Community Perspectives on Adolescent Girls’ Vulnerability to HIV/AIDS in Zambezia Province, Mozambique: A Qualitative Analysis
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The analysis, interpretations, and recommendations presented herein are those of the authors and do not necessarily reflect the views of the Johns Hopkins University.

ACRONYMS

AIDS    Acquired Immune Deficiency Syndrome
CCP     Center for Communication Programs
CSP     Concurrent Sexual Partnerships
FGD     Focus Group Discussion
GGI     Go Girls! Initiative
HIV     Human Immune Deficiency Virus
IQC     Indefinite Quantity Contract
MCP     Multiple Concurrent Partners
MSP     Multiple Sexual Partnerships
NGO     Non-Governmental Organizations
PEPFAR  US President’s Emergency Plan for AIDS Relief
USAID   United States Agency for International Development
VGI     Vulnerable Girls Index
EXECUTIVE SUMMARY

Background
To reduce adolescent girls’ susceptibility to HIV/AIDS in Botswana, Malawi and Mozambique, the United States Agency for International Development (USAID) awarded the President’s Emergency Plan for AIDS Relief (PEPFAR) Gender Initiative on Girls’ Vulnerability to HIV to the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in September 2007. This three-year Initiative, also known as the Go Girls! Initiative (GGI), seeks to link vulnerable adolescent girls ages 10-17 with comprehensive programs designed to meet their unique needs.

A recent literature review conducted for the Initiative found that no single study comprehensively defined “vulnerability to HIV” (Underwood, O’Brien, & Skinner, 2008). The review did, however, identify multiple factors associated with adolescent girls’ vulnerability to HIV/AIDS, which constitute the basis for a newly constructed Vulnerable Girls Index (VGI). The literature review also found that no study published to date examined how communities characterize and identify vulnerable girls. Given that a clear definition of vulnerability, which takes into account how communities perceive and identify vulnerable girls, was needed to inform further program design and implementation, GGI conducted the study elaborated herein.

Theoretical framework, objectives, and methodology
The Gender Initiative explicitly shifts the focus from the individual-as-risk-taker, which places the onus on the individual, to the systemic and foundational contextual factors associated with the vulnerability of girls/adolescent girls (the terms are used interchangeably in this report). The social ecological framework that guides the Initiative views individuals as nested within a system of socio-cultural relationships – families, social networks, communities, nations – each of which potentially influences, directly or indirectly, individuals’ ability or propensity to act.

The GGI team designed this study to examine adolescent girls’ vulnerability to HIV from the perspective of community members, to test the VGI for construct validity, and to inform the development of program interventions, which in turn could reduce vulnerable girls’ exposure to HIV.

A qualitative study was conducted in Botswana, Malawi and Mozambique in selected GGI intervention sites, as well as in several neighboring communities, in November and December 2008. This report focuses on the Mozambique portion of the study. Therefore, the findings presented in this report rely on results from 11 focus group discussions (FGDs) carried out in Zambezia Province, Mozambique. FGDs were held in both urban and rural sites as follows: younger adolescent girls (ages 11-14), older adolescent girls (ages 15-19), adolescent boys (ages 15-19), adult women (ages 20-49), adult men (ages 20-49), and community opinion leaders.

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1 Twelve FGDs were held in Botswana – six in Bobonong and six in a peri-urban section of Francistown – and 12 in Malawi – six FGDs in a peri-urban area of Mangochi district and six in a rural area of Thyolo district – as part of the larger GGI study. Please see “Community perspectives on adolescent girls’ vulnerability to HIV/AIDS in Botswana, Malawi, and Mozambique: A qualitative analysis” for a detailed report on research findings from all three countries.
Organization of the report

The background, conceptual framework, and methodology that guided the three-country study are described in Chapter 1. Findings from the FGDs conducted in Mozambique are presented in Chapter 2. Since the results reported in Chapter 2 were part of the larger study, the findings from Mozambique are compared and contrasted with findings from Botswana and Malawi in Chapter 3. The final chapter sets forth recommendations based on analysis of the findings from Botswana, Malawi and Mozambique.

Key findings

The roads leading to girls’ vulnerability to HIV/AIDS in the three countries are many, complex, and influenced by the political economies and socio-cultural systems, including social identity formation, in the respective countries. The study participants defined “vulnerable girls” in the context of HIV transmission risks as those who are susceptible to unprotected sexual relationships, primarily relationships that are transactional (i.e., when sex is exchanged for money, goods or services) and intergenerational, often involve sexual concurrency, and are sometimes forced.

The findings point unequivocally to the central role of economic inequality in rendering girls vulnerable to HIV, if for a variety of reasons. In middle-income Botswana, study participants pointed to the search for a modern adolescent social identity and, secondarily, poverty as the drivers of girls’ involvement in unprotected sex. In Malawi, where economic resources are scarce, the study interlocutors identified poverty primarily, and the desire for material goods secondarily, as reasons that girls are at risk of contracting HIV. And in Mozambique, participants in the research associated HIV risk with both poverty and adolescent identity formation.

The participants’ discourse about the causal pathways to risky sexual relationships revealed an understanding that the causes of HIV vulnerability are multi-level, and include factors not only at the individual level, but also at the peer-, family-, community- and social-structural levels of the social-ecological framework.

At the individual level, study participants contended that girls are sometimes active agents for sexual partnerships and seek out sex, either for pleasure or to increase their economic gain. But study participants noted that girls are also victims of force, coercion, or simply passive acceptance. Regardless of whether the sex was sought or coerced, transactional sex was reported to be widespread among adolescent girls in rural and peri-urban sites in all three countries.

Respondents expressed concern for the disconcerting changes in relationships between youth and their parents or other elders. In the past aunts talked with their nieces about sex, yet this custom is waning. Some adults felt that it is inappropriate for them to discuss sexual matters with their own children; those who are willing to do so often feel unprepared to carry out such conversations.

At the community level, communities identified a plethora of places where girls are unsafe and very few where they are safe. Bars and other venues where alcohol is sold were identified as the most high-risk places for adolescent girls in all communities. The market, rest houses, and unsupervised outdoor locations were among other spaces depicted as unsafe. Community

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2 Ibid.
rules and regulations surrounding such sites appear to be lax or non-existent and girls in the study expressed a high level of unease about their general safety in the community.

Alcohol, which is readily available to adolescent girls across the three countries, was also identified as a key factor in adolescent girls’ exposure to unprotected sex. Although participants were acutely aware of the disinhibiting effect of alcohol, they showed little self- or collective-efficacy to prohibit adolescents’ alcohol consumption or to reduce alcohol abuse among adults.

At the social level, communities recognized both poverty and adolescent identity formation (though not in those terms) as key drivers in girls’ vulnerability to HIV/AIDS, particularly in relation to transactional sex, which was linked almost inevitably to cross-generational sex.

In Botswana, initiation rites, which were described as traditionally protective of girls, are now rarely practiced. In Mozambique, too, respondents generally spoke of protective initiation rites in the past tense. It was in Malawi that harmful – and ongoing – initiation rites were brought out most explicitly; the described rites were typically associated with highly risky sexual behavior.

None of the study participants discussed the period between puberty and adulthood as a unique stage of life. Rather adolescents were grouped with “youth” in an age range from 12 or 13 years to 25 or even 30 years of age. Discussion about cultural interpretations of adolescence is needed, both to rethink and reformulate initiation rites and to provide a clear and culturally appropriate conceptualization of adolescence.

The vulnerability discourse highlighted the role of alcohol, peer pressure, minimal adult supervision, and poverty on unprotected, often unplanned, and even unwanted, sexual relations. The inter-linkage of these factors in the study participants’ discourse about vulnerable girls across the three countries and in all age groups provides solid construct validation of the VGI.
CHAPTER 1: INTRODUCTION

Project background
In recent years, the burden of the HIV/AIDS epidemic on women has increased notably, with women now representing half of all people living with HIV and nearly 60 percent of all infections in Africa. Among young people aged 15-24 years in sub-Saharan Africa, women represent nearly three out of four of those living with HIV (Global Coalition, 2007).

To tackle the feminization of HIV/AIDS, particularly among adolescent girls in sub-Saharan Africa, the United States Agency for International Development (USAID) awarded the President’s Emergency Plan for AIDS Relief (PEPFAR) Gender Initiative on Girls’ Vulnerability to HIV (the Initiative) under the Project SEARCH Indefinite Quantity Contract to the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in September 2007. The three-year Initiative, known as the Go Girls! Initiative (GGI), seeks to reach vulnerable adolescent girls ages 10-17 in Botswana, Malawi and Mozambique with comprehensive interventions tailored to their particular needs.

But who exactly are vulnerable girls and how do we identify them? A recent literature review found no comprehensive definition for “vulnerability to HIV” in any of the reviewed studies (Underwood, O’Brien, & Skinner, 2008). By extracting the range of factors associated with girls’ vulnerability to HIV identified in the literature, the Initiative developed a Vulnerable Girls Index (VGI) that provides a standard basis from which to assess and compare levels of vulnerability. The factors included in the index are: orphanhood, poverty, being out of school, social marginalization, alcohol consumption, inadequate knowledge about HIV, low self-efficacy, and a weak relationship with parents. The literature review also revealed a dearth of research that examines vulnerability from the perspective of the community.

Conceptual framework
In recognition that HIV vulnerability extends beyond the individual, the Initiative is guided by a social-ecological framework as depicted in Figure 1 (Kincaid, Figueroa, Storey & Underwood, 2007). As first conceptualized by Hawley (1950), social ecology is the study of people in an environment and the confluence of the multi-level influences on one another (Hawley, 1950). Yet, Hawley was not the first to posit the role of the environment on people and their actions; Kurt Lewin demonstrated in his classic text (1935) that behavior is a function of the person and the

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3 For programmatic purposes, the Initiative defines adolescent girls as ages 10-17, which differs from the World Health Organization’s (2008) designation of adolescents as individuals ages 10-19. The Initiative uses the more restricted definition as the Initiative chose to focus on pre-adolescents and adolescents who are still minors.
The social ecological approach was systematized by Urie Bronfenbrenner (1979) in his Ecological Systems Theory that described the multi-level factors that affect individuals’ beliefs, attitudes, and actions, including interpersonal influences at the “microsystem” level, organizational or institutional influences at the “mesosystem” level, community or “exosystem” influences, and the socio-cultural contexts of the “macrosystem” level.

