Fieldwork in Uganda



Table of contents

- Fieldwork Team
- Community Recruiters
- Photos
- The Setting—Iganga town in Eastern Uganda
- Summary of Fieldwork Activities
- Preliminary Findings
- Intervention Activities
- Recent presentations

Fieldwork Team

- Shanti A. Parikh, PhD
- John Daniel Ibembe, MA
- Gerald Isabirye
- Janet Kagoda
- Harriet Mugulusi
- Moses Mwesigwa

Community Recruiters

- Ruth Nakiyma
- Nelson Mbiro
- Salim Wantati

Photos



Map



Imagery of romance and love



Wives can divorce cheating husbands

News



Controversial cover





Imagery of romance and love



ABC Campaign



Research activities: Participatory and recruiting activity — Institutional diagram about problem solving in marriage



Weddings



Socializing



Weddings



Elderly couple



Men's social interactions



Sex educator



Couple dancing

The Setting—Iganga town in Eastern Uganda

I began fieldwork in Uganda in January 2004 in the eastern town of Iganga. I had conducted research on sexuality in this area since 1996, and so I began fieldwork for the NIH project with a network of contacts and an appreciation of sexuality and gender norms in the area. An elder man asked if I had returned with more questions about people's sex lives! My initial reaction was embarrassment and horror. I calmed myself by interpreting it to mean that I already had an "in" with residents.

Upon returning to Iganga I had the usual nostalgic reaction about how much had changed—mobile phones instead of pay booths, text messages instead of love letters, even more explicit media and songs about sex, clothes that showed skin, and ever-changing notions of love.

Yet one thing remained the same. It was still clear why Uganda is the HIV success story. The omnipresent HIV campaigns initiated in 1986 and President Yoweri Museveni's bold openness have helped reduce HIV rates from 19% in the early 1990s to 5.5% in 2003 (UNAIDS 2005). Today sexuality, HIV and relationships are favorite topics of daily talk, the mass media, popular culture, and public speeches. As a result, most people in Uganda have high levels of knowledge about HIV and are very familiar with HIV and sexuality surveys. This made beginning our research task easy yet daunting since there were so many variations, changes and influences in practices and ideologies of marriages and sexuality.

Iganga town (residential pop. 50,000; daily pop. 80,000) is a small urban hub in eastern Uganda. It is the growing administrative center for the District as well as the commercial, social, and service center for outlying based villages. The small dusty town lies along the TransAfrica Highway that runs from the coast of Kenya into Rwanda and central Africa. During the first decade of the HIV epidemic (1982-1992) this highway was considered the HIV corridor in Africa. The international media and HIV research reports commonly depicted the virus as being spread rapidly along this highway by truck drivers, commercial sex workers, and general mobility. Currently, Iganga town's 15% HIV rate resembles other small towns in Uganda. (see http://www.amicaall.org/publications/profiles/iganga.pdf for more info on Iganga and HIV).

Like Uganda in general, most residents of Iganga are very hospitable, visibly poor, and constantly mobile. Residents in the outlying villages engage in subsistence farming (sweet potatoes, coffee, maize, and beans), and many rely on a mixture of farm profits and wage labor, including manual labor, service industry, trade, office work, shop attendants or owners, or artisan

work. There is a thick blanket of daily commuter traffic—by foot, bicycle, vans, lorry, and the occasional car—between town and rural areas.

Iganga has a growing network of young middle-class educated professionals and business owners who adhere to ideologies and accoutrements of global modern love and success. These young professionals form an important economic and social base of the Pentecostal "saved" or "born again" movement underway throughout Africa. A central theme in their services and fellowshipping is fidelity, monogamy, and abstinence before marriage.

Summary of Fieldwork Activities

Upon arriving in Iganga in January 2004 I identified a team of research assistants. In a 10-day training workshop, we concentrated on translating, revising, and practicing the marital interview guide so that it captured the issues and cultural aspects relevant to marriage and sexual relations in Uganda. I learned and laughed so much during the frank discussions about sexual relationships in this training and in our subsequent regular meetings. Our individual gendered and generational perspectives and analyses stimulated many debates but produced a nuanced understanding of marriage, extramarital relations, and sexuality.

Most of our time in the following months was spent conducting interviews with 34 conjugal unions. We expanded the axes of diversity to include a middle-asset category. We recruited participants from town and 4 villages—Bulubandi, Busowbi, Bugabwe, and Ntinda-through community meetings in each of village. In these recruiting meetings we conducted a participatory activity on changes in marriage, during which groups (divided by gender and age) generated among themselves key issues in marriage, discussed recent changes in marriage, and diagrammed where couples seek marital advice. These meetings were invaluable in getting us started.

