generations across Kenya (and other parts of the world), it requires our continual attention, through expanded research, to understand the nature of structural circumstances that have to be addressed in order to mitigate the effects of the epidemic.

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