The social ecological perspective views individuals as nested or embedded within a system of socio-cultural relationships – families, social networks, communities, nations – that are influenced by and influence their physical environments. Each of these contexts potentially influences, directly or indirectly, individuals’ ability or propensity to act. This approach draws attention to the role of extra-individual factors in health outcomes (Rose, 1985), and yet does not ignore the individual. Rather, individuals’ choices, decisions, and behaviors are theorized to depend not only on their own characteristics, but also on group- or community-level attributes and understandings, which also implicate the larger social and environmental contexts within which they live. This approach brings our attention to the need for multi-level and multi-faceted interventions if we are to effectively reduce adolescent girls’ vulnerability to HIV/AIDS.

**Objectives of the study**

The main objective of the study was to examine girls’ vulnerability to HIV from the perspective of community members in the countries where the Initiative plans to implement programs, and to elicit their perceptions regarding who in their communities are most vulnerable to HIV, and why. Other objectives were to test the Vulnerable Girls Index (VGI) for construct validity, to contribute to the development of the GGI baseline survey instruments, and to inform program interventions.

**Research questions**

Specific research questions include:

- What local terms are used to describe “vulnerability?”
- Who in the community is “most vulnerable” to HIV and why?
- What factors contribute to vulnerability, especially that of adolescent girls aged 10-17?
- Does vulnerability differ by location?
- What is the community doing to reduce girls’ vulnerability, particularly those aged 10-17?
- What should the community do to reduce the vulnerability of girls aged 10-17?

**Methodology**

**Study design**

This qualitative research study was conducted in a sub-set of GGI’s intervention sites as well as in several neighboring communities. Conducted in November and December 2008, the study comprised 12 focus group discussions (FGDs) in two districts in Botswana, 12 in two districts in Malawi, and 11 in Zambezia Province, Mozambique. Each FGD lasted approximately two hours and was facilitated by same-age, same-sex peers, except for the youngest group who had same-sex, older teens trained to facilitate their FGDs. Discussion guides for youth and adults were developed to provide a structure to the FGDs (See Appendices 1 and 2). The focus of this report
is Mozambique; therefore, only results from the FGDs carried out in Mozambique are presented in this report. Moreover, since the research was carried out only in Zambezia province, the findings should be read in that context.

Study population

In Mozambique, the local research team carried out six FGDs in peri-urban Chuabo Dembe and five in rural Licuari, both of which are located in Zambezia province. In each site, one FGD was held with each of the following groups: pre-adolescent girls (ages 11-14), adolescent girls (ages 15-19), adolescent boys (ages 15-19), adult women (ages 20-49), adult men (ages 20-49), and community opinion leaders, including local officials, headmen, religious figures, teachers, etc. The only exception was in the rural site in Mozambique where male opinion leaders were interviewed together with male adults and female opinion leaders with female adults.

Participants were purposively recruited through community organizations using age and sex as the main recruitment criteria. Community-based organizations in the study communities were asked to identify local opinion leaders, including teachers, religious leaders, local government officials, headmen, and chiefs. No names or personal identifiers beyond age, sex, or occupation of participants were recorded.

The study sites were selected based on a desk review by GGI program staff of communities that would be suitable for implementation of program activities. Criteria included population size, availability of schools, health services, and income-generating programs.

Both urban and rural research sites in Mozambique were in Zambezia Province. Chuabo Dembe is a neighborhood situated on the outskirts of Quelimane, the provincial capital of Zambezia and home to more than 150,000 people. The HIV prevalence rate in the provincial capital was 18 percent in 2009 compared with a national prevalence rate of 15 percent (Ministry of Health Mozambique, 2010).

Licuari is a rural village in the district of Nicosadala with a population of approximately 7,000. The village lies along a much-traveled trade corridor, which accounts in part for adolescent girls’ heightened vulnerability to HIV transmission.

Procedures

Ethical approval to conduct the study was obtained from the Institutional Review Board at the Johns Hopkins Bloomberg School of Public Health and the National Bioethics Committee, Ministry of Health in Mozambique. The support of community leaders was also obtained at the local level.

Qualified and experienced research assistants were recruited and trained by the lead researchers hired to conduct the study. The training covered issues such as an overview of the GGI project, qualitative research methods (in particular FGDs), fieldwork ethics, and teamwork. The research team was familiarized with the discussion guides in Portuguese and the local language; each question in the guides was thoroughly discussed. In addition, the research assistants carried out role-plays to practice leading focus group discussions. Both the adolescent and adult discussion guides were pre-tested in Quelimane city.
Data analysis
All FGDs, with the consent of the participants, were audio taped and the recordings were transcribed verbatim in the local languages (Portuguese and Chuabo). The transcribed texts were then translated into English. Data sorting and analysis were carried out using ATLAS.ti software. In addition to using pre-determined codes developed from the conceptual framework and literature review, all transcripts were read to identify emerging themes and allow for the generation of new codes based upon the participants’ own words.
CHAPTER 2: RESEARCH FINDINGS FROM MOZAMBIQUE

Understanding vulnerability

The facilitators began the discussions by asking, “What does vulnerability or being vulnerable mean to you? Can you give examples of people who are vulnerable to something?”

In both rural Licuari and peri-urban Quelimane, the majority of respondents were unfamiliar with the words vulnerable and vulnerability. The equivalent of “being at risk” in Portuguese was used rather than “vulnerability” as it seemed more appropriate given the focus of the research. The majority of participants at both sites discussed risk in terms of physical risk or loss, such as “risk of being run over by a car”; “being at risk of death”; “being at risk of getting ill”; “risk of stepping on a mine”; and “risk of losing my job.” Throughout the discussion, there were some participants who seemed to refer to “being at risk” as something already occurring and not something that could happen in the future. Respondents often used the terms “vulnerable” and “at risk” interchangeably, as was true in Botswana and Malawi as well.

Identifying who is vulnerable

Following the general discussion about vulnerability, facilitators used a two-pronged approach to learn whom participants considered most at risk of contracting HIV. They broached this topic by saying, “Think of everyone in your community. Who do you think is most at risk of becoming infected with HIV?”

The first comments from the younger cohort of adolescent girls (11-14 years) in the peri-urban site had to do with people who are most likely to be involved in transactional or commercial sex. They explained, “These girls go after men because they have nothing to eat.”

Adolescent girls ages 15-19 in the peri-urban site all agreed that women in general were more at risk of infection than men. They [fishermen] like women. They have many girlfriends. Girls are struggling to get money in order to buy food. (Peri-urban, girl 11-14 years)

It is from 12 to 20 or 30 years old because they [girls, women] still want to have fun; they have no maturity, however, by the age of 35 on, they already take care of themselves. They are aware of the risks. Youths still don’t even believe that disease is real or not. (Peri-urban, girl 15-19 years)

The younger cohort of adolescent girls (11-14 years old) in the rural site indicated that boys and girls were more at risk than were adults. The older adolescent girls (15-19 years old) did not refer to any specific age or sex. In general, they thought that the most at risk are those found in the markets, discos, and video/movie houses.

Participants in the peri-urban adolescent boys’ group were of the opinion that women were more at risk because they usually “want to follow the fashion.” They explained that peer pressure
amongst girls is rife, and “tchuna baby” trousers, which are worn low to show off the naval, are a particularly prominent symbol of the life adolescent girls covet related to consumerism, fashion, being modern, and showing off. Hereafter, this is referred to as the *tchuna baby phenomenon*.

*Friends use some clothes (“tchuna babies”) that their girlfriends covet, and since they get them from their boyfriends and other men, they tell their girlfriends that they should do the same.* (Rural, adolescent boy 15-19 years)

The two groups of adult men specified that the most at risk were those aged “14 and older” or “under 30.” The peri-urban group pointed to weak psychosocial support for girls, arguing that neither parents nor godparents participate in their moral development. When asked whether they thought boys or girls were more at risk, the majority thought that it was the girls. The rural group, however, seemed to blame girls for transmitting HIV to older men in their own communities even as they alluded to girls’ vulnerability.

*Well we are all men here. The way our daughters grow up today differs from the period we did. Look, they have no godparents, no one to assist their growth. Many boys and girls that get infected here are not orphans. Boys and girls are out of control. No one can call to their attention; not even their own parents. That is why our children get infected.* (Peri-urban, man 20-49 years)

*As [someone] has said when people from South Africa and Maputo pass through, they leave us their diseases, and when we go to such girls we also get the diseases... so the girls are the one who transmit the diseases to us.* (Rural, man 20-49 years)

The group of adult women from the peri-urban site was of the opinion that adult men are more at risk of infection because they are likely to be involved in concurrent partnerships.

*They have many girlfriends outside. They go out with X and Y, you see. When they get home, they have sex with their spouses. Spouses will never reject because they are their husbands.* (Peri-urban, woman 20-49 years)

The adult women from the rural area were of the opinion that young girls who spend time in the streets were most at risk.

*Imagine a girl with unemployed parents, a girl who wants good things she sees along the street. Where will she get the money? She will definitely have to find a man who will give her money. In exchange, she will have to make love with these men.* (Rural, woman 20-49 years)

The group of opinion leaders from the peri-urban site had some diverging thoughts but the main opinion was that girls were more at risk because of the pressure they receive from their friends. They explained that friends might have a new, more fashionable “capulana” (traditional cloth) acquired from a boyfriend or “male friend.” Hence, the girls who want that same “capulana” will follow the friends’ example. In summary, there was a range of opinion about which groups are most vulnerable, though all but one group mentioned girls and women among the most vulnerable.
Relying on a projective technique, the facilitators then showed the respondents nine photos to elicit further commentary about who in the community is most vulnerable to HIV/AIDS. The photos included a breastfeeding baby; a female child; a young, rural adolescent girl; a well-dressed, older adolescent girl; a group of older adolescent boys; two young, bikini-clad women; an adult man; an adult woman; and two elderly men. The two photos of adolescent girls were chosen quite often as those at high risk of infection. Participants also chose the photos of the two young women in bikinis as at high risk; the way they were dressed was considered sexually suggestive and was cited as a reason for their vulnerability. Among all photos, this one provoked the most laughter and reactions. The photo of the adult woman was also chosen quite often. Overall, the participants indicated that women, particularly young women, were more vulnerable to HIV than were others. Photos of the breastfeeding infant, the female child, and the elderly men were the least likely to be included among those most at risk of contracting HIV/AIDS.

**Vulnerability factors**

Participants’ statements about the factors that render girls vulnerable to HIV arose throughout the discussion, reinforcing and amplifying comments made in response to the direct question about vulnerability factors. Vulnerability factors are organized by social ecological levels.

**Individual-level factors**

**HIV/AIDS Knowledge**

Several groups suggested that girls are at risk of HIV because they are poorly informed about the modes of transmission. In particular, the peri-urban younger cohort of girls spoke of ignorance about the modes of transmission among both girls and boys, noting “I think boys also have more information about AIDS [than do girls], but they don’t know how it is transmitted.” Several adult groups also alluded to girls’ general lack of HIV-related knowledge.

> *Sometimes she is not even aware of the dangers that await her [when she has unprotected sex].* (Peri-urban, opinion leader)

When asked about the modes of transmission, both the younger and older cohorts of girls seemed to perceive non-sexual and sexual transmission as equally likely, despite the fact that the latter is far more likely. After mentioning unprotected sex as a means of transmission, the girls went on to discuss sharing syringes, razors, and other personal objects.

> *I can see that it is those people who’re 12 years old and above [when asked who in the community is more at risk of infection] because of using sharp and cutting objects, not using the condom, razors, having sex.* (Peri-urban, adolescent girl 15-19 years)

**Sexual behavior**

Some respondents indicated that girls have a casual attitude towards sex and its consequences, implying that the decision is made freely and not from peer pressure or economic necessity. This opinion was expressed by girls, boys, and older men.
In addition to what has been said, boys and girls do not take life serious these days. She might be well off but still play around regardless of the consequences. They don’t care about getting the disease or not; all this happens because of their age. (Peri-urban, male 20-49 years)

Nowadays, girls behave badly. You may find some that had sex at the age of 12 with a very old man, you see! (Rural, adolescent girl 11-14 years)

These quotes seem to reflect a generational change in attitudes associated with the desire for independence and lack of family control. The group discussants also suggested that curiosity and the desire for sexual pleasure drives young girls to initiate sex while they are still minors. Most groups mentioned that the main drive for this curiosity comes from their exposure to adult entertainment venues, and what they watch in the video houses and on TV.

Condom use
Seperal groups of adults suggested that girls willfully refuse to practice safer sex despite the sexual partner’s explicit request to use condoms.

Nowadays, when you speak with a girl she tries to convince you not to wear the Jeito [condom], they say no to the condom, she prefers flesh on flesh. (Peri-urban, opinion leader)

For the most part, however, participants explained that men are in control of whether or not to use condoms.

. . . men refuse to use condoms, they say we have paid you and we want to feel it skin on skin. If you want the money just go for it. (Peri-urban adolescent girl aged 15-19)

Early sexual debut
Every group mentioned that girls start having sex at a young age, thus placing them at increased risk. Most groups mentioned that the appropriate age for sexual debut is around 18 years of age, and they noted that traditionally this age of sexual debut was the norm.

During initiation rites people are informed not to start making love soon. They are only allowed to do that after they are 18 years old. (Peri-urban, opinion leader)

But most groups claimed that girls today start having sex at a much earlier age than in the past; some as young as 9-10 years old were said to pursue older men. Several respondents alluded to the link between early marriage and early sexual debut.

I have noticed that issue of nine years old girls, from 2006 forth, but long ago that used not to happen; my sisters would grow from the age of twelve up to twenty knowing no man, but lately it is common to hear little girls say titio da-la tchili (uncle let us have fun), young as you are, sometimes they can be of seven years old but yet inviting a man... that would never happen in the past... I realize things have really changed. (Rural, adolescent boy 15-19 years)
At any age [they initiate sex], even at the age of eight, nine, because the majority of girls even come to discard school, even married girls, they discard school when it come to these things of playing around. (Peri-urban, adolescent boy 15-19 years)

From age ten and up [age that girls start having sex]...even at the age of nine some get married. (Peri-urban, opinion leader)

**Family, peer, and social networks**

**Sexual behavior**

**Transactional sex coupled with intergenerational sex**

Even though the term “transactional sex” was never explicitly mentioned, all groups implied time and again that the relationships they were discussing (i.e., those that put girls at risk of contracting HIV) were transactional in nature. Moreover, transactional sex was strongly associated with intergenerational sex, since only older men would be able to pay for the goods and necessities the girls sought. For the most part, participants used the terms men and “titio” (i.e., uncle) and not young men or boys, when they are referring to transactional sex. They also often spoke of these relations in the plural, implying but not explicitly referring to concurrent sexual relationships.

I think poor people are at high risk because they have no food to eat. They are more concerned with finding someone who can give them something to eat. That’s the reason they always go after people who have money. (Peri-urban, opinion leader)

Statements by the study groups suggest that both transactional sex and early sexual debut were described as *new behaviors not practiced by adolescent girls in the past*. Transactional-intergenerational sex has multi-level influences—individual, peer influence or pressure, and social norms. Therefore, this phenomenon is discussed in several sections of this report.

Both of the adolescent boys groups mentioned that girls are likely to have multiple partners, including older partners, and that girls change partners frequently.

**Consumerism**

From the participants’ narratives, a portrait of the typical girl emerged: she has brushed aside the passive role traditionally expected of girls and embraced a new, modern social identity that includes an assertive stance towards men. Modern girls were said to actively seek out, or make themselves easily and strategically available, to men who could buy the goods or status symbols associated with a modern social identity. This new assertiveness was associated with unsafe sex in the focus group discussions.

...I go out with my friend, we go to the bar, we get there and we take a seat. We ask for a beer, then 2-3 girls come up to us and they say, “Ah uncle Francisco I know you, your wife is Mrs. Antonia, so order me a fanta or a beer.” He says, “Come on, I am not paying for it.” She says, “Ah, uncle Francisco, you cannot do that, I am bad, your wife is not here, at least a fanta.” He says, “So if I pay for a beer what are you going to give me
back?” She says, “I am going to be here with you, we can chat.” And so the man feels bad and asks for [a type of alcohol] . . . Then he tells the girl, “Lets go, I will pay you now.” And he takes out 100 meticais [$3.30] because the girl wants some money, but he says, “But you have to see that I want to make love to you, let’s go there, say good bye to your friends . . .”(Peri-urban, adolescent boy 15-19 years)

The girls’ groups also discussed girls’ pursuit of men for material gain as if it were quite common, though the extent to which it was – and whether any of the girls themselves were involved in transactional sexual relationships – cannot be determined from the data.

When they see something costing 300 [about $10] and they can’t afford it, they set out looking for that money. (Peri-urban, adolescent girl 15-19 years)

While tchuna baby refers to a type of trousers with a low-cut waist that shows off the belly button, in this study the term is used as a construct of a particular social identity, to which some adolescent girls relate and aspire. Statements by the participants suggest a constellation of intertwined motivations and influences constitute this social identity.

Because they want trousers, shoes, shirts, hair extensions, nail varnish, lipstick.... She also wants to be clean... Wants soap to wash her clothes. (Peri-urban, adolescent girl 11-14 years)

The girls of today, everything is fashion, Tchuna baby, now that is what makes girls of 12 years old start having sex... (Rural, adolescent boy 15-19 years)

The participants’ discourse indicated that girls are more consumer-oriented than in the past; they sense the need for fashionable possessions to show off so they can feel modern and equal or superior to their friends. This desired social identity is closely linked to notions of modernity, access to modern consumer goods, and the triumph of consumerism over other values. The modern lifestyle is aspired to includes being able to frequent adult places, and wear modern clothes and other articles that make her feel more beautiful and desirable. This “new she” gives her more satisfaction in the sense that she feels modern, and can equal her friends. She can show off for men, and also show off to other girls or friends who do not have the same things that she has.

She can get infected, because if she shows off, if she wears tchuna baby, men will try to conquer her, and when she sleeps with them she will become infected. (Peri-urban, woman 20-49 years)

She sees her friend with tchuna baby and so she will go and look for a Francisco so that he can also buy her a tchuna baby... She wants to show off to her friends, she wants to show off like her friends, that is why she will look for a boss without knowing that this boss has AIDS . . . (Peri-urban, woman 20-49 years)

What makes a girl have diseases or even die is that she sees things that stay in her mind and heart, things that she needs to have, that is what makes her take risks. (Rural, man 20-49 years)
While this behavior challenges long-standing traditions, culture, and social norms (and is widely seen as detrimental), the participants seemed resigned to the changes.

In the past, it was easy for my dad to give me 50 meticais [approximately $1.60] and I would go to the shop and buy trousers, shirts, and shoes, while now, prices have gone up and the girls want to wear shoes of 900 meticais [almost $30.00], but she doesn’t have that money, hence she has to become involved with someone who has a job... because at that time she didn’t know all those things about money, she didn’t know about those places that sell nice and expensive clothes, she would only sit down, and her father would buy her the clothes, but now time has changed, that is why girls are losing themselves, they only want nice skirts. (Rural, adolescent girl 15-19 years)

Although it is the individual who embraces and is “consumed” by the consumerist culture, it is a normative change driven by peer as well as social influences, as alluded to in the quotes.

**Peer pressure**
The urge to achieve the desired social identity described above is clearly motivated by peer influence and peer pressure, whether perceived or real. For the most part, peers were seen as a negative influence in that they encourage their friends to frequent discos and bars, and find a wealthy, older man.

Because here in Chuabo Dembe girls look for men for their girlfriends, and if these friends don’t want to, then they don’t play with her, they get mad at her, they tell her that “...you are no good, you are not a good friend, so you should play by yourself,” and that is when she will be influenced by her friends, and also look for a man, and hence start playing again with her friends. (Peri-urban, adolescent boy 15-19 years)

**Sexual coercion**
It was mentioned previously that girls today are more assertive and daring than in the past, and they actively search for men who can give them something. Or girls make themselves easily available by frequenting bars, discos, and video houses. Nonetheless, and despite a discussion of some degree of agency on the part of girls, the narratives from most study groups suggest that men, especially older men, are the primary pursuers. Men were said to be predatory, waiting for the most needy girls – those who are poor and desperate and the ones that are under the *tchuna baby* spell – to approach them, or they themselves make advances at these girls to offer money or other goods in exchange for sex. They are said to lure girls into sex, primarily sex without the use of condoms.

I can also see that it is the men that advance on girls, they try to conquer the girls... sometimes they use money to conquer the girls... and from then on the girl just wants more, because she has never seen so much money... The man tells her “...look, I have 50 meticais [~$1.60], it is for you, so come to my house afterwards,” and so... she decides to go to the man’s house. And that is how they start having sex by the age of 8, and that is how they can get infected with HIV. With this money she doesn’t do much. She uses it to go to the cinema, buy chewing gum; for them, this is enough. (Peri-urban, adolescent boy 15-19 years)
Many study participants noted that the transactional nature of most cross-generational sexual relationships gives men the upper hand, and girls are powerless to negotiate condom use if they want the money, alcohol, or grades that have been bartered. Thus, even though some adolescent girls initiated the contact with men for material gain, their social positions do not allow them to engage safely in sexual relationships as the power imbalance favors older men. Narratives also suggest that alcohol is frequently part of the transactional-intergenerational sexual relationships and that the influence of alcohol makes it easier for men to impose their preference of sex without a condom.

_They have heard about it [about wearing condoms], but men refuse to use it; they say “I don’t want those things . . . If you want money you will accept it.”_ (Peri-urban, adolescent girl 15-19 years)

_When they leave [the bar] he takes her to a room, and if she starts complaining he tells her “...you can start paying my beers.” She has already drunk 4-5 beers, how will she pay back? She cannot ask for the money back home, because she is still underage, and she is scared of her dad, and so she accepts having sex with him, and without a condom, and hence sometimes, she can get infected._ (Peri-urban, adolescent boy 15-19 years)

**Orphanhood**

The dominant opinion was that orphans are more vulnerable than their age mates who live with one or both parents. The boys’ and the adult groups seemed to see orphanhood as a vulnerability factor, while girls across the two cohorts and areas did not express an opinion about orphans.

_[An orphan] may not have someone to give her food; she may have no relatives and thus have to find a man to give her money._ (Peri-urban, adolescent boy 15-19 years)

_[Orphans] may start having sex earlier, the reason being that at home where they live, they may experience a lot of problems. For example, she may need a book or an exercise book for school while she has no one to assist._ (Rural, adolescent boy 15-19 years)

_For all orphans and those who have no clothes like the girl, they will likely have to struggle to get money. Now let’s imagine a child like the girl, where will she be working?_ (Rural, woman 20-49 years)

The discourse about orphans and vulnerability highlighted the fact that orphans usually have few, if any, choices, implying that there is little, if any, human agency or individual-level choice involved.

**Relationship with parents**

Several groups noted that girls themselves enter transactional-intergenerational sexual relationships to support or help their families - pointing to parental complicity because they themselves need the help. In addition, the younger peri-urban girls’ discourse suggested that some parents push their daughters into having these relationships.
Sometimes it is because the mother has told the daughter “Today we have no curry or food,” and she replies, “Wait mum! I will ask that man to get me some money to buy food.” Luckily, you get a man who gives you 5 or 10 MZM [approximately $1.65-$3.25], but not for free. He may want to touch your body beforehand... if you accept, you get the money you want to give your mother to buy food you want. (Rural, adolescent girl 11-14 years)

Some mothers send their daughters to make love with some men... because they are unemployed and send their daughters to get some money. (Peri-urban, adolescent girl 11-14 years)

While some discussants spoke of parental exploitation of their daughters, others indicated that there is a lack of authority in the girls’ lives. These participants argued that girls do not seem to identify with parents’ and elders’ reference system and moral values, and that there is a lack of communication between parents and daughters resulting from the conflict between traditional values and the desired “modern life-style.” Some of the parents seem to expect their girls to act as they did in times past and cannot accept this new, independent, and modern identity that does not include respect for one’s elders. Girls, it was said, do not listen to parental advice and do not abide by traditional normative values.

Others leave home with good clothes, but when they get outside they change to a skirt below the waist line, showing off their belly, looking all naked, the mother tells her, “My daughter go back home so that you can wear capulana (traditional cloth) to cover your belly,” and she says, “I don’t want to, it is fashionable to dress like this, that was in your time, now in our time that does not happen anymore.” (Peri-urban, woman 20-49 years)

Yet, the study results did reveal that some parents are trying to influence their daughters in positive ways. When asked to describe what, if anything, parents are currently doing to protect their daughters, both adult and adolescent groups mentioned that parents advise and counsel their daughters about the drawbacks to consumerism, the importance of preparing for the future and going to school, and the need to protect themselves from men’s advances. Some mentioned that parents advise their daughters to abstain from sex, while the group of peri-urban men indicated that some parents encourage safer sex.

Other parents counsel their daughters... “You cannot go badly [referring to sex] with a man, you must save your body, tomorrow you might get a disease, and you won’t know who gave it to you.” (Rural, adolescent girl 11-14 years)

With the girl it is the same, we tell them, “Don’t go through that way because otherwise you are going to get HIV, follow the advice of your mother, because I might be old, but I am not infected with HIV and I am doing this so that you won’t become infected.” (Peri-urban, woman 20-49 years)

To have safe sex... safe sex is to have only one boy, to use a condom. (Peri-urban, man 20-49 years)
A participant in the older girls’ group from the rural area mentioned that her parents intervened when a teacher harassed her.

For example, when I was in the 7th grade, my grades took a long time to come out, because the teacher had told me that I had to sleep with him and I told him no. I told my dad about this. We went to the school, and the director was surprised that my results weren’t yet out. There was a meeting and the teacher ran away. (Rural, adolescent girl 15-19 years)

**Community-level factors**

**Safe spaces**

All groups mentioned that the church was a safe place, primarily because the parishioners are admonished to abide by biblical guidelines, implying that at least while at church one cannot engage in actions counter to the churches’ teachings.

In the church there is that law that forbids one to have sex before marriage, and associated to that is the fact that they fear the church as they consider it a place of respect. (Peri-urban, opinion leader)

Several groups identified the hospital as a safe place. Narratives suggest that participants see the hospital as a safe place because they receive counseling on how to protect themselves against HIV/AIDS.

In the hospital because we can find the counseling corners, and also information about the condom, and in the doctor’s office there are boxes of condom that we can use. (Rural, adolescent boy 15-19 years)

The rural younger girls, boys, and adult women mentioned the police station as a safe place.

The police station because it is there that the problems are solved; one cannot go there to play. (Rural, adolescent boy 15-19 years)

As noted previously, mixed opinions were expressed about schools and safety. The study participants who contended that schools are safe supported their stance by noting that teachers regulate students’ behavior, which contrasts strongly with the opinions discussed previously about unsafe space.

Yes, it is good, because in the school they forbid us to have sex. (Rural, adolescent girl 15-19 years)

Because in the school they are controlled, there are the members, they have regulations, they have a structure, and people have some respect. (Peri-urban, man 20-49 years)

The older rural girls’ group talked about the home as a safe space, reasoning that the very presence of a mother in the home would be protective.
I think that when we are at home because our mothers are there, and so no one would try chatting us up. (Rural, adolescent girl 15-19 years)

In summary, the study groups chose places with structure and regulations as safe places. These included the church, hospital, police station, school, and home. In contrast, they identified unregulated locations, such as discos, bars, video-houses, the market, the fishermen’s area, a local military base, the beach, the football field, and the streets or roads as unsafe spaces. While some participants classified the schools as safe, giving the reason that it provided a structured environment, others regarded schools as unsafe due to the exploitation of students by some of their teachers, and as a meeting point for boys and girls to arrange sexual rendezvous.

Unsafe places in the community
Narratives suggest that unsafe places are those where girls go to satisfy their material needs, both essential and consumerist (i.e., where they go to meet men for transactional sex). Many times, these locations are places that should, but do not, enforce age restrictions. All groups, except the young peri-urban girls, identified bars and discos as unsafe places for girls. Narratives suggest that discos and bars are associated with flirting, coercion, no rules, no control, alcohol, and then, eventually, sex.

Even though under 18 years old people are not allowed in discos, we sometimes find a man with a 15-year-old kid there. (Peri-urban, adolescent girl 15-19 years)

You may find bars with rooms. You may stay for a drink and later on rent a room for sleeping [sex]. (Rural, adolescent girl 11-14 years)

Nowadays, things are different; even ten year olds go to those places [discos], with no respect, no fear for their parents. It is really complicated. (Peri-urban, opinion leader)

Bars were the most likely of all venues or spaces in the communities to be named as unsafe. In most of the discourse about bars as unsafe spaces, the participants associated unprotected (no condom), unsafe (anything goes), and easy sex with alcohol disinhibition or drunkenness.

In the bar it happens like this, you are passing by, you find someone drinking and he calls you, “Girl, come here, I want to buy you a drink.” In the afternoon she probably goes back... There are bars with rooms, you stay there and have a drink, and then you rent a room and then you go to the room and have sex. (Rural, adolescent girl 11-14 years)

. . . when they get [to the bar] the guy starts paying for her cokes and beers, and so without knowing, she comes out drunk and doesn’t realize that the guy is taking her to his house. The man is a real man and therefore will not stay with her without doing something; that is when they will have sex without a condom. (Rural, adolescent boy 15-19 years)

If you want some proof it is simple, you only have to go now to the bar and you will find 10-year-old girls completely drunk . . . (Peri-urban, opinion leader)
One group of participants maintained that, while some girls go to the bars with every intention of trading sex for alcohol, others plan to exchange sex for food or other necessities. In both situations, the girls who frequent bars are described as having agency; they are said to have a purposeful plan and to act on that plan.

*Girls are divided into two groups, those that go to bars looking for a man to drink with and have sex, and there is that group of 10-15 year olds who go to the bars looking for men to have sex with because of the money but that do not drink. These are the ones that need money to buy the snack for school...* (Rural, woman 20-49 years)

Most groups referred to video houses as unsafe for girls. Narratives suggest that due to the lack of an age restriction, girls are exposed to adult movies and sex scenes at a very early age. This whets their curiosity for sex and motivates them to try it.

*There are movies that it [sex] also comes up, those [movies] that are for people above 18 years old... but now girls of 9 and 5 can enter and are watching it.* (Peri-urban, adolescent girl 15-19 years)

*There they are watching the thing, and when they leave they want to try it. In the old times there was an age limit – above 18 years old – while now any child can watch it; now what she watches there is very... well...* (Rural, man 20-49 years)

As noted above, there is a general sense that girls do not have anything else to occupy their time, such as frequenting recreational venues or taking part in school-related activities for those in school. The narratives suggest that girls try to fill the time by frequenting video houses. They typically don’t have the means to pay for the entry tickets; however, so quite often in exchange for sex, men pay the cover charge. Easy, unregulated access to adult entertainment is clearly a community-level factor that renders girls vulnerable. It could be argued that it is also family-level as the implication is that many parents, when parents are in the home, do not monitor and supervise their adolescent daughters’ movements.

There were mixed feeling about the schools. Some groups did not mention schools as unsafe places, and others only suggested this after some probing. The narratives of those that referred to schools as unsafe indicate that the risk is twofold: in some cases, it is that teachers sexually exploit their students; in other instances it is that girls use the school as an excuse to do things that their parents wouldn’t allow.

*For example, the teachers might want to conquer a girl and tell her “I want you” and if the girl rejects him he might tell her “…well, then you will fail my class,” and so the girl will have to accept it, and so they will probably not use any protection, and the girl can become infected with HIV. The girl might try to ask him to use a condom but the teacher will never accept it because the teacher is the one that asked for it.* (Rural, adolescent boy 15-19 years)

*When you leave home you say that you are going to school, the parents at home think, “My daughter has gone to school,” while in fact she hasn’t, she is not at school, she comes home at the same time as all the other students. “Where were you?” “I was in...*
school.” Sometimes she comes back late and explains that she had a late class, or that the teacher was late, but when we go and check on her, she never went there. (Peri-urban, adolescent girl 15-19 years)

The market, mentioned only by the rural study groups, was said to be unsafe as it is where men and girls or boys and girls meet to plan sexual rendezvous. Some, markets, however have bars and discos, so it is not the market per se, but the alcohol outlets in the markets that are unsafe.

In the market, because in the market there are bars, discos, the girls can stay, those guys from others parts can come there and take the girls, and have sex with no protection. (Rural, adolescent boy 15-19 years)

She doesn’t have money to buy fish, her friend is buying good fish for her house, when she gets there she has a colleague and so she starts eyeing him, trying, and so well, she goes into that [sex]. (Rural, man 20-49 years)

The peri-urban community of Chuabo Dembe is in a fishermen’s area. The older cohort of girls as well as the adult women from this community mentioned that the area where fishermen are found is an unsafe area for girls because they anticipate that the men will give them fish or money in exchange for sex.

Some women go there to meet up with fishermen to get something, they (the women) find them (the fishermen) with big fish, and so she doesn’t resist him, and the man asks to have sex with her, they arrange sometime to do it. (Peri-urban, woman 20-49 years)

What can I do if I don’t have anything, we are in Chuabo Dembe . . . where all the fishermen can be found, the fishermen here are not from this area, I can go to them so that they can give me at least 100 [meticais or about $3.30]. (Peri-urban, adolescent girl 15-19 years)

Unregulated outdoor spaces, including the woods, the beach, and the football field were also said to be unsafe for girls. The rural and peri-urban older girls as well as peri-urban opinion leaders talked about the street as potentially unsafe for girls.

From the city to here, they meet in the road, they chat, give each other signals `come to this place’ or `come to my house at x time.’ (Peri-urban, adolescent girl 15-19 years)

When they are in the streets with the men, they make arrangements, and they [the men] promise to give them something [money] in exchange for sex. (Peri-urban, opinion leader)

For example there are some boulevards I cannot use at late hours; otherwise I can suffer an assault or aggression. (Peri-urban, adolescent girl 15-19 years)

Several groups indicated that girls have too much time on their hands and implied that, if they were occupied with some activity, they would not be susceptible to risky behaviors.
The other idea is if we were lucky and got the support of another organization and some money to occupy the girls, give them an activity, because they do all of that because they don’t have anything to do. (Rural, woman 20-49 years)

**Social-level factors**

**Violence**

Respondents reported that the more vulnerable girls – those who are disadvantaged economically or are orphans – are the most likely to be taken advantage of. They are at the highest risk of violence.

*That is why there is a need to do something for girls, because they are the more disadvantaged; if we think about it, the most cases of sexual abuse happen with girls.* (Peri-urban, opinion leader)

Yes, it is that, because she [referring to an orphan girl] doesn’t have anything to live on she is in a bad situation, any man that finds her, the thing he will want will be sex. She will be raped all the time, and men won’t be seeing her as a child, because what he wants is to satisfy himself at that moment. So, if the man is infected, she won’t escape it. (Rural, woman 20-49 years)

Other participants explained that any girl could become a victim of rape, sexual abuse, or sexual exploitation regardless of her status.

*They can kidnap you... older men in a car... sometimes they trick you with cookies and soft drinks...they say, “Come and get some money.”* (Peri-urban, adolescent girl 11-14 years)

**Poverty**

All study groups mentioned economic motivations as the driving force behind both early sexual debut and transactional-intergenerational sex, as previously discussed. The narratives indicated that for some, basic necessities of everyday life were not being met; for others the family structure itself was fatally wounded by poverty. It is not so much the girl as her circumstances that lead to transactional sex.

*Some men insist on giving things for the girls. Let’s say three times a day. At the end, they tell them that they should make love “cause they gave lots of things” and the girls accept since they don’t want to lose the biscuits.* (Rural, adolescent girl 15-19 years)

By getting a boyfriend, she will have something to eat with her family. (Peri-urban, adolescent girl 11-14 years)

She goes out looking for men to help out. That happens especially with a women with daughters and without a husband, or even with orphan children, who don’t have parents and abandon their house and stay in the streets looking for food from neighbors that walk by or even from men, without fearing to contract the disease. Sometimes she is not even aware of the dangers that await her. (Peri-urban, opinion leader)
According to our interlocutors, girls in their communities exchange sex for very little money. With 5-10 meticais (or less than 20 cents) a girl can buy one medium-sized loaf of bread, a small pack of biscuits, or a bit of dried fish.

*I think she’ll go out with every man to get money to buy something. She’ll only ask five meticais because she’s a child to buy biscuits, etc. Hunger will never finish, because her parents have not enough resources. She’ll need money to get something. This is all about hunger and disgrace.* (Peri-urban, woman 20-49 years)

Unemployment was cited as a reason for sexual risk-taking in the peri-urban site. Parental unemployment, which exacerbates the family’s difficulties and places girls in precarious situations, was also discussed. Thus, it is as much or more a family-level as an individual-level factor.

*If we were employed we wouldn’t do that [exchange sex for money]. There are many soldiers here, and since most of us are unemployed and run no business or anything to keep us busy, most of women here in Zambezia are infected.* (Peri-urban, adolescent girl 15-19 years)

*Girls whose parents are unemployed have more problems because they have nothing to eat. Therefore, they look for someone to give them 500 meticais [or $16.50] to buy food.* (Peri-urban, woman 20-49 years)

**Education**

The adult rural women and men explained that sometimes, it is not just food, clothes, and other basic needs that these girls want, but a brighter future that can be attained with schooling. The education system in Mozambique is such that girls do not have to pay school fees up to the 8th level; however, they are required to pay fees once they start secondary education. To make things worse, girls who live some distance from the district center where secondary schools are concentrated, have a higher financial burden if they wish to start the secondary system.

*..if they want to study so that in the future they can become someone, they are “forced” to look for an older man to buy her a [nice] bicycle so that she can be on time for school.* (Rural, woman 20-49 years)

Even though none of the groups spontaneously mentioned living away from parents as a risk factor, all of the study groups confirmed that it is when the facilitators specifically asked about this situation. Most who live far away from the secondary school but who are fortunate to secure a room in the school residence don’t receive their parents’ financial support, and are constantly exposed to other boys (who live in the residence just next to theirs) and to older men. The likelihood that they will engage in sexual relationships is much greater than if they were in the parental home as there is no one to control (or protect) them; moreover, their financial needs increase the probability that they will accept any man’s sexual advances.

*Because she is alone, her parents are not there. There are days where they are asked to do some work but when they do that work they stay with men, and these men they give the
girls something. And with that she goes and buys tchuna babies. (Rural, adolescent girl 15-19 years)

Initiation rites

Participants in the rural site noted that initiation rites continue, but they were unable to give specifics other than to say that girls were given advice so that they could avoid diseases.

_They advise girls not to go after boys because that’s the way of getting HIV._ (Rural, female 20-49 years)

_We are all commanded to have safe sex to prevent acquiring sexually transmitted diseases._ (Rural, adolescent girl 15-19 years)

The discussants said that, in the past, initiation rites were largely protective as they instructed pubescent youth to avoid sex until they were 16 or 18, and advised them to practice safe sex if sexually active.

_They informed us not to start having sex before the age of 16. Everyone complied with that including the boys._ (Rural, female 20-49 years)

Participants in the peri-urban site seemed to know of initiation rites only by hearsay; it was noted that initiation rites had not been practiced in their community since independence. In the adult groups’ narratives, there was a sense of nostalgia for the past, implying that initiation rites do not command the same level of respect as in the past.

Reducing girls’ vulnerability

Community actions

When asked what, if anything, the community was currently doing to protect vulnerable girls, several groups mentioned that there were a few associations or community-based organizations that counsel girls on HIV, which they described as a protective factor.

_The associations explain to girls that they shouldn’t have sex as if it was nothing._ (Rural, adolescent girl 15-19 years)

_We have the [local] association with activists that go around the schools and the houses giving talks about HIV._ (Rural, woman 20-49 years)

Participants also noted that schools, churches, health units, and community leaders advise and counsel girls about ways to avoid HIV.

_Advice is being given about using the condom to avoid HIV... Some say we cannot use sharp cutting objects, we cannot use used syringes... This information we receive in the schools, in the health unit, and in the church._ (Rural, adolescent boy 15-19 years)
Barriers to action
As mentioned previously, parents try to advise and communicate with their daughters, but the girls were said to rebel and ignore the admonitions. All adult study groups as well as the adolescent study groups confirmed that communication between parents and daughters is very difficult. As a consequence of this, parents feel powerless and frustrated when it comes to guiding and protecting their daughters.

It is not like that time where each child was controlled; nowadays no one listens, even you as a father [can do nothing]. She gets irritated, even the mother cannot . . . (Peri-urban, man 20-49 years)

Girls don’t hear advice... A person can tell them not to do one thing but they will go and do it anyway. (Rural, adolescent boy 15-19 years)

It is not easy to convince the girls, when you speak with them, they say that they will look for an old guy, you try to speak with them, try to advise them, they don’t even want to hear you, you speak until you get tired. (Peri-urban, woman 20-49 years)

There was a sense of resignation on the part of the adults. In some cases, parents and other adults do not find fault with the girls, but blame instead the conditions in which they find themselves. In their narratives, participants noted that “she has to” and “she is forced to” when explaining why girls barter sex.

Some of them when you speak with them, they say “...but mum, I want a skirt, my friend has a skirt, and I also want that one, she also has that top that I want, you stop me from dating, are you buying me the same clothes?” – and you the mother, what are you going to do, you don’t have any money, so you have to be quiet. (Peri-urban, woman 20-49 years)

She is living with her parents, but they are poor, they don’t work, I want my daughter to study, and she also wants to study, and that is when she will want to link with men. (Rural, man 20-49 years)

Other girls when they are in school are well dressed, have a fashionable skirt, a fashionable bag, and my daughter doesn’t have any of it, and so she feels bad, and so she is “forced” to have a friend to help her be like the other girls that have nice things . . . (Rural, woman 20-49 years)

Actions that communities could take
Yet, not all participants dwelled on the barriers; many suggested actions that could be taken to reduce girls’ vulnerability to HIV. The adolescent groups and adult groups alike asserted that parents should continue to inform their daughters about the dangers of HIV, admonish them to abstain from sex, and encourage them to prepare for their future.
Tell them that AIDS is a disease that doesn’t have a cure and so they have to protect themselves... Tell them not to share razors, toothbrushes and not to have sex without a condom. (Peri-urban, adolescent girl 11-14 years)

I would say “my daughter, HIV exists, be careful.” (Peri-urban, man 20-49 years)

The narrative from the younger cohort of peri-urban girls reflected their desire to communicate more openly and frequently with their parents, and to learn from their parents’ experiences.

They should chat more and be more present in the life of their daughters... Explain all the important things to their daughters... Tell us how they were when they were young....so that we can follow the rules that they used to follow then. (Peri-urban, adolescent girl 11-14 years)

Participants mentioned a range of actions that parents and the community could take to protect girls from HIV. Parents and adults, it was implied, need to take more responsibility to supervise and restrict girls’ coming and goings. Reintroducing traditional values was also proposed as a protective mechanism.

[we] could reduce girls’ time away from home. There are girls that leave at 14.00 until 20.00, and so if there was a reduction then the situation could normalize. The way of dressing as well, you can find a girl wearing a provoking skirt, if there was a reduction in that as well. (Rural, adolescent boy 15-19 years)

One idea would be to go back to the traditional education system, because in that time these diseases were not common and I think it was because of that kind of education. (Peri-urban, opinion leader)

There were also calls for structural interventions, including more schools and easier access to schooling; improved security; law enforcement; and better regulation of video houses.

...more community courts and police stations... the community secretary should be nearer to us so that we wouldn’t be attacked in the streets. (Rural, adolescent girl 15-19 years)

For the risks to finish, the video houses should have specific days of projection and not every day so that the girls can rest more...and they should limit the ages, or there should a video house projecting movies only for girls. (Rural, woman 20-49 years)

Several adolescent groups suggested that girls need opportunities to earn money so that they will not be susceptible to men’s advances. They proposed a range of job types, including petty trade, sewing, and agricultural work.

We would ask such organization to build more schools. (Rural, adolescent girl 15-19 years)
We can learn to manage machines; for instance, we are still young, we are not 30 years old yet, and we can still learn things like netting, sewing, thus we would have our own money. And that would keep us busy and so have no time to look for the fishermen. This could help us avoid getting infected by HIV. (Peri-urban, adolescent girl 15-19 years)

Concerning to girls I would rather there were more activities involving girls, something they can learn.... Because there are many things that girls can learn, like farming, going to school… (Peri-urban, adolescent boy 15-19 years)

Other study groups, particularly though not exclusively the adults, indicated that girls needed activities more than money; idleness, it was argued, increases the likelihood that girls take part in risky behaviors.
CHAPTER 3: DISCUSSION: CROSS-COUNTRY COMPARISONS

The coordinates of girls’ vulnerability to HIV/AIDS in the three countries are complex and interlocked with the coordinates of the political economies, socio-cultural systems, and social identity formation in the respective countries. The study participants defined “vulnerable girls” in the context of susceptibility to HIV as those who are susceptible to unprotected sex (primarily relationships that are transactional, intergenerational and, often, involve sexual concurrency).

The findings point unequivocally to the central role of economic inequality and inequity in rendering girls vulnerable to HIV. This is not to suggest that macro-level factors alone render girls vulnerable to HIV. In some cases, adolescents make their own choices about sexual relationships. In others they are cajoled, coerced, or even forced to engage in risky sexual behaviors, but the conditions in any of these relationships play out are clearly not of the adolescent’s own making. Across the three countries, adolescent and adult, male and female respondents singled out the transactional-intergenerational sex nexus as the primary driver of unprotected sex among girls. Thus, the proximal determinants of girls’ vulnerability to HIV transmission – exposure to unsafe sex with multiple partners – were highlighted. Yet, the study participants’ narratives about what placed adolescent girls in situations that involved unprotected and, often, concurrent, sexual relationships told a complicated – and, at times, conflicting – story.

The discourse about the causal pathways to risky sexual relationships revealed that personal choice and individual behavior are well recognized to be among the major factors in HIV vulnerability (i.e., risky sexual encounters), but communities quickly pointed also to factors at each level of the social-ecological framework, including social networks with peers and family as well as a multitude of social-level factors over which individual girls have little or no control. Thus, the study supported the use of the social-ecological framework both to carry out research about, and to inform programs for, HIV prevention among adolescent girls.

At the individual level, communities perceived a range of sexual behaviors that are putting girls at risk of HIV/AIDS. Closer examination of these behaviors shows that girls are sometimes active agents for sexual partnerships and actively seek out sex, either for pleasure or to increase their economic gain. In all three countries, some girls were said to engage in sexual relationships because they want to experiment, or show that they, too, can attract men, or to exact revenge on an unfaithful partner. These relationships were typically transactional and, when transactional, almost inevitably cross-generational.

Individual psychology, however, was given far less time in the discussions than were consumerism and poverty as integral to the transactional-intergenerational nexus. Girls who sought to mitigate the economic trials of everyday life by bartering sex for consumables were depicted as agential subjects in some situations, but at least as often as objects pressured by their friends or parents into finding older, wealthier men to have sex with in order to provide money for the family or to buy clothes and other goods. When it came to grinding poverty as the catalyst for transactional-intergenerational sex, the discourse focused primarily on extra-individual factors as antecedents.
But girls are also victims of force, coercion, or simply passive acceptance. In Botswana, they are frequently influenced by or pressured into sex by friends and older men, and sometimes by their families. In Malawi, too, peer pressure is a factor, but most of the references were about girls who are coerced or forced into sex by friends, boyfriends, older men, parents, other family members, teachers, and others in positions of power (e.g., initiation counselors and police). The narratives from Mozambique revealed that peer pressure – manifested by the desire for material goods – is co-equal with coerced or forced sex as antecedents of girls’ vulnerability. Regardless of whether it was sought out or coerced, transactional sex was reported to be widespread among adolescent girls in rural and peri-urban sites in all three countries.

Respondents expressed concern for the far-reaching changes in relationships between youth and their parents or elders. Although some parents are trying to advise their children on sensitive matters, other parents remain reticent when faced with such conversations as they feel it is either an inappropriate topic for parent-daughter communication or they sense that they are not sufficiently skilled to carry out such conversations. There was mention made, too, of girls who were seen to be stubborn and unwilling to listen to advice. The role of “warmth” or “connectedness” between parent and child has shown to be an important part of effective parenting in other settings (Blum & Blum, 2009), but none of the respondents discussed it. Moreover, there was little recognition of the need for adolescents to have their own identity. These issues may suggest a cultural difference in the relevance of this factor but it could also be an important area in which to build awareness among parents.

Relationships with other adults were discussed mainly in the context of the decline of the positive role of the extended family, particularly aunts, in girls’ lives. This was clearly evident in Botswana and Mozambique. In Malawi, teachers and initiation counselors were seen as having a largely negative influence on girls, in the former case because some teachers exploit girls, and in the latter due to harmful traditional practices. Discussion around extended family as caregivers and the leadership role provided by village Chiefs and religious authorities, however, suggest that these adults could play an important role in reducing girls’ vulnerability to HIV/AIDS.

HIV/AIDS has hit all three countries with a devastating impact. As the participants noted, orphans are often left to fend on their own, to stave off their own and their immediate family members’ hunger. Orphans are also left with little or no adult supervision.

Study participants quickly identified factors at each level of the social-ecological framework, including social networks with peers and family and a multitude of social-level factors over which individual girls have little or no control, as important determinants of girls’ vulnerability.

At the community level, communities identified a plethora of places where girls are unsafe and very few where they are safe. Girls are at risk in a multitude of different environments, particularly in bars to which adolescent girls have easy, uncontrolled access, and where they are taken advantage of when intoxicated. Schools were identified as unsafe spaces, particularly in Malawi and Mozambique, if to a lesser extent in Botswana. The market, rest houses, video houses – particularly in Mozambique, and unsupervised outdoor locations were also depicted as unsafe. Community rules and regulations surrounding such sites appear to be lax or non-existent and there was a high level of unease among girls about their safety in the community.
Unregulated access to alcohol, which is readily available to underage girls across the three countries, was also identified as a key factor in girls’ vulnerability. The relationship between alcohol and risky sexual behaviors was spoken of frequently in Botswana, the semi-urban area of Malawi, and in Mozambique. Alcohol disinhibition was a factor both in girls’ attenuated decision-making capacity when they consumed alcohol and, whether they themselves drank or not, in increasing their risk of sexual harassment and rape by inebriated men. Although participants were acutely aware of the disinhibiting effect of alcohol, they showed little self- or collective-efficacy to be able to do anything about the critical situation brought about by lax enforcement of alcohol-related regulations. They also evinced little confidence in local authorities to take meaningful actions in this arena.

