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Women's sexual subjectivity in a Tanzania city in the era of neoliberalism and AIDS

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ABSTRACT

This paper draws on anthropological research exploring women's changing sexuality within an urban context of Tanzania. The women involved were participating in an HIV prevention trial and worked in bars, restaurants, hotels and nightclubs, or sold local beer or food in Mwanza city. In ethnographic fieldwork and interviews and group discussions with women, narratives about sexuality focused on gendered and moral discourses of sexuality, the commodification of sexuality, and emotions and intimacy in relationships. This paper discusses how women's sexual subjectivities are shaped by a city where social, structural and economic changes over an era of neoliberalism and AIDS has created both disciplinary and liberalising spaces in which gendered and moral discourses of sexuality have emerged.

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Tanzania; sexuality; urban; neoliberalisation; HIV pandemic

Background

There is growing research on sexuality in the Global South (Brown et al. 2010; Hubbard 2012). Research in sub-Saharan Africa, in particular, has explored the consequences of globalisation and neoliberalism for women's sexual subjectivities in post-colonial and urban contexts (see, for example, Madlala 2019; Bryceson, Jønsson, and Verbrugge 2014; Haram 2004a). This literature draws attention to the socially constructed aspects of sexuality, shaped by adherence and challenges to societal norms as well as by economic, social and political structures (Parker 2001).

Around half of the population on the African continent now lives in an urban context, and many of those who do so are migrants from rural areas (Teye 2020). In growing African cities norms, practices and identities related to sex and sexuality are undergoing change, and provide space for the reconfiguration of bodies and social arrangements (Madlala 2019; AbdouMaliq 2004). Focusing on cities and sexual subjectivity draws attention to the ways in which such spaces define the available range of potential sexual partners and practices, as well as the ways in which they create new sexual possibilities (Parker 2001; Pigg and Adams 2005; Hubbard 2012). In particular,

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the growth of cities together with migration from rural areas has weakened kinship bonds and transformed social norms (Hubbard 2012; Haram and Bawa Yamba 2009; Simone 2003). Urban dwellers can explore new forms of sexuality and negotiate new sexual identities (Hubbard 2012). In African cities, in particular, economic reform following structural adjustment programmes in the 1990s have led to the development of informal economies that have supplanted kin relationships with relations of exchange, and these, along with other transformative social forces including health and media technology, have further shaped sexuality (Hubbard 2012).

The sexual lives of people living in African cities, particularly in East and Southern Africa have also been shaped by the HIV epidemic. Whilst national and global actors have focused on the sexual behaviours that contribute to the spread of HIV, less attention has been paid to the ways in which the HIV epidemic has influenced ideas and practices about sexuality in urban contexts. In cities in countries like Tanzania, the HIV epidemic has made possible state-level power and control over the sexuality of individuals and populations through the exercise of biopower (Foucault 1979; Hubbard 2012). Biopower, has, and continues to be, exercised by state and non-state (and often global) actors through the disciplinary authority of public health messaging, health care provision, legal powers to address sexual violence, and the policing of women's sexuality that create a specific type of sexuality, with an emphasis on fidelity and condom use (Hubbard 2012; Couch et al. 2015; Dilger 2009).

In Tanzania, by the 2000s the HIV epidemic predominantly affected cities where the prevalence of HIV was higher for women, due to structural and gender inequality as well as the neoliberalisation of the economy (Dilger 2003; Setel 1999; Haram 2004a). Between 2005 and 2009 a clinical trial that aimed to determine the efficacy and safety of microbicide gel in preventing HIV infection amongst women was conducted at six sites in sub-Saharan Africa, including in the city of Mwanza in Northwest Tanzania. In Mwanza, women were recruited to the study who worked in bars, restaurants, guest-houses or as street food sellers (*mamalishe*) or alcohol vendors (*kilabu*) as women in these occupations had a higher prevalence of HIV than others (McCormack et al. 2010; Vallely et al. 2007). Drawing on an ethnographic study conducted over the five years of the trial, this paper offers insights into the ways in which city life has shaped women's sexual subