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Abstract

Research from different parts of Africa indicates that to grasp the HIV/AIDS catastrophe, an in-depth understanding of conjugal relationships is crucial. In casual, short-term sexual interactions, safer sex practices, foremost condom use, have become more and more prevalent. This does not hold true for long-term relationships. Marriage rates have substantially declined in many parts of southern Africa. Without marriage as a possible frame for conjugal relations meanings and practices of ‘love’ have become the structuring concept of conjugality. Love relations are perceived as based on trust. This contradicts the use of condoms, a visible sign of mistrust. Based on long-term ethnographic field research in rural northwest Namibia we analyse the interconnections between conjugal relations, perceptions of risk and practices of safe sex in detail.

Keywords: HIV/AIDS, sexuality, fertility, gender, Namibia

Introduction

Negotiating conjugal relationships is often a challenge. Unlike ‘casual sex’ which may be characterised as a short term, very much focussed encounter, other types of conjugal relations, e.g. marriages and longer-term unions, have to cope with the ambiguities of trust. To trust one’s partner becomes even more necessary, but also problematic and ambiguous in the midst of a crisis such as the HIV/AIDS pandemic.

Recently, Gausset has convincingly argued against the ‘Africanization’ of HIV/AIDS (Gausset 2001). By deconstructing stereotypical assumptions on the effects ‘culture’ has on the spread of the epidemic, e.g. practices of polygamy, widow cleansing or ‘dry sex’, Gausset is able to (re)focus the analysis on conjugal negotiations:

I will argue that the major problems relating to AIDS prevention involve the negotiation of safe sex, rather than these ‘cultural barriers’, and that the problems linked to this negotiation are comparable to those found in the West. (Gausset 2001: 510)

Following Gausset’s lead we will focus on the different dimensions that shape conjugal relations and negotiations in southern Africa, foremost love, trust, HIV risk of infection and protection, marriage and fertility. After giving an overview of the central aspects of these dimensions we will then analyse one conjugal case study in detail. Conclusions

from the case study will be linked to ethnographic survey data to generalise idiosyncratic experiences. All ethnographic information analysed here has been collected in rural Kunene South, Northwest Namibia.

Trust relations, casual relations, marriage relations: Negotiating conjugal relations in times of AIDS

Within a conjugal relationship the use of condoms is the safest way to protect oneself against HIV/AIDS. However, in many parts of Africa (and also other parts of the world) condoms are perceived as inappropriate for relations that are considered to be based on love and trust. Quite the opposite, the use of condoms stands for promiscuity and immorality (e.g. Dilger 2003; Smith 2003). Further, within love/trust relations risk of infection is perceived to be low. Different types of knowledge of one's partner, e.g. moral and physical appearance, and not condom use are perceived as central protective measures against infection. This practice is expressed by a man in his thirties from our research region. When asked how people protect themselves against an infection of HIV he said: "They do blood tests with the eyes." One could add that the blood tests are also being done with the ears, meaning that an evaluation of a partner is based on both 'observations' of physical health and 'investigations' of past conjugal/sexual behaviour.¹

The interconnections between types of relation, perceptions of risk and practices of safe sex have been analysed for different parts of Africa (Dilger 2003; Dilger 2005; Gausset 2001; Mufune 2005; Preston-Whyte 1999; Smith 2003).² Smith's research on young rural-urban migrants in two Nigerian cities explicitly connects morality, sexuality and risk of infection. He concludes:

Essentially, young people believed that if they chose partners of good moral character and if their relationships were found on love, then they would face little risk of contracting HIV. Both young men and women said that they were much more likely to use condoms consistently in relationships that were considered short-term, unstable, or based on something other than love. (Smith 2003: 356)

The division of conjugal relations into two broad types – love relations vs. casual relations – is equally observed by Dilger in his research on how Luo living in both rural and urban regions of Tanzania survive the HIV/AIDS crisis: "The interviewees distin-

1 In his research on rural and urban Luo in Tanzania Dilger describes very similar practices (Dilger 2003).

2 There are also many striking parallels to other parts of the world. Smith (2003: 357 f.) gives a short overview. Focusing on the connections between gender, sexuality, trust, love and risk of infection studies on African-American women in Cleveland, Ohio (Sobo 1995) and on Mexican migrants in the USA (Hirsch 2003; Hirsch et al. 2002) equally demonstrate the high risk of infection of sexually transmitted diseases, especially for women, due to a perceived incapability to negotiate safer sex practices in long-term conjugal relations.

guished between the types of relationships they had. They agreed that it is easier for both sexes to insist upon the use of condoms if a relationship is based on 'money'; this is because if it is based on 'love' (*mapenzi*), then the use of condoms is inappropriate" (Dilger 2003). Finally, Preston-Whyte (1999) describes similar conceptualisations and practices in her research on situational barriers to HIV protection in South Africa. Again, condom use is acceptable in casual but not in 'love' relations:

[...] While this form of protection is reportedly gaining acceptance in casual relationships, very little headway has been reported in introducing condom use in heterosexual, conjugal and longer-term 'love' relationships. As elsewhere in the world, the issue of trust is paramount. (Preston-Whyte 1999: 142) ³

Given the paramount character of the issue of trust the question emerges why in all of the above quotes love is perceived as the safeguard to trust. The constructed logic implies that trust and love are mutual constituents of each other, resulting in a perceived low risk of infection. In none of the quotes is marriage mentioned. It is argued here that at least for the young and middle aged population in different regions of Africa marriage is substituted by love relations. Elsewhere we have analysed the emergence of high rates of out-of-wedlock births and low rates of marriages for a rural community of Northwest Namibia (Pauli 2007). Similar developments have been reported for other parts of Namibia (Chimere-Dan 1997; Fuller 1993; Gordon 1972; Iken 1999; Shemeikka et al. 2005; Tersbøl 2002), Botswana (Garey & Townsend 1996; Griffiths 1997; 1998; Helle-Valle 1999; Upton 2001) and South Africa (Preston-Whyte 1999).

However, although marriage rates are declining and so-called 'illegitimate' or 'out-of-wedlock birth rates' (Abrahamson 1998; Reekie 1998; Teichmann 1982) are rising this neither indicates social and moral decay nor a rising era of promiscuous and uncontrolled sexuality. To criticise such approaches is especially important given the moral undertone some of the research on HIV/AIDS in Africa has (cf. e.g. Arnfeld 2004; Gausset 2001 for critiques of such approaches).

3 While writing this article we have come across a focus group discussion published in a German 'women's magazine' (Brigitte, 21-06-2006, p. 188). Three female teenagers in their late teens were asked to discuss their experiences with sexuality, sexually transmitted diseases, love and contraceptives. The similarities between the quotes from Nigeria, Tanzania and South Africa cited above and the German teenagers are striking. The following two quotes tackle the same complicated connections between trust/love, sex and danger of infection which people in other parts of the world also have to cope with:

"He told me he is healthy, and I believed him. Although he did have girlfriends before me [...] also during the holidays. Looking back I would say: Maybe it is a little bit blue eyed to trust this. But it is also extremely difficult to demand from someone: Come on, you are going to take the test!" – "I have been taking the pill since I am 16. When I have short-term relations it is important to me to use a condom."

In the light of these parallels Gausset's (2001) approach to focus on the negotiation of safer sexual relations and not on the 'Africanization' of AIDS seems to be even more appropriate.

We will first tackle the link between perceived social crisis and declining marriage rates. For Great Britain Reekie (1998) has demonstrated that the discursive link between high numbers of out-of-wedlock births/decreasing marriage rates and a perceived loss of morals and societal values is foremost a political act with a conservative family ideal in the background of the argument. Such a conservative stance can be found in several AIDS prevention programmes. These kinds of moral perceptions of demographic processes must also be viewed in historical perspectives. Although there are many prominent social scientists who have perceived high rates of out-of-wedlock births as a sign of social crisis and even pathology, among them famous anthropologist Bronislaw Malinowski (Malinowski 1927), historical demographer Peter Laslett has shown that even for societies with very high non-marital birth rates (50 % and more), e.g. provinces of Austria in the mid-nineteenth century, "social survival was apparently scarcely ever in questions" (Laslett 1980). Rather than taking a moral stance, Laslett underscores that developments and perceptions of out-of-wedlock births provide in-depth knowledge of "marriage, succession to property, status, the mechanisms and effectiveness of social control, relations of ruling elites with the masses of society, of dominant with dominated classes" (Laslett 1980: 3). In several regions of Namibia marriage has become an expression of distinction of an emerging economic, social and political elite (Pauli 2007), which partly explains the declining marriage rates. However, this does not mean that in the absence of marriage conjugal relations are at random. Quite the opposite, concepts of love and trust relationships function as substitutes.

Another issue which tends to be linked to declining rates of marriages/high rates of out-of-wedlock births is an increase of 'promiscuous sexual networks'. The Caldwells and collaborator (Caldwell et al. 1989) have proposed a specific 'African sexuality' as a central explanation for the spread of HIV/AIDS in Sub-Saharan Africa: 'African sexuality' is depicted as permissive and promiscuous and different from 'Eurasian sexuality' with female chastity as the central norm. Such an approach has been thoroughly criticised from different perspectives (Ahlberg 1994; Arnfeld 2004; Heald 1995). In the context discussed here it is important to perceive marriage and longer-term 'love' relations in a similar perspective. The Caldwells' concept of an 'African sexuality' is rather misleading given the striking parallels that exist in terms of negotiations of sexual relations within love and marriage relations in many parts of the world.

The complex connections between love, trust, use/perception of condoms and perceived risk of HIV infection have to be conceptualised in a broader perspective. The central meaning of love/trust relations today (and within these relations the non-use of condoms) are linked to the loss in meaning of marriage for large parts of the population. Without marriage as a possible frame for conjugal relations meanings and practices of 'love' have become the structuring concept of conjugality. Given the continuously high rates of new infections with HIV in the region the need for a better understanding of the dynamics of such relations cannot be overstressed.

The substitution of marriage for love within the Namibian context has been noted by other researchers as well. Mufune's research on myths of condoms and HIV/AIDS among Oshiwambo speaking residents in rural northern Namibia describes this development as follows:

With declining marriage rates and increasing divorce rates, sex for women is justified on the grounds of love. Sex is used by men to pressurise girlfriends into showing that they are in love (and are therefore a trusted partner) and not just after material goods. Conversely, women who want a serious relationship will quickly stop using condoms as a demonstration of their love, steadiness, and trust. (Mufune 2005: 684)

Although evidence from different parts of the world show similar ambiguities and problems in the negotiation of safe sex within love/trust/marriage relations when adding 'fertility' to the analysis a different picture emerges. In her feminist critique on the Caldwell's conceptualisation of 'African sexuality' Arnfeld concludes that the 'Western' obsession with 'sexuality' was a 'Western' obsession and not an African obsession:

[...] the keen obsession with 'sexuality' which accompanied the colonial intervention did not seem to be matched by a similar focus on sexuality from the African side. What was important in African systems of kinship and marriage was *fertility*, not sexuality as such. (*Emphasis in original*, Arnfeld 2004: 73)⁴

The complex web of meanings and practices constructed around love, trust, condom use/perception, risk perception and marriage has to be extended by another element – fertility and its central importance for identity and survival in the southern African context.

Branded barren: Fertility pressures, condom use and HIV risks

If we are to be successful in understanding the cultural significance of fertility in southern Africa, a central concern should be an understanding of how concepts such as fertility and childbearing, versus infertility and lack of children, relate to the negotiation of identity. [...] In an age and geographic region where the spectre of AIDS is ever present, such understandings, and their implications are very important. (Upton 2001: 362)

4 Many 'Western' constructions of African sexualities are not only based on stereotypes but also fail to define what they mean by 'sexuality' (Arnfeld 2004; Gausset 2001; Wieringa 2002). Recent work on indigenous concepts of sexuality has shown that penetration and ejaculation inside a woman are central elements for the definition of sexuality (Kendall 1999; Talavera 2002). Obviously, there is a rather direct link between the definition of sexuality and fertility (Arnfeld 2004: 73). What, with a 'Western eye', would be considered as same-sex practices are not being perceived of as sexual at all. Consequently, these forms of relations are not mentioned when being asked on sexuality leading to 'a culture of silence' of African sexualities (Arnfeld 2004: 73).

In her KwaZulu Natal study Preston-Whyte (1999) describes the stigmatisation women face when they are not able to get pregnant: “[...] the fear of being branded ‘barren’” (Preston-Whyte 1999: 143). Similar to Upton’s (2001) findings on infertility in Botswana, Preston-Whyte shows that fertility is a central feature of identity – for both men and women. Infertility is stigmatised, not out-of-wedlock births (Upton 2001: 352). The link between marriage and fertility is often weak (Pauli 2007). No matter if married or unmarried men and women are expected to desire children: “Fertility is thus not only approved: it is expected” (Preston-Whyte 1999: 149). Further, the Christian perception of marriage followed by childbearing may be turned upside down: “[...] one may need to have a child *in order to get married*” (*emphasis in original*, Upton 2001: 354).

When relating these findings to the above discussion on the negotiation of conjugal relations in times of AIDS “[...] the importance of seeing women not only in the moment of sexual negotiation, but as mothers and would-be mothers: that is, in the context of their highly valued reproductive capacity” (Preston-Whyte 1999: 140) becomes central. Preston-Whyte stresses that one has to understand the meaning of fertility in southern Africa from a life cycle perspective. Having a conjugal relation, having sex and becoming a mother vary depending on different life cycle phases. Preston-Whyte (1999: 147) views the positive attitudes to childbearing and the lack of long-term sanctions against out-of-wedlock births as reasons why contraception is relatively unimportant for teenagers. In her study on reproductive decision making in a Namibian town Gockel reports that use of contraception is not only of little importance to teenagers, but to many women of different ages (Gockel 2007). Moreover, if a teenager gets pregnant there is in general no problem to find someone to care for the baby, most often the teenager’s mother, so that the young women might continue schooling after giving birth. Whereas there are almost no sanctions on teenage pregnancies. Married and unmarried women in later phases of their life are expected to bear children.