At the social level, communities recognized poverty as the driving force of girls’ vulnerability to HIV/AIDS, particularly in relation to transactional sex, which was almost inevitably linked to cross-generational sex. Sexual violence and the threat of physical violence as coercion to engage in sex were noted as important risk factors for HIV – risks that went largely unmitigated by either social condemnation or law enforcement.

In Botswana, initiation rites, which were described as protective of girls, have faded away and are rarely practiced. In Mozambique, too, respondents spoke of protective initiation rites, but they are not as common in the study sites today as was true in the past. It was in Malawi that harmful – and ongoing – initiation rites were brought out most explicitly. Discussions revealed considerable interaction between initiation rites and highly risky sexual behavior. Even in Malawi, however, there is a wide range of initiation ceremonies and practices that are fluid and sometimes conflicting. Participants noted that religious tenets usually offer protection from HIV/AIDS – both Christianity and Islam discourage sex before or outside of marriage – but many traditional rites do not. Therefore, youth may face conflicting messages regarding the community’s expectations for the transition from childhood to adulthood, including in terms of marriage and sexual behavior. Such conflicts are likely to make it difficult for adolescent girls to come to decisions about behaviors that affect their HIV risk.

Initiation or the rite of passage is broadly considered the mark of adulthood, albeit “young adulthood” or “youth.” In short, post-pubescent adolescence is classified as a sub-segment of adults and not as a distinct category in and of itself. The use of the term “youth” to cover a wide age range, which participants in this study typically identified as ranging from 12 or 13 years of age to 25 or even 30, conflates two distinct legal categories – post-pubescent minors and young adults – and, at least in the contemporary world, two distinct psycho-social categories into one. The participants did not seem to recognize the modern life stage of “adolescence” as distinct from both childhood and young adulthood. It is possible that such a view could influence cross-generational sexual behaviors; if adult men are able to recognize and understand the legal and psycho-social distinctions between adolescence and young adulthood, they may be less likely to pursue sexual relationships with minors.

With respect to the macro level, the political economies of the three countries are very distinct. While a political-economic analysis of the three countries is well beyond the scope of this report, it is worth sketching out the broad outlines for purposes of contextualizing the research findings discussed herein.
Botswana’s middle-income status is an important macro-level contextual factor that must be considered when analyzing the findings from this study. While the study relied on a purposive and not representative sample, it is telling that transactional sex was an everyday phenomenon according to the participants’ narratives, and that the predominant reason the study participants’ gave for transactional-intergenerational sex was consumer - rather than subsistence - oriented. Certainly, there were examples of girls who, too poor to pay for basic necessities, felt compelled to engage in sex with older men to support themselves or their families. But this was the minority experience as related by the study participants. Most respondents spoke of competition, increasing status and social class differentiation, and consumerism, all of which have arisen with modernity, as putting girls at risk because many could secure these goods only through sexual relationships with older men. As the participants’ narratives demonstrate, status differentiation has clear and important consequences in terms of the power, opportunities, and visibility available to individual actors.

Malawi is resource-poor with a gross domestic product (GDP) that ranked 211 of 225 countries in 2009 (Index Mundi). The British administration created few industries, so there was no industrial base upon which to build at independence; urban areas offer few job opportunities, whether for men or for women; land shortage is acute in many parts of the country; and the 2001-2002 famine left many feeling powerless and desperate to find food for basic subsistence (Bryceson & Fonseca, 2006). Even this brief description of Malawi’s political economy helps elucidate the participants’ focus on transactional-intergenerational sex as driven by basic, even dire, economic needs. While there was some mention of the desire to have the gadgets and goods that are associated with a modern social identity as a factor in sexual risk-taking, it was largely subsumed by economic exigencies.

Mozambique’s GDP is only slightly higher than that of Malawi, yet has experienced a very different political and economic history. The Portuguese administration had enforced a racially based pattern of inequitable land access, economic and social support, and access to labor, capital and markets. While the post-independence period brought major land reform, economic liberalization was accompanied by the privatization of industries and farms, which reduced formal employment opportunities and forced many smallholders into marginal and labor-intensive activities in the countryside (Eriksen & Silva, 2009). Job opportunities are also extremely limited in urban Mozambique. Moreover, with the end of communist rule in the mid-1990s, Mozambique was opened up to the western world, with the mutually reinforcing values of privatization, consumerism, and individualism. In this environment, study participants asserted, girls seek out transactional-intergenerational relationships both to meet very basic and essential economic needs, including food and educational expenses, and to achieve the desired social identity, which is an important psycho-social need.

Although communities identified a wide range of factors that increase girls’ vulnerability to HIV/AIDS, and some expressed a feeling that these factors were difficult to change, many respondents showed some degree of collective efficacy that action could be taken. They put forward a wide gamut of recommendations for action, from HIV education to community mobilization, from increasing economic opportunities to promoting girls’ education, and from changing initiation rites – or reintroducing positive initiation rites where they once existed – to regulations of alcohol outlets and enforcing laws against sexual aggression and abuse.
Results from the study provided construct validity to, and helped the Initiative augment and strengthen, the Vulnerable Girls’ Index (VGI). As noted above, the interactions identified through the formative research were complex and multi-faceted. In particular, the effects that alcohol, peer pressure, and poverty had on unprotected, often unplanned, even unwanted, sexual relations were ubiquitous and profound. The fact that these factors were linked together in the study participants’ discourse about vulnerable girls across the three countries and in all age groups provides solid construct validation of the VGI.

**Limitations**

This study was conducted in just two sites in Botswana, two in Malawi, and two in Zambezia Province, Mozambique; selection of participants was not random, but purposive. Therefore, the findings are not generalizable so the use of these findings in a broader context should proceed with caution. It is important to note here that the respondents were not talking about themselves, but about girls in their communities. Therefore, it is impossible to know how accurate these reports are. It is possible that the respondents’ reports reflect “pluralistic ignorance,” or instances when most members of a group or community privately reject a norm, but incorrectly assume others support – and practice – it (Katz & Allport, 1931; Prentice & Miller, 1993, among others). In the autumn of 2009, a cross-sectional survey was conducted in and near GGI implementation communities in the three Initiative countries. The survey results will allow the Initiative team to further validate the VGI and provide data about the distribution of risk factors among girls in communities.

Finally, community perceptions of “adolescence” as a uniquely modern construct as well as boys’ vulnerability to HIV were not explored. An understanding of these issues would have further elucidated the research findings.
CHAPTER 4: RECOMMENDATIONS

The participants’ narratives left the research team with the clear impression that, both collectively and individually, many adults feel helpless in the face of strong, modern currents that have seemingly swept away their ability to support and protect the girls in their midst. This was attributed to poverty, adolescents’ captivation with modern sensibilities that make them resistant to adult supervision, and the breakdown of the family due in part to HIV-related deaths. In some cases, however, it seemed that adults had simply abrogated their responsibilities as they adopted a modern lifestyle that kept them away from their children for long hours. Yet, even if many adults seem to have relinquished their protective role in the lives of the girls in their midst, this is due primarily to factors they find difficult to influence or affect. Likewise, while some of the narratives reflect an implicit tendency to blame girls themselves for their vulnerability, most of the quotes reflect a broad-based resignation to the circumstances in which they live (and which they have little control over). Yet, there was a willingness expressed by some to take action, make changes, and assume responsibility for the children amongst them. It is this willingness that the Initiative should catalyze and even help directly. Based upon the findings of this study, and particularly the ideas for action put forward by community members, a number of implications for programming emerge.

At the individual level:

- The distinctly different reasons for engaging in high-risk sexual behavior – active agency versus pressure, coercion or force – mean that communication messages need to address two audiences of adolescent girls. Those girls who actively seek out sex need programs or interventions to help them reevaluate their risks, plan for their futures, develop goals, and find alternative sources of pleasure and economic opportunities. Programs should focus clearly on helping adolescents form a “modern” social identity that is not dependent upon consumer goods and services. Those who are pressured or coerced have different needs – such as skills in negotiation, communication, self-awareness, and self-efficacy.
- At the same time, prevention programs, which were called for in study sites across the three countries, should continue and expand.
- Programs also should target those members of the community who are pressuring or forcing girls into having sex, such as adult men, teachers, police, parents, family members, and boyfriends.

At the family and peer level:

- To increase girls’ motivation to attend social groups or clubs, activities should be designed to meet their needs. The likelihood of attendance would increase if parents and other adults were to support and encourage their attendance. Risk of coercion into transactional sex by male leaders and other boys (expressed by a range of community members across the three countries) suggests that girls-only clubs led by female leaders for this age group would be highly beneficial.
- The breakdown in relationships between children and adults, including parents, reflects a need to improve the quality, quantity, and effectiveness of adult-child communication. Adults could also benefit from a facilitator-guided exploration of the specific needs and
concerns of adolescents as they transition out of childhood yet have not yet achieved the rights or responsibilities of adulthood. These discussions should include, but not focus exclusively on, HIV/AIDS and sexuality. Interventions that target parents’ willingness to talk with their children and encourage them to become more involved in their children’s daily lives (and future plans) are likely to be more successful than those that do not. At the same time, such programs should reinvigorate opportunities for other adults in the community – whether family members such as aunts and uncles or other concerned adults – to communicate, mentor, and nurture adolescent girls. These programs should also address girls’ resistance to receiving advice from their parents and elders.

- Girls need positive role modeling, from their parents, other adults and their peers.

At the community level:

- More opportunities for recreation are needed, such as sporting activities and social groups.
- Higher levels of community monitoring and security are called for, including community vigilance against and condemnation of child defilement and rape. Integral to such efforts will be programs that work with communities to define and understand sexual violence and gender-based violence. At the same time, an enabling environment (e.g., enforcement of laws against sexual violence and coercion) must be in place so that girls (including pre-adolescents and adolescents), and women will be willing to report such incidents.
- Schools, communities, and law enforcement should work together to make schools, passage to schools, and the broader community safe for girls across the age spectrum.
- Regulations over community gathering places, such as the water tap and market hours, are required to create safer communities.
- Collaboration with bars, video houses, and rest houses is needed to prohibit access to under-aged girls, as well as to men accompanied by under-aged girls.

At the social level:

- Interventions should address economic strengthening opportunities for girls, and their families, to reduce dependence on transactional sex.
- Sexual violence in the community needs to be addressed through law enforcement, including harsher punishment.
- Girls should be encouraged to attend school and provided with role models for educational success.
- Education is a public good and the responsibility of governments. In Malawi and Mozambique, communities should be encouraged to find ways to abolish secondary school fees through advocacy with government officials or international bodies. If that is not currently possible, communities should attempt to cover school fees by mobilizing resources from outside sources. In Botswana, where the government has a program to cover school fees and related expenses for “destitute” children, programs need to link impoverished girls who are not currently receiving such support with those resources.
- In Malawi and Mozambique, school-related costs, such as for uniforms or text books, should be covered by the community or sought from outside sources for girls living in

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4 This is a complex issue as more students may lead to even less favorable teacher-student ratios than is currently the case. Yet, getting and keeping girls in school is a key factor in reducing the portion of vulnerable girls in the community.
poverty. (Government programs in Botswana have such programs for children of impoverished families, but linkages are not always in place, as described above.)

- Interventions should work with local leaders to strengthen their capacity to regulate alcohol establishments, including video houses, restrict licensing of alcohol retail outlets, update and strengthen existing laws, ban minors from the premises of video houses and other alcohol outlets, and regulate alcohol advertising.
- Interventions should work with local leaders, and law enforcement, to increase understanding of and capacity to enforce laws and regulations, including closing unlicensed bars or taverns, and fining or closing licensed establishments that sell alcohol to minors.
- Schools should be made safer, through codes of conduct for teachers and enforcement against teachers who coerce students to have sex.
- Aspects of initiation rites that increase vulnerability should be reformulated; protective initiation rites that are no longer practiced should be reintroduced and reformulated to meet the unique needs of adolescents in the modern era and include HIV prevention communication.
- Finally, programs should incorporate cross-sectoral approaches with educators, law enforcement, business leaders, community leaders, and other concerned community members so that in concert they can address the constellation of factors that lead to girls’ vulnerability.

Overall, there is clear and compelling evidence that pre-adolescent and adolescent girls need initiatives designed to meet their unique needs and address their age-related concerns. Many of the adult participants in the study recognize the importance of providing a safe and protective environment for girls, even as they asked – implicitly as well as explicitly – for programs that could improve their communication with adolescents and chart plans of action to alleviate the conditions that render girls vulnerable. It is hoped that the Go Girls! Initiative will provide a frame of reference for learning about risk factors as well as for formulating, elucidating, and validating best practices across the socio-ecological levels to reduce vulnerable girls’ susceptibility to HIV/AIDS.
REFERENCES


I. INTRODUCTION (5 minutes)

- Thank the participants for coming.
- Explain the purpose of the group discussion.
- Tell the expected amount of discussion time.
- Introduce the facilitator, the note taker and the assistant and explain what each one will be doing.
- Assure that the discussion will be kept confidential. Remind the participants that anything said in the discussion should not be talked about outside of the group.
- Explain that a tape recorder will be used since the note taker can’t write down everything.
- Ask for their consent to participate and explain that their participation is voluntary.
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time.
- Have participants introduce themselves and share something about themselves (e.g., ask each participant to say how many brothers and sisters they have).

Purpose of group meeting:

We are from the “Go Girls! Initiative” and we plan to be involved with your community over the coming months and years. As you can tell from the name of the Initiative, our primary focus will be on girls, though we will try to find ways to involve all community members who want to participate. We’d like to talk with you about HIV in your community. We will not ask you about your own behavior, just about your opinions. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.

II. DISCUSSION GUIDELINES

Explore and ascertain notion of vulnerability

1. What does vulnerability mean to you? Can you give examples of people that are vulnerable to something? Anything else?

- This has been back-translated from Portuguese.
2. I am now going to do a little drawing. Draw and tell the story of a child that every day has to cross a road busy with traffic so that she can go to school. She doesn’t have a school in her village and so if she wants to continue going to school she has to cross that road to be able to go to school.

Ask:
What might happen to this child each time she crosses the road to go and come back from school?
What is her situation/condition that makes her go through all these risks of ________ (repeat the risks that they have said)?

Conclusion: Like you have just said, situations/conditions like ________ (repeat what participants have said) could make children vulnerable to ________ (repeat what participants have said).
Explore the community’s perception of who is most vulnerable to being infected with HIV and what risks/vulnerabilities girls face.

Think of everyone in a/your community. Who do you think is more vulnerable to becoming infected with HIV? Why? Anything else?

3. Now show photos 2-9, one at a time. For each photo ask:
What can you see in the photo?
What do you think is the age of this person?
Could this person be at risk of infection of HIV? Why or why not?

4. Who do you think is more at risk of becoming infected with HIV? Why?
Do you all agree?
Does anyone have something else to add?

5. I am going to write down on these cards all the factors that you have mentioned that make girls at risk of infection with HIV. Say it aloud while you are writing them.
Apart from these, are there any more that you would like to add?

6. Is it common for girls in ________ (put area/district) to go through the initiation rites?

During the initiation rites do girls receive any orientation or information teaching them how to protect against HIV? If yes, which one?

If initiation rites are common or if they have info on it explore:
At what age are girls usually initiated? What defines the age at which they are initiated?

Do initiation rites define an age at which girls should start having sex? Which age?

In your opinion, what is the ideal age at which girls should start having sex? Why?
And what is the age that the majority of girls in ________ (put area/district) start having sex?

7. If girls are starting to have sex before what is considered to be the ideal age, then ask: Why in your opinion are girls having sex earlier than what is considered to be the ideal age?

Explore if initiation rites might induce girls into having sex much earlier and why?
Now the facilitator should explain that he wants the group to draw a map of the community including the health center, schools, church, main road, the main market, water well, school residence, disco, bar, football field....

After the drawing, ask:

8. Are there any places in this community where girls are less vulnerable to be infected with HIV? Where? (Ask a participant to mark it in a different colour in the map.) Why is the risk here less?

9. Are there any places in this community where girls are more at risk of becoming infected with HIV? Where? (Ask a participant to mark it in a different color in the map.) Why are they more risky?

10. What is the community doing to protect adolescent girls from HIV?

11. If the community is already doing something, ask: What else could they do to reduce the risk?

12. If the community is not doing anything to protect girls from HIV: What should the community do to reduce girls risk to HIV? Anything else? And why hasn’t this been done? What is needed for this to happen?

13. What are parents doing to protect their girls? Is this different between boys and girls?

14. Up to what age should girls be protected by their parents?

15. What should parents do to protect their daughters that are not already doing?

Thank the participants and provide refreshments.
Appendix Two: Discussion guide (Adults)

I. INTRODUCTION (5 minutes)

- Thank the participants for coming.
- Explain the purpose of the group discussion.
- Tell the expected discussion time.
- Introduce the facilitator, the note taker and the assistant and explain what each one will be doing.
- Assure that the discussion will be kept confidential. Remind the participants that anything said in the discussion should not be talked about outside of the group.
- Explain that a tape recorder will be used since the note taker can’t write down everything.
- Ask for their consent to participate and explain that their participation is voluntary.
- Explain that there are no right answers and it is okay to disagree. It is important to respect others’ opinions.
- Ask everyone to speak one at a time.
- Have participants introduce themselves and share something about themselves (e.g. ask each participant to say how many brothers and sisters they have).

Purpose of group meeting:

We are from the “Go Girls! Initiative” and we plan to be involved with your community over the coming months and years. As you can tell from the name of the Initiative, our primary focus will be on girls, though we will try to find ways to involve all community members who want to participate. We’d like to talk with you about HIV in your community. We will not ask you about your own behavior, just about your opinions. The information we gather from you and other community members will help us develop and improve the programs we will support in your community.

II. WARM-UP ACTIVITY (5 minutes)

Ask the participants to tell the group one thing they like about their community.

III. DISCUSSION GUIDELINES

[Please note, if the term “at risk” makes more sense to or is easier to understand for the participants than the word “vulnerable,” please use the term “at risk.” Which term or terms to use to get at the concept “vulnerable” should come out in the pretest.]

1. What does the word “vulnerable” mean to you? What other words, if any, do you use to mean “vulnerable”?

2. What do you think of when you hear the word “vulnerable”? [use local terminology]

3. Now let’s talk about vulnerability to HIV/AIDS. Who in the community is “most
vulnerable” to HIV?
  - Probe: Why? Any other reasons?
  - Probe: Who else is vulnerable? Why?
  - Probe: Are there some groups in the community who are not vulnerable to HIV? Which ones? Why?

[If adolescent girls were not mentioned as vulnerable]
4. What about adolescent girls? Don’t tell me any names, but think about the characteristics of adolescent girls who are most vulnerable to HIV and tell me which adolescent girls you think are most vulnerable to HIV.
  - Probe: Why?
  - Probe: What else?

5. Do you know of any rites of passage (or initiation rites) that protect girls’ from HIV? How do these rites protect girls? Please tell me about them.

6. Do you know of any rites of passage (or initiation rites) that make girls more vulnerable to HIV? How do these rites place girls at risk of contracting HIV? Please tell me about them.

Now the facilitator asks the participants to draw a map of their community and guides the process. (Once the map is drawn, the facilitator will reconvene the group, telling them that they will return to the map later in their discussion.)

7. Now, let’s look at the map you drew. Are there some places in this community where girls are safe? Where? [Ask a participant to mark safe places on the map.] What makes those places safe?

8. Are there any places in this community where girls are not safe? Where? [Ask a participant to mark unsafe places on the map.] What makes these places unsafe?

9. Would you say adolescent girls in your community are more at risk or less at risk of contracting HIV now than they were a few years ago? Why do you say that? Anything else?

10. What, if anything, is the community currently doing to protect adolescent girls from HIV?
    - If something is mentioned: Anything else? Who is involved in these efforts?
    - If nothing is mentioned: Why not? How has this changed in recent years? Why?

[If the community is doing something to protect girls, ask:]
11. a. What else could the community do to reduce girls’ vulnerability?

[If the community is not doing anything to protect girls, ask:]
11. b. What could the community do to reduce girls’ vulnerability?
12. What *should* the community do to reduce girls’ vulnerability?
   - Probe: Anything else?

13. You mentioned that the community should ____________. Why hasn’t this been done? What would it take to do it?

14. What are parents in this community doing to protect their daughters? Anything else?
   - Is this different for sons and daughters? If yes, how?
   - Up to what age should parents protect their daughters?
   - What should parents do to protect their daughters that they are not already doing?

15. Is there anything else you’d like to tell me about adolescent girls’ vulnerability to HIV?

   **Thank the participants and provide refreshments.**