We had no problem getting enough couples to participate in the MCS. Some residents were upset that they could not be included and expressed an interest in talking to us about their marriages anyway. Janet, Harriet and I conducted interviews with the wives. Moses, Gerald, Daniel and I conducted interviews with husbands. I conducted most of the interviews with higher asset husbands. This was either because my assistants were in the same social network as the husband or because the husband preferred to be interviewed by me, a foreign researcher.

Like most anthropologists, participant observation was an everyday activity and was presented through a series of what Sally Falk Moore has called "diagnostic events." The first event I attended was directly related to our project in that it showed how a local organization was attempting to regulate male infidelity while strengthening marital communication and joint decision-making. The event was a revolving household development ceremony held by the (mainly male) UTODA, Uganda Taxi Operator and Driver Association. In order for a member to be considered present and receive gifts, he had to be accompanied by his wife or wives. When I inquired about the emphasis on wives being present, the founder of the program gave two answers. First, the group wanted to know that the gifts were being equally shared among spouses

and that wives were known to all the members. Second, the group wanted to address problems that have arisen in the office when a wife was not known to members and either the wife or mistress came to the office to report delinquent behaviors of a member. I certainly did not expect fidelity, marriage, and public talk about both to be the focus of a group notorious for being what people called "good womanizers." In many ways, UTODA represents a major factor in HIV spread in Africa—mobility, access to cash and women, all-male group, fast vehicles and lifestyles. Yet the fact that this group built a program around regulating male infidelity offers a window into how a group of men understands problems arising from extramarital sexual activities and how a local male group creatively attempts to inject notions of equality and communication into men's marital ideologies and public practices.

In order to more systematically conduct participant observation, we created social and gendered maps of Iganga, detailing areas of gender-segregated socializing, marital interactions, sexual relations initiations, and opportunities for extramarital relations. Our final list of places resembled that of the other countries on this study:

- Evening places where cross—gender interaction occurs-bars, discos, restaurants, local drinking spots, video halls, evening markets etc
- Marriage functions—engagement parties, wedding fundraising events, church weddings, traditional weddings between clans
- Religious ceremonies—church services, singles fellowships and workshops
- Plays or Performances—National Theatre company, national signers, Miss Uganda Pageant
- Public events and observations—Women's Day, community ceremonies
- Youth hangout spots—pool halls, shops, transportation spots, outdoor field where youth hangout after school, soccer matches
- Domestic spaces, family businesses and village spaces, including farms and family shops

Like PO, archival research presented an overwhelming amount of material and cultural productions. Messages and information about sexuality, love, HIV, and marriage are literally everywhere. We focused our efforts on gathering material that (1) detailed current national debates, programs, and legislation, (2) might shape people's ideas about marriage, sexuality and gender, (3) documented lived experiences of marriage and extramarital relations, and (4) illustrated how notions of love, marriage, and HIV had changed. We ended up gathering information from newspapers, advice columns, magazines (both the illicit sex magazines and "decent" parenting, marriage and social life ones), radio shows, court records on divorce, pamphlets and advice books about sex and marriage, HIV posters and training materials, and pictures of people's wedding and family albums.

The key informant interviews were the aspect of that was the slowest to take shape. Although we began with a long list of interviewees, the information gathered was too general to add much substance. We got creative. The interviews that produced new information or perspectives were those with a sex worker and a pimp, a traditional sex counselor who had gone commercial, the head of a school's sexuality education and counseling program, a charismatic minister of a Pentecostal church, and HIV nurses and agencies. We also did quite a bit of work, including interviews and interactions, with HIV+ groups and the NGO that supported them, IDAAC

(Integrated Development Activities and AIDS Concern). This was the most inspiring part of research. After hearing so many stories of disappointing marriages, creative definitions of fidelity, and perceptions of sexuality gone awry, it was a pleasant surprise that the most hopeful and cogent voices came from members of HIV+ support groups.

Preliminary findings

The question that guided our daily research team discussions was: "To what extend does love equal fidelity?" We did not necessarily find a simple answer. In Uganda, clearly husbands' extramarital relationships put wives at great risk. Like other countries in the study, wives often have no recourse for husbands' infidelities and have little power or no desire to demand condom use. But the story is more complicated than victimless wives and cheating husbands.

For example, through my interaction with the HIV+ groups, I also came to understand ways in which wives put husbands at risk. Some widows told stories about how they came into their current marriage with HIV contracted from a previous marriage or a sugar daddy. These women admitted to not revealing their previous marriage or their HIV status to their new husband. Based on the reaction from the rest of the HIV+ group, I assume this practice was understandable and more common than I previously thought.

The notion of love relationships or the desire for companionship in marriage is not new to this area. What have changed are the opportunities for romantic liaisons to turn into marriage and women's ability to select their own partner and express discontentment. For instance, in a 1950s court case documented by anthropologist Lloyd Fallers (1969) a young woman sought a divorce from her husband on the grounds that she wanted to select her own (younger) husband and that she did not love the (older) man her parents choose for her. The court could not understand why she wanted a divorce from the old man, who did not beat her and who provided for her as well as her five older co-wives. In the judgment statement, the court expressed confusion about her silly insistence on marrying a man she loved, but the close vote granted her the divorce.

Since romance and love had been integral yet sometimes less prominent parts of the historical sexual landscape, I saw our task as trying to understand how the prevalence and nature of companionate marriage has changed over time and how this relates to infidelity and to women's risk for HIV. Analysis of the marital case study interviews speaks directly about these changes. Looking across time, marriage is becoming more nuclear in Uganda, as the bond between the husband and wife begins to eclipse that of the extended family. Discourses of affection and love between couples appear daily in the media and in popular culture. Whereas notions of romantic love are commonly found popular culture and are expected in pre-marital relationships, according to interviews people's actual selection of a marital partner still revolve around wider social and class expectations, family obligations, and reproductive choices. Reasons wives commonly mentioned for spouse selection was of man's future earning and providing potential and his persistence. Husbands' reasons were a wife who could manage the home well and care for his needs and children. Education, status, religion, and family background also played a large role in spouse selection.

Extramarital relationships are a historical part of marriage and an indication and result of male sexual privilege. Someone once said to me, "All wives *know* their husbands cheat; many husbands *suspect* their wives cheat." Our data confirms this. Almost 90% of all husbands admitted to an extramarital relationship and about 40% of wives admitted. An interesting finding: Whereas for husbands this number did not seem to change over generation or asset level, for wives age and class did make a difference, a point which I return to later.

In terms of male infidelity, what has changed is the nature of those relationships and how men discuss them. For older males, their extramarital relations were part of their social world with other men and they seemed to engage in many shorter term extramarital relationships. For younger men, some of these relationships are not easily shared with their male friends and colleagues. They are also more likely to have a longer-term partner. There is increased discretion and secrecy surrounding male EMs. The idiom of *be faithful* as circulated through the ABCs and the Pentecostal movement have clearly shaped how men talk about their sex lives. Yet there remains a strong notion among males that masculinity is based on being independent, which is demonstrated by having multiple partners. Two sayings we heard in male social groups that perpetuate male multiple partner-seeking and that emasculate males who have only one wife and partner are: "A man with one wife is like a mushroom. He stands on one leg" and "A man with only one wife is his own co-wife. He will have to cook and clean when the wife gets sick."

Older wives and higher asset wives admitted fewer extramarital relationships. Perhaps older women were and higher asset women are less likely to participate in extramarital relations. But, more importantly, we thought this spoke more about wider social expectations and changes over time. For their time older women and currently higher asset women had/have more to lose, the social sanctions were/are greater, and they were/are expected to be more docile, tolerant, and in some ways more contained in their mobility. Conversely, for instance, daily household tasks of lower asset women (colleting firewood and water, searching for "fire" or a match, tending to the garden etc) provides them a more random mobility pattern and greater opportunities for secret rendezvous.

Condom use in extramarital relations offers another interesting twist. The type and staging of the encounter determine condom use. Partners in longer-term EMs usually develop emotional attachment and are less likely to use a condom regularly than some one-time encounters. If pregnancy is not wanted in a longer-term EM, the woman uses a hormonal contraception instead of a condom. In terms of short-term or one-time affairs, pre-mediated or planned liaisons one could possibly use a condom. For instance, a professional male explained that when attending residential workshops, he always makes sure he brings condoms. He even stated that his wife prefers that. On the other hand, "opportunistic quickies"—such as in a banana plantation or a pit latrine—and those involving a night of alcohol consumption were less likely to have access to condoms.

Even if a woman suspects that her husband is involved in extramarital sexual activity, she is not necessarily motivated to suggest condoms. Her (and his) desire to reproduce is a large obstacle in using condoms in marriages. For instance, one woman explained that she suspected that her husband was involved in extramarital relationships. When I asked about condom use, she stated it wasn't that she did not feel disempowered but that she thought another pregnancy might bring

them closer. She hoped her husband was using a condom with other women. Her strategy for making the marriage closer–reproduction–might be contributing to her risk.