Given the high value placed on fertility and pregnancy, use of contraception in general, and condom use more specifically, are central topics of negotiation within conjugal relations. According to Preston-Whyte the popularity of hormonal injections in southern Africa as a means of contraception has to be viewed in this respect. Unlike hormonal pills or the coil, injections offer long-term protection and are rather easily kept as secret. Preston-Whyte (1999: 149) concludes: “We have yet to develop the equivalent secret protection against HIV”. Condoms, and also so-called femidoms (Mufune 2005: 676), are certainly not such secret protection. Quite the opposite, condoms are the most visible method of protection and contraception.

Above we have shown that the use of condoms is practiced and approved of in casual, short-term relations. Until now we have explained this in terms of love and trust. The use of condoms as a visible sign of mistrust may be acceptable in casual but not in love/trust relations. But engaging in love/trust relations also means having a long-term

perspective. This necessarily includes pregnancy and children. Fertility is an important aspect of long-term conjugal relations. Consequently, condoms are not only signs of mistrust; they also disrupt this central element of conjugal life. Condoms prevent HIV – and pregnancy. Situations which may be subsumed under the label ‘casual sex’ lack such fertility anticipations – neither trust nor children are central, and condom use is very likely (Gausset 2001: 516).

Before we present our own results we want to briefly address the question of structure and agency. There can be no doubt that structural factors, such as poverty and lack of access to public health care, age and gender inequalities, violence and other configurations of power, have decisive effects on people’s behaviour, perceptions and decisions regarding the HIV/AIDS crisis (Farmer et al. 1996; Kalipeni et al. 2004; Schoepf 2001). Below we will discuss some of these inequalities relating to our research. However, too much emphasis on structure loses sight of the many forms of agency people develop in order to survive a crisis as terrible as the HIV/AIDS crisis. We agree with Dilger (2003; 2005), Helle-Valle (1999) and Smith (2003) that the focus on (structural) restrictions has to be complemented with a focus on (individual) possibilities. People perceive that they have choices and they actually do have choices. How conjugal relations are negotiated and with what consequences can only be understood when incorporating constraints and agencies into the analysis.

HIV/AIDS in Namibia

In May 2006 UNAIDS released its latest report on the global dimensions of the HIV/AIDS pandemic (UNAIDS 2006). Based on the sentinel survey of the Ministry of Health and Social Services (MOHSS 2005) HIV prevalence is estimated to be 19.7 % among adults nationwide. The UNAIDS report (2006: 17) concludes: “There are no clear signs of declining HIV prevalence elsewhere in southern Africa – including in Botswana, Namibia and Swaziland, where exceptionally high infection levels continue”. The main sources of data of HIV infection rates in Namibia are HIV sentinel surveillance of pregnant women seeking antenatal care. There are tremendous variations of HIV prevalence between Namibian regions. In antenatal clinic attendees, HIV prevalence is surmounts 42 % in Katima Mulilo, Caprivi, and ranges between 22 % and 28 % in the port cities of Luderitz, Swakopmund and Walvis Bay (UNAIDS 2006: 16). Similar variations are found for life expectancy at birth in different Namibian regions (Namibia 2003).⁵

5 A positive development is the distribution of antiretroviral therapy in Namibia. The UNAIDS report gives the following statistics: “About one in six (17 %) of the 4.7 million people in need of antiretroviral therapy in this region now receive it. Progress is uneven, however, with coverage reaching or exceeding 50 % in only three countries (Botswana, Namibia and Uganda) but remaining below 20 % in most others” (UNAIDS 2006).

Compared to the amount of research undertaken in neighbouring countries such as Zambia, Botswana and South Africa, there exists rather limited knowledge on causes and consequences of HIV/AIDS in Namibia. It is beyond the scope of our contribution to provide an overview of the research situation. Van Zyl has critically reviewed the literature and surveys since Namibian independence in 1990 (Van Zyl 2003). Webb gives a detailed description of the development of HIV/AIDS in Namibia starting from the first cases of AIDS identified in Namibia in 1986 until the mid 1990s (Webb 1996). Taking a public health perspective Rabbow (2001) provides some general information on actions and reactions of different governmental and non-governmental organisations. Schwarz (2003) summarises knowledge and projects relating to HIV/AIDS and the Namibian youth.

Three 'research groups' have contributed to the better understanding of the social dimensions of the pandemic in Namibia. Namibian sociologists from the University of Namibia have done several survey and in-depth studies, focusing mainly on the northern regions that are strongly affected by the HIV/AIDS crisis (Fox 2002; LeBeau et al. 2001; Mufune 2005). Sociologists from the University of Giessen have done mainly qualitative oriented research on HIV/AIDS, again mostly in northern Namibia (Grone-meyer 2002; Gronemeyer & Rompel 2003; Rompel 2004). Finally, a Finnish research group working with church registers to reconstruct demographic processes has extended its research interests and provides important information on the effects HIV/AIDS has on demographic trends, especially mortality, but also fertility (Notkola & Siiskonen 2000; Shemeikka et al. 2003; 2005; Siiskonen, this volume).

Generally speaking, much HIV/AIDS related research in Namibia concentrates on the northern regions and is methodologically rather limited. The concentration on the northern regions, mainly the former Ovamboland, is very plausible as this region has very high HIV prevalence rates. In contrast, there is a gap in knowledge on the situation in other parts of the Namibian Republic, e.g. the former Damaraland where our research is located. From a methodological perspective three approaches are being applied foremost in Namibian AIDS research: surveys, focus group discussions and semi-structured interviews. Both focus group research and semi-structured interviews are qualitative methods. Most HIV/AIDS research applies these methods to unconnected individuals. One of the great strengths of ethnographic field research, i.e. long-term participant observation ideally leading to a holistic and thick description (Geertz 1973) of a group of people, is virtually absent. Consequently, an understanding of the "webs of meaningful relationships in their historical and social spatiality" (Blackwood 2005) relating to HIV/AIDS is only partially existent. After a short description of our methods and data as well as the ethnographic setting an analysis of some of the interconnections between conjugal negotiations and HIV/AIDS will follow.

Methodological frame and ethnographic setting

Our findings are based on 20 months of field research in Fransfontein and its surroundings, Kunene South. We lived and worked in the area from May 2003 – September 2004, August and September 2005 as well as July – September 2006.⁶

During our research we collected different kinds of information. Participant observation has been very important in our approach. Many Fransfonteiners have welcomed us in their homes and allowed us to share their everyday life. We have been able to participate in many engagement and wedding celebrations and have documented this vibrant part of Namibian life. Several women of different ages have been willing to talk with us in more depth about their lives, which has resulted in 15 detailed life histories.⁷ To better understand the many meanings of marriage and love we conducted focus group discussions with married and unmarried women. Although our focus lies on the perceptions, actions and attitudes of women, in August 2005 we interviewed a number of married and unmarried men on their experiences of marriage, partnership and reproductive decision-making.⁸ Apart from these qualitative data a regional ethnographic survey is the second major source of information. With the help of 14 local interviewers, who received two weeks of interview training prior to the survey, from May to June 2004 we visited and interviewed 329 households in the area.⁹

137 households are located in the settlement of Fransfontein, which offers its inhabitants several small shops and shebeens (local pubs), a primary school since 1964, a school hostel, a church hostel, a protestant church, a traditional authority, a local government, a small

6 The project focuses on the demographic, social, political and economic transformations the region went through during the 20th century from both an ethnographic and a historical perspective. The project is part of the interdisciplinary research project ACACIA (SFB 389) which is based at the Universities of Cologne and Bonn, Germany, and funded by the Deutsche Forschungsgemeinschaft. In Namibia, Prof. Dr. Christo Botha from the UNAM has been our counterpart and provided very important assistance. During many occasions Dr. Beatrice Sandelowsky (TUCSIN) supported our research project and local members of the research team.