In short, we found a slippery connection between love and infidelity. We also found that the concept of infidelity meant more than just having sex outside of marriage. One man said he was faithful but admitted to having extramarital sex. In his understanding he was faithful because he was fulfilling his primary role—to provide and respect his wife. As long as a husband continues to provide and respect his wife, an EM is not necessarily a problem and is not necessarily understood to be the same as being unfaithful. The idea the emotional and affective side of fidelity is linked to sexual fidelity is evident in many interviews but, perhaps because of social norms framing male homosocial interaction, is not necessarily reinforced in situations that present opportunities for extramarital activity.

Intervention Activities

Our research team decided that our final intervention would include a service to the four research villages as well as supporting activities of IDAAC (Integrated Development Activities and AIDS Concern). IDAAC is the oldest HIV support agency in Iganga and was started by a dynamic Reverend who is a nurse by training. In selecting our intervention activities we considered that Uganda already had many current HIV prevention and care activities and that general knowledge about HIV was very high.

Community Health Meetings lead by HIV+ groups. My research team and I thoroughly enjoyed our final project! The main intervention was holding an HIV community meeting in each of the four research villages. In each meeting a DJ provided filler music and entertainment and an HIV+ support group performed, educated, and interacted with the audience. Through their songs, short plays, and speeches about living with HIV, the support groups worked to destigmatize HIV by showing residents how people can positively live with HIV and support each other. The meeting was also intended to create a space for residents to openly discuss HIV and to find out basic information on HIV services in Iganga, such as testing centers, medical care etc. The meetings were officially opened by several speeches, including one from a representative from the District Health Office, another from an IDAAC representative, and one by me as the link between the community and IDAAC.

None of the four research villages had active HIV+ groups. Yet it is these support groups that were thought by local AIDS agencies to have been instrumental in offering support and encouragement to people living with HIV and helping reduce the spread of HIV. People in these support groups see a major role as educating others about risk reduction, encouraging HIV testing, and ultimately removing stigma surrounding HIV in communities. Our intention was to partner the research villages with an HIV+ group and IDAAC.

Other activities. I had made many contacts throughout this project. In small ways, I tried to support these groups with their current activities. This included conducting continuing to work with IDAAC on their projects, a participatory workshop for two secondary schools, working

with a local branch of Family Planning on their youth program, sharing a video and findings with the District Health Officer, and linking HIV+ groups with each other.

Recent presentations

"Ignored HIV Risk: Is Marriage Putting People at Risk?" Invited Talk at the Research Alliance to Combat HIV/AIDS (REACH) Steering Committee Meeting. Northwestern University. April 14, 2006.

"My husband has many girlfriends': The Political Economy of Male Infidelity and Married Women's HIV Risk in Uganda. Workshop: *Marriage and HIV: A Multi-site Ethnographic Study of Gender and HIV Risk. Brown University, The Working Group of Anthropology and Population. March* 2, 2006.

"Be faithful': Cultural, social, and economic contradictions of the ABC message and married women's HIV risk in Uganda." Session #5067.0, HIV/AIDS Risk for Married Women, 133rd American Public Health Association Annual Meeting Philadelphia, December 14, 2005.

"From Open Affairs to Secret Rendezvous." Panel: The Secret: Love, Marriage, and the Social Organization of Infidelity. American Anthropological Association Meetings, Washington DC, December 2, 2005.

"Romance, Love, and HIV: Another Side to AIDS Epidemic." Invited Lecture for Women's Studies and AIDS Day kick-off. Southern Illinois University, Edwardsville. November 9, 2005.

"Marriage and HIV Risk: The Hidden Epidemic." International AIDS Day Lecture. Webster University, Saint Louis, MO, November 28, 2005.

"Shifting Discourses and Practices of Love, Infidelity, and Uganda's Emerging Body Politic." Panel: Romantic Love and Sex: Transnational Connections and New Technologies. African Studies Association Meetings, Washington, DC, November 17, 2005.

"These things just happen': The Sexual Economy of Marriage, Infidelity and Women's HIV Risk in Uganda." Invited talk. Duke University, Sexuality and Anthropology Speaker Series, September 19, 2005.

"Bridging the Gap Between Social Science and Intervention: Feminist Analysis in Sexual Health and HIV/AIDS Programs." Delivered to International Institute of Education for Fulbright New Century Scholars. April 28, 2005.

"Marriage, Love, and HIV Risk for Married Women: Understanding Infidelity and HIV Risk." Public Lecture for, June 2004.