7 The region we are studying is not ethnically and linguistically homogeneous. This has caused some language problems. Right from the beginning of our research we started to learn Khoekhoegowab and have acquired basic skills. These have been supplemented by the support of our research assistants. Apart from Khoekhoegowab some interviews have been conducted in English, Afrikaans and German, depending on the background of the person interviewed.

8 Other data that will not be discussed here are historical sources, especially church registers for more than 100 years, social network data on types of sharing, several expert interviews, and extensive genealogies and family histories.

9 Our refuse rate is extremely low (below 5 %). Many Fransfonteiners have clearly stated that they would have been less willing to answer our questions if we had worked with assistants who are not from Fransfontein. Moreover, it was probably helpful that we had lived in Fransfontein for almost a year when we started with the survey. Many people were acquainted with us by then and had an idea about our research.

health clinic and a police station. Another 161 households are located on the communal area surrounding Fransfontein. Finally, another 29 households were interviewed in the worker's location on commercial farms which border the communal area. The decision to include all three types of livelihoods stems from our ethnographic observations. Although life differs on commercial farms, communal farms and the settlement of Fransfontein, there are multiple social links between the three settings.¹⁰ To get a more comprehensive picture we will give some basic social and economic background information.

Income is very unevenly distributed and economic stratification is pronounced. Only a small group of people can be classified as wealthy, mainly better paid government employees, especially teachers, and a few wealthy livestock owners. Wealth is expressed in ownership of livestock and other property such as cars, furniture, houses, clothes, shoes, and wedding celebrations. Then there are households who manage to survive when they restrict themselves to the basic necessities. Many female headed households fall into this group. Often, the female head has a permanent though not highly paid income, in general as a domestic worker for the hostels and school, or receives a monthly old age pension. When asked to describe her economic situation one of the women falling into this group remarked: "I would say I am in between. That's it – I am in between. Not that poor, not that rich – but I have just everything that I can say I need." Finally, there is a large group of women and men who have no steady income. Most of them are attached to households that have at least some access to income, but every additional member may also increase the pressure on and vulnerability of these households. The most vulnerable and poor households lack any sort of access to cash income.

Although ethnic identity and belonging are problematic categories in post-Apartheid Namibia they remain central topics in everyday life. The majority of people consider themselves to be Damara (63 %), followed by Herero (13 %), Nama (9 %), Ovambo (7 %), and other (8 %). Elsewhere we have elaborated in more detail on the historical background that explains the current ethnic constellation in the region (cf. Bollig et al. 2006).

A third characteristic feature of life in the region is a high level of mobility. People have moved to the place of residence approximately 7 years (median 7.0) prior to the survey. However, remarkable variations exist. There are older people who have lived in the area for several decades, e.g. married people born between 1916 and 1934 have lived about 23 years (median) in the region (N = 63). Contrary to this finding, more than half

10 The household questionnaire includes a census and questions on household survival strategies. After finishing the household questions we interviewed all household members 15 years or older individually on health, sexuality, HIV/AIDS, social and demographic issues, e.g. reproductive, marital and conjugal histories and personal networks. In total, we have been able to talk with 750 individuals, 388 women and 362 men.

Tab. 1 Migration patterns in the Fransfontein area.

How long have you been continuously living in (place of interview)?	Age group 15–24		Total population	
	Male N = 75	Female N = 82	Male N = 362	Female N = 384
Below 1 year	16,0 %	17,1 %	13,3 %	8,3 %
1–2 years	34,7 %	30,5 %	21,5 %	16,7 %
3–5 years	16,0 %	22,0 %	15,5 %	16,1 %
6–10 years	12,0 %	8,5 %	14,4 %	16,4 %
More than 10 years	21,3 %	22,0 %	35,4 %	42,4 %

of the young and unmarried people between 15 and 24 years of age have only lived in the area for 2 years or less. The difference age makes is also expressed in **Table 1**.

No matter whether male or female when it comes to migration young Fransfonteiners (15–24 years) behave rather differently than the population as a whole.¹¹ Young people are far more mobile than the rest of the population. As the following case study reveals mobility is also a crucial factor for the explanation of conjugal dynamics.

The making and unmaking of a conjugal relationship in rural Namibia

In order to protect the anonymity of the people all names in the following case study are pseudonyms. It should be impossible to link the information to concrete individuals. We have changed several details, e.g. information relating to persons and places. Variations of the case happened many times during our stay. In this respect the case study is exemplary and not specific.¹²

Before going into the details we will give a brief overview of the events and people involved. Our case study takes place between 2003 and 2004. The main actors are Tom, Rita and Anna, all early/mid twenties of age. They know each other for several years. Tom and Rita have been a couple for many years when Tom starts a relationship with Anna. Tom then splits with Rita. After some conflicts Rita leaves Fransfontein together with their four-year old son and starts a new life with relatives in a different town. Some months later Anna has to leave Fransfontein for a week. Tom gets a chance for a lift to visit his ex-girlfriend and their son. The two reactivate their relation and come back to Fransfontein. Now, Tom and Anna split up. However, the conflicts continue and eventually all three remain alone – Anna continues her life in Fransfontein, Tom and Rita leave separately for other parts of Namibia. Tom’s cousin Sam, Tom’s mother Paula and Anna’s mother Lisa are only partly involved in the events and play a minor role.

11 The number of cases for certain age groups and the total population may vary in the following tables due to missing values.

12 In several respects our approach resembles the extended-case method (Rössler 2003).

Getting started: Children and contraception

At the beginning of Tom and Anna's relationship Tom has been staying with Rita in Tom's mother's house for more than five years. Tom's mother Paula is a pensioner who raises several grandchildren and so-called *groot mak* children, foster children. Rita has given birth to a son at the age of 19. Tom is the boy's father. Tom's new girlfriend Anna has a three year old daughter. She was 20 and had just finished school when she got pregnant.

Both Rita and Anna have used contraceptives. They have tried injections, the pill and condoms. Since the beginning of their sexual life none of them has continuously used contraception. Anna says that she has tried the pill because she has the idea that this is less 'heavy' than a three-month-injection. But she has problems taking the pill regularly and thinks that this is the reason why she unwillingly got pregnant. When there is no 'need' for contraception, e.g. an absent partner, women stop using contraception. Equally, when women feel that contraceptives have negative health side-effects, e.g. heavy bleeding or headaches, they also stop using them (cf. also Gockel 2007).

Both pregnancies were unplanned but not unwelcomed, similar to Preston-Whyte's findings from South Africa (1999). Anna and Rita have received help in raising their children from several female relatives. In Anna's case her mother Lisa helps her the most. After some time in Namibian cities and with other relatives Anna and her daughter have come back to Fransfontein and now stay in Lisa's house. Rita has been supported by her sisters and Tom's mother.

In several talks with women in their twenties we have asked if they wish to marry. All of these young women have answered that they would like to marry when they are older. In a focus group discussion with young women the feeling was expressed that women in their twenties are not mature enough for marriage. Besides maturity the overwhelming majority of women (and men) do not have the necessary resources for a costly marriage – at any stage of their life cycle. Women who get married in their twenties are viewed with suspicion, jealousy and envy by other women. During a marriage we attended with a young bride (below 30) much negative and insulting talk about the bride could be heard.

Table 2 provides some further information on marriage, sexuality, contraception and reproduction. It compares information for the youngest age group (15–24 years of age) of our sample (N = 75) with the total population. We have chosen the age group 15–24 for two reasons: on the one hand Rita, Anna and Tom belong to this age group. On the other hand this is the group much HIV/AIDS research focuses on (e.g. Smith 2003; Schwarz 2003). Further, rates of infection are rapidly increasing within this age group.

None of the 159 women and men between 15 and 24 years of age is married. As mentioned early marriage rates are in general very low, only about one third of the adult population is married. There are more married women than men. For older cohorts

	Age group 15–24		Total population	
	Male (N = 75)	Female (N = 84)	Male (N = 362)	Female (N = 388)
Married	0 %	0 %	23 %	30 %
Median age at first sex	16	17	18	18
With at least one birth	*	28 %	*	84 %
Average age at first birth	*	18.6 (std. 2.6)	*	19.5 (std. 3.6)
Ever used any contraception, females	*	86 %	*	65 %
Current use of contraception, females (yes only)	*	66 %	*	63 %
Average age at first use of contraception	*	16.5 (std. 2.2)	*	22.3 (std. 8.6)
Use of condoms every time when having sex (males only)	69 %	*	46 %	*
The two currently most commonly used contraceptives (females only)	*	Condoms: 70 % Injections: 61 %	*	Condoms: 57 % Injections: 48 %

* Not asked or not relevant for this group

Tab. 2 Marriage, sexuality, contraception and reproduction.

marriage rates are significantly higher (Pauli 2007). This finding taken together with the longer life expectancy of women leads to higher numbers of married widows than married widowers.

The onset of sexual activity and age at birth are clearly connected to each other, with the average first birth taking place about 1.5 years after the first sexual intercourse. This is no surprise for the population as a whole. For many women contraceptives have become an option only in later phases of their reproductive life, if at all. But it is interesting to note that the young women behave rather similarly although contraceptives are available to them. Comparing age at first birth for women of different cohorts leads to similar results. Onset of sexual activity and reproduction varies only slightly with respect to age.

Even though the effects on the beginning of their reproductive lives are minimal young women do use contraceptives more often than the total population and have started much earlier.¹³ This flexible use and non use of contraception is also expressed in the case study. Rather little diversity can be found when looking at the type of contracep-

¹³ 35 % of all women have never used any contraceptives and many older women only used them at the end of their reproductive life. This increases the average age of contraceptive use for the total population.

tives used. We asked women to name the contraceptives they currently use. More than one answer was possible as can be seen in **Table 2**. For the total sample condoms are the most important form of contraception, followed by hormonal injections. The age group 15–25 behaves similarly, though with higher overall percentages of use, to the total population.

Finally, we have also asked men about their use of condoms. As **Table 2** shows 69 % of the young men and 46 % of the total male adult population say that they use condoms every time they have sex. These are rather high levels of reported use, compared e.g. to Smith's Nigerian findings. Smith (2003) asked young urban migrants of the same age group if they had *ever* used a condom. Only about half of his informants had ever used a condom.

However, the category 'use' is also problematic. Several women have commented to us that condoms often break during intercourse. If a condom breaks women say that from that point onwards they will not use another condom with the same partner. They feel that if the man is infected it will be too late anyway. A man has told us that he often uses a condom at the beginning of sexual intercourse but at a later stage he gets rid of it again. Both the women and the men are likely to answer that they use condoms but the effectiveness of their use to protect themselves (or their partners) from an HIV infection is questionable.

After having given these details on marriage, reproduction and sexuality we want to return to the case study and take a closer look at the dynamics behind leaving a long-term partner.

Leaving a partner

Soon after Tom and Anna's relationship becomes public people start gossiping. Tom's 33 year old cousin Sam and his family live next to Paula's house, his mother's sister. They closely observe the ongoing events. Sam tells us that Tom's behaviour is typical for men in the area. For several years Tom has been unemployed. During his unemployment Rita has given him support and comfort. Now that he has found a new job and makes some money he turns down his former girlfriend and instead looks for someone else, someone 'better'. Unlike Tom's new girlfriend, who has a good education, Rita does not have a high school degree. Both Tom and his new girlfriend, Anna, are earning some income at that time. Tom's new job is not in the village but in a nearby small town. He is allowed to sleep in his office. It is in the office where Tom starts meeting his new girlfriend.

There is a tendency that conjugal partners are equivalent in terms of economic and social status, e.g. almost all teachers have married teachers (cf. Gordon 1972; Pauli 2007).

If a change in status occurs it is likely that also a 'conjugal adjustment' follows. A woman at the end of her twenties with a permanent employment offer in another Namibia town told us that it will be so difficult for her to leave her unemployed boyfriend.

Women do leave their boyfriends for different reasons, e.g. because they have an employment possibility or because the relationship is problematic, i.e. domestic violence, alcohol problems and economic problems. However, in the local perception it is the man who leaves a woman. We asked what reasons people find acceptable when a man leaves a woman. **Table 3** enlists the different reasons and their evaluation. Except for one answer there are only slight differences between males and females. The results for the youngest age group are not shown here. They very much resemble the overall population. The majority of Fransfonteiners do not think it is proper to leave a woman who demands too much money or pressurises for marriage. The economic foundation of many conjugal relations is part of the social fabric (cf. Helle-Valle 1999).

A woman demanding money and other resources is an everyday experience for most people and not perceived of negatively. Equally, there is in general nothing wrong with hoping for marriage. The man is expected to propose the marriage but women have subtle ways to get their partners there. However, women know the economic capacities of their partners and only in cases where the man has some sort of capital (income, cattle) the woman might pressure for marriage.

As **Table 3** demonstrates, the only issue on which men and women differ in their opinions is the evaluation of a woman perceived of as drinking too much. Many more women think that this is an adequate reason for a man to leave. One possible explanation might be that women in general and young people more specifically perceive excessive drinking as 'risky' behaviour. There are numerous stories going around about

In your opinion, is it proper for a man to leave his wife or girlfriend if ...	YES		NO	
	Male	Female	Male	Female
... the woman demands too much money from him.	35 %	34 %	65 %	66 %
... she puts too much pressure on him to marry her.	32 %	37 %	68 %	63 %
... she is looking around for other men.	70 %	71 %	30 %	29 %
... he thinks the woman might be infected with AIDS.	28 %	40 %	72 %	60 %
... the woman drinks too much.	48 %	64 %	52 %	36 %

Tab. 3 Acceptance of reasons to leave a female partner (361 males; 381 females).

drunk women having many sexual partners. However, it is difficult to explain why most men do not perceive this as a reason to leave.¹⁴

Table 3 shows only one reason the majority of Fransfonteiners clearly agree upon: if the woman is 'looking around for other men'. Contrary to this finding most men and women don't think that to believe a woman might be infected with AIDS is an acceptable reason to leave. Many Fransfonteiners are critically aware of potentially 'risky' behaviour, like many different sexual partners, and judge this behaviour negatively. But in the case of a (likely) infection there is the ethos to help, and people actually do care and support each other.

If a woman is 'looking around for other men' Fransfonteiners agree that this is a good reason to leave the woman. 'Looking at the other side' or 'sleeping around' are common spatial metaphors for more than one sexual partner and cheating. However, cheating is not that common, especially among women, as **Table 4** indicates.

The information presented in **Table 4** is likely to be biased.¹⁵ As is generally known in the social sciences differences between what people say and what people do are common. The median number of sexual partners is certainly a problematic number. Both over- and under reporting occurred during the interviews. The average number of reproductive partners is the number of partners a woman or man has children with. Interestingly, this number is rather high for young women aged 15–24. Like the average age at first birth, these findings further demonstrate the early beginning of reproductive life for women in the region.

The low level of cheating on behalf of the women asked, and especially relating to women of the youngest age group, is backed up by our ethnographic observations. It has to be asked what cheating means in this context. Others have reported that if a partner is physically absent engagement in sex with another partner may not be perceived of as an infidelity (LeBeau et al. 2001). However, many of the case studies we have collected, and also the case analysed here, indicate at another explanation. It seems to be rather uncommon for most women, independent of their age, to engage in more than one conjugal relationship. This leads to low levels of overall female cheating. Men, and especially young men, are much more likely to have multiple partners, a behaviour often perceived of as a sign of masculinity. Yet the higher faithfulness of women does not necessarily lead to protection against HIV/AIDS. On the one hand many of the relationships women engage in only last for a short time, several weeks or months, then break and are followed by a new conjugal relation. On the other hand women do not

14 Although the options given in **Table 3** are based on our ethnographic observations the list is not complete. Unluckily we did not ask if it is acceptable for a man to leave his partner if he finds someone else, a situation that would match our case story better.

15 The number of cases for the age group 15–24 is smaller than in the other tables because not everybody in this group has had sexual intercourse. Other variations of number of cases result from missing values.

	YES				NO			
	Male		Female		Male		Female	
	Total N = 358	15–24 N = 58	Total N = 386	15–24 N = 77	Total N = 358	15–24 N = 58	Total N = 386	15–24 N = 77
Did you ever cheat and have sex with someone other than your husband or boyfriend?	38 %	45 %	16 %	20 %	62 %	55 %	84 %	80 %
Median number of sexual partners	Male 15–24 4		Female 15–24 3		Male total 4		Female total 3	
Average number of reproductive partners	0.83 (std. 0.39)		1.11 (std. 0.32)		1.87 (std. 1.41)		2.16 (std. 1.33)	

Tab. 4 Cheating, average number of sexual and reproductive partners.

perceive most of their conjugal relationships as casual sex relations but as relations framed in terms of love and trust. This makes condom use unlikely, as Anna’s perceptions and actions clearly show in the following paragraph.

Risky feelings: Love and condoms

Anna’s mother Lisa does not approve of Anna and Tom’s relationship and wants to kick Anna out of her house. Anna is sad and frustrated. She remarks that after a relationship more than two years ago she did not have another boyfriend. She describes her feelings of loneliness and abandonment. Anna believes that now where she finally has found someone everybody is against her. We ask her how she feels about Rita. She does not reply to our question and instead remarks that she really loves, /*nam*, Tom. In the local language Khoekhoegowab /*nammi*, love, encompasses different dimension of love – parental, filial, Christian and also erotic love. The verb //*aa* underscores more the erotic dimensions of love whereas /*nam* can also be applied to a close friend. In a later interview in August 2004 which we also tape recorded and transcribed Anna reflects on love again: “[...] we were in love really, he loved me because he tried to fight very much, because of me you know but it actually didn’t work out”.¹⁶

16 Although beyond the scope of our contribution we nevertheless want to hint at the importance popular TV, print and radio series, telenovelas and advice columns have for the formation of the current conceptions of love. The way women narrate their love feelings often resembles the dramatic tone that is characteristic for most of the South African and US American series being watched. Given the scarcity of both TVs and electricity in Fransfontein women (and men) seldom watch TV alone. Rather, they explicitly meet to watch popular programmes together.

There exists an extensive anthropological debate on the question in how far the concept of romantic love is universal or a result of colonialisation and 'modernisation' (Jankowiak & Fischer 1992; Smith 2001). In his research on love, fertility and marriage among Igbo men and women in Nigeria Smith (2001) shows that romantic love as a criterion for mate selection leading to marriage and an increased importance of conjugality, e.g. joined decision-making of man and woman, is a rather recent phenomena. However, feelings of love have been known for a long time (Smith 2001: 130). For the context analysed here it is important to note that love is very much a premarital event among the Igbo and stands in contrast to marriage relations. Love will eventually lead to marriage, and then get transformed into something else.

Such practices and perceptions of love only apply if virtually everybody is going to marry. And this is exactly what is not happening in Fransfontein. Most people are never going to marry. Consequently, it is argued here that the meaning of love as a frame to structure heterosexual conjugal relations has a much more central and many different life stages encompassing meaning than in cultural contexts where marriage is still the norm and general practice (cf. also Mufune 2005: 684 and Tersbøl 2002 for other Namibian examples).

Anna's love for Tom is not connected to marriage. When asked if she ever thought of marrying Tom Anna just laughs. After a while she remarks that she would not be against it but that it is also not central to her at the moment. What is central, though, is her feeling of love. This feeling makes the relationship special and trustworthy to her, not a potential (very unlikely) future marriage.¹⁷ That she loves Tom also strengthens her decision to stop using condoms rather soon after the beginning of the relationship. She now knows Tom, meaning that she has done the 'blood tests with the eyes'. There are no dubious spots or sores which could indicate 'the disease', called *haga* locally, i.e. four in Khoekhoegowab, as a code for AIDS, a four letter word. But Anna does not only know her partner's 'surface'. Her feeling of love is also a feeling of trust that the partner presents no harm.

Table 5 provides some more information on risk perceptions and condom use. To offer a comparative perspective results from Smith's (2003) Nigerian study, where some of the same questions were asked, are also included in the table. Smith argues that although young Nigerians do perceive high levels of infection and risk for the country as a whole they view their personal risks as low. Consequently, the need to use condoms is

¹⁷ That marriage prospects are so unimportant in the structuring of the overwhelming majority of relations is maybe also an adaptive and pragmatic strategy. Marriages are so expensive today that only a wealthy elite has the necessary income and the resources to afford them (cf. Pauli 2007).

		Fransfontein and surrounding, 2004				Smith 2003* (Nigeria, age group 15–24 only)	
		Male		Female		Igbo Migrants	Igbo Migrants
		Total	15–24	Total	15–24	Aba, Nigeria	Kano, Nigeria
		N = 358	N = 75	N = 386	N = 84	N = 432	N = 431
Do you think	... small	12 %	12 %	11 %	13 %	20 %	26 %
your chances	... moderate	13 %	15 %	17 %	17 %	4 %	7 %
of getting	... great	15 %	20 %	9 %	11 %	11 %	12 %
AIDS	... no risk at all	47 %	40 %	50 %	41 %	58 %	42 %
are ...	Don't know	14 %	13 %	13 %	19 %	(not asked)	(not asked)
Have you ever had	Yes	57 %	87 %	50 %	90 %	46 %	58 %
sex with a condom?	No	43 %	13 %	50 %	10 %	54 %	42 %

Tab. 5 Risk perceptions and condom use (rural Namibia vs. urban Nigeria). * Values are not rounded in the original table

not as central as it probably should be. Contrary to these findings, both the perception of risk and the use of condoms are much higher in Fransfontein, especially if one focuses on the same age group as in the Nigerian study (age group 15–24). In many conversations we have had with Fransfonteiners of different ages it has been very clear that people do not only perceive others at risk and risky. Many people are in doubt about their HIV status and feel potentially at risk. However, such feelings of fear, danger and risk vary depending on the situation and the stage of the relationship (Preston-Whyte 1999). As Anna and Tom's story shows insecurity and perceptions of risk and danger are prominent at the beginning of a relationship. Yet with time, perceptions of risk are substituted by feelings of love/trust and security. Only when including these dynamics of conjugal relations into the analysis will one be better able to understand why, despite high levels of risk awareness, infection rates are still dramatically high in Namibia and in other parts of Sub-Saharan Africa.

Imagined immunity and false fatalism

A week later, Rita is still staying in Tom's mother's house. Tom and Anna continue their relationship. Tom visits Anna at her mother's house and also spends the night there. Tom's mother Paula is not very happy about the developments. She says she has heard that Anna is 'dangerous', implying that she might 'carry the virus'. Her son Tom replies that everybody has to die and that she should stop with the rumours.

The fatalism underlying Tom's comment is expressed on different levels of community life. Discourses on who might be infected can vary with certain tragic events. Three times during our stay Fransfonteiners have died who were known to have had many different partners and whose deaths were linked to AIDS in the community. Each of these deaths resulted in a mood of frustrated fatalism about the future of the community. Older people have commented that the whole village must be infected and that everybody is going to die. Similar types of fatalism are described by Kaler in her Malawian research (Kaler 2003). The idea that HIV/AIDS is extremely infectious underlies such fatalism (Kaler 2003: 356).

But this has not been a continuous perspective. During other phases of our research people have been almost optimistic. These feelings are connected to the observation that most people of the community are not part of so-called risk groups. Public health research and prevention programmes often focus on 'risk groups'. The definition of risk groups varies, including certain 'cultural practices', e.g. polygamy or widow cleansing, as well as certain professions, e.g. truck drivers, prostitutes or military personnel. As Gausset (2001: 512) shows such an approach can create an "imagined immunity" for those people not falling into the risk categories. Further, it can foster stigmatisation and risky behaviour. People who belong to a risk group might do everything to prove that their stigmatisation is unjustified, including risky sexual behaviour.

In the midst of a crisis like HIV/AIDS stigmatisation has become part of everyday life. Much stigmatisation is based on 'blood test with the eyes and the ears'. Changes of the body and the behaviour of a person are taken as possible indicators of infection. Tom's mother's remark is an example. Besides these situational forms of stigmatisation we have also included some general questions on HIV/AIDS awareness and stigmatisation in the survey. The results are given in **Table 6**.

The last row of **Table 6** shows that the vast majority of Fransfonteiners independent of their age know someone who is HIV positive or has died from AIDS.¹⁸ Equally, the majority of the people asked report that they have talked about ways to prevent infection with their partner. Interestingly, however, more young women than young men say that they have talked with their partners. Answers to the two questions tackling stigmatisation differ for the youngest age group. More young Fransfonteiners think that a HIV positive teacher should continue teaching. Also, more young people would buy food from someone living with HIV/AIDS. These results probably reflect the positive effects of HIV prevention programmes for young Namibians such as "My future is my choice" (Schwarz 2003). However, buying food seems to be a touchy issue. More research is needed to better understand the connections drawn between food and ways of HIV transmission. Stigmatisation and fatalism are also connected to very low levels of HIV testing, a topic which will be tackled in the next paragraph.

18 Very few respondents answered "don't now" which results in less than 100 % in total in **Table 6**.

	YES				NO			
	Male		Female		Male		Female	
	Total N = 358	15–24 N = 75	Total N = 386	15–24 N = 84	Total N = 358	15–24 N = 75	Total N = 386	15–24 N = 84
If a teacher has the AIDS virus but is not sick should he or she be allowed to continue teaching?	56 %	70 %	54 %	74 %	43 %	30 %	45 %	25 %
If you knew that someone selling food had AIDS or the virus that causes it, would you buy food from him or her?	44 %	50 %	37 %	48 %	56 %	50 %	60 %	51 %
Have you ever talked about ways to prevent getting the virus that causes AIDS with your partner?	80 %	67 %	80 %	87 %	17 %	24 %	16 %	10 %
Do you know someone personally who has the virus that causes AIDS or someone who has died from AIDS?	83 %	87 %	82 %	86 %	17 %	13 %	18 %	14 %

Tab. 6 Stigmatisation and awareness.

HIV tests

Several days later Rita, who has kept rather quiet, confronts Paula, her former boyfriend's mother with an announcement. She tells her that she had gone for a HIV test two weeks ago, just before the affair between her boyfriend and Anna started. Rita tells Paula that there will be no problem if the test is negative. She will just take her things and leave. But if the test is positive she will never leave. Rather she will stay in Tom's mothers' house until she dies.

We do not know whether Rita has actually done the blood test. But it is remarkable that she uses the test as a currency in the ongoing conflict, a strategy which eventually does not pay off. During the period of our research it was very difficult for the majority of people to take a blood test. Most people have to rely on the state's medical system. Only a few, e.g. teachers and other government employees, have the privilege of a private medical insurance. In several instances we have closely observed the many difficulties

and psychic stresses a blood test administered by a state hospital implies. There is no public transport to the country's capital Windhoek where the test can be taken for free. One has to find a costly private lift. It takes a couple of weeks to receive the results, a traumatic and fearful time which one also has to be able to afford in a place such as Windhoek. However, things have changed, and now it is also possible to have a blood test in Khorixas hospital, only about 30 km away from Fransfontein.

Blood tests seem to be a crucial factor in the prevention of more HIV infection. More blood tests could counter the widespread fatalism and demonstrate that not everybody in the community is infected. Hopefully this would lead to safer sex. But many people who take a blood test have already developed AIDS. This leads to the interpretation that if one takes the test one gets AIDS.

Mobility and violence

The next day Paula, Tom's mother, throws Rita out of her house. Highly frustrated, Rita had got drunk the night before and returned to Paula's house in the company of two other men. Together with the son Rita leaves the village to live with relatives in another small town. Anna and Tom continue their relation, although both are not allowed to enter their mothers' houses.

Two months later Anna has to spend several days in one of Central Namibia's bigger towns. Tom plans to follow her but no one lends him the money to pay for the transport. He is finally able to find a cost free lift to the town where his former girlfriend and son are now staying. When Anna returns to the village she finds out that Tom has left. A couple of days later he returns together with his former girlfriend and his son. Both move into his mother's house again.

That night Anna and Tom have a big fight. Tom beats Anna badly. Anna feels that it cannot be over and wants to talk with Tom again. Together with a girlfriend she starts drinking and during the next night she visits Tom at his mother's house. In front of the house Anna and Rita have a fight which includes physical violence. Both accuse the other of 'sleeping around' and 'infecting other people'. Several more nightly fights follow. In the meantime Tom loses his job and leaves the village to search for employment in one of the coastal cities. Rita and the son return to Rita's relatives in another small town. There she meets a new boyfriend. Anna and her child remain in Fransfontein.

Both major themes of this part of the case study, mobility and violence, are of central importance for a better understanding of conjugal dynamics. As we have seen in **Table 1**, young people are very mobile. High levels of mobility are partly related to the scarceness of employment opportunities. People have to be flexible and mobile to make a living. In such a situation it is rather difficult to keep in contact with people left behind.

Given the basically non-existent public transport in large parts of the country visits are difficult to organise and costly. To make telephone calls is also beyond the economic capacities of most people. These difficulties to stay in touch shape not only conjugal relations. In many of the life histories we collected women have described how they have lost contact with close friends soon after leaving a place.

Violence is a central topic in HIV/AIDS research in southern Africa and has to be viewed from a historical and political economic perspective (Leclerc-Madlala 1997; Wojcicki 2002). Terrible increases in domestic violence and rape are being reported in South Africa. Violence against women of all ages is also rising in Namibia. Leclerc-Madlala (1997) and Wojcicki (2002) are absolutely right when they stress the many situations in which women have no options to negotiate safer sex. However, we think that in order to better understand the continuously high levels of infection one has to include a more complex dynamic of conjugal relations into the analysis. Conjugal relations might include acts of violence, as the beating of Anna by Tom. Many women we have talked to have lived through physical and psychological violence. But the relationship between Tom and Anna had not been a violent one from the beginning. And it is more than questionable to perceive Anna as having no options in negotiating safer sex. Further, it is important to note that many men are neither rapist nor do they beat their partners. More research should focus on these men, given the role model character they might have.

Finally, our case study does not only include violence between different gender categories. In the community, violence within gender categories is very prominent. Much social science research has overlooked conflicts arising within gender categories, especially between women (Pauli 2006). During our stay there were three incidences of capital crimes between women. All women involved were in their twenties and all conflicts circled around the dissolving and the formation of conjugal relationships. HIV accusations and excessive alcohol consumption played a central role in each of the cases. The conflict between Rita and Anna is very typical for such violence. Yet luckily Rita and Anna's encounter did not result in permanent harm for any one of them. Other conflicts have not ended in such a way.¹⁹ In an interview with a high ranking police officer from Fransfontein in 2005 we inquired if the number of cases relating to violence between women has risen in the area. According to the officer there has been a strong increase of severe violence among young women. These developments are also related to the spread of HIV/AIDS. At the beginning we described the ambiguities of trust characteristic of conjugal relations. These ambiguities are even more difficult to live with in the middle of a crisis like the HIV/AIDS epidemic. Cheating and looking for a new partner, which before HIV/AIDS might have been tragic for the one left behind but

19 Broken bottle necks have been used as weapons in two cases. This has led to severe head injuries and the imprisonment of the women using these weapons.

not dangerous, has a different implication today. Consequently, levels of fear and suspicion and acts of violence and aggression are rising between and within gender categories. The making and unmaking of a conjugal relationship has become a potentially dangerous act.

Conclusion

For the understanding of the HIV/AIDS catastrophe in southern Africa the causes and consequences of trust – and mistrust – of one's partner are crucial. More trust always means more vulnerability, especially on the side of the woman, as the case study we have analysed here demonstrates.

However, most conjugal trust in Fransfontein is not blindfold. Conjugal relationships may start with low levels of trust. In this phase of the relationship condom use and safer sex practices are likely. Different strategies are applied to build up trust, including the 'blood tests with the eyes and the ears', i.e. a physical and moral evaluation of the partner.

Concepts of love frame trust relations. The prominence of love relations as the central structuring element of conjugal relations not only before marriage but throughout many phases of the life cycle has not been analysed enough. Research from different parts of southern Africa has shown that declining marriage rates are common throughout the region. Fransfontein with over 80 % of all births being born out-of-wedlock is probably an extreme but not untypical example (Pauli 2007). However, these observations have seldom been translated into research on conjugal relations without marriage as the guiding norm. This is especially important given the continuously high levels of HIV infections in southern Africa (Upton 2001).

The significance and use of condoms play a central role in this respect. Condoms and love relations (and also marriage relations) are viewed as contradictions. If condoms are used this means that there is mistrust and no love. Gausset (2001: 514) shows that this contradiction and the consequences that follow from it are at the heart of HIV/AIDS prevention programmes in southern Africa as much as in Europe or in the US. A transformation of the relevance of condoms should be a central aim of prevention programmes, as has been the case e.g. in Germany, where HIV advertisements in the 1980s and 1990s have conveyed the use of condoms as an expression of fun and joy. Gausset (2001) offers an interesting example for southern Africa: He has analysed the effects drama groups have on knowledge, attitude and awareness of HIV/AIDS among the Tonga of Zambia. One positive result mentioned by him is a change in the perception of proposing the use of a condom. Such an act might not necessarily be viewed as a sign of mistrust but can be transformed into an expression of responsibility, both for men and women (Gausset 2001: 516).

However, an attempt to change the significance of condoms has to be related to varying conjugal situations (Preston-Whyte 1999). All conjugal relations are dynamic and never static. Condoms as an act of responsibility may make sense in certain phases of a relationship but not in others. Here, much more research on the making and unmaking of conjugal relations is needed. These dynamics might relate to different life cycle phases and varying fertility desires (Preston-Whyte 1999). The same contradiction observed for love and condoms applies to pregnancies and condoms as well. In our case study none of the main actors considered a pregnancy. This is insofar remarkable as the often mentioned desire for children in the region should not be over generalised for each and every type and phase of conjugal relation. However, if the relationship between Anna and Tom had continued, Anna would probably have stopped using hormonal injections. Here, the other central element of prevention becomes important. At this advanced point of a conjugal relationship, when a possible pregnancy has become an integral part of the relation, blood tests have to be much more central. Again, a transformation of meaning similar to the one described for the use of condoms has to be envisioned. The meaning of blood tests has to change from a view that sees the test as an expression of AIDS to a perception that focuses on the possibility of being HIV negative.

Anthropologists tend to stress the complexity of social situations. This can make their approach and their findings rather unattractive to applied public health research with its focus on clear and simple messages and situations. Yet holistic, long-term anthropological research can help to better understand the many puzzles and conundrums most research related to HIV/AIDS faces, e.g. the discrepancy between high levels of awareness and little behavioural change (e.g. Leclerc-Madlala 1997; Preston-Whyte 1999; Smith 2003). A better understanding of conjugal dynamics and negotiations is a key issue, and much more anthropological research is needed here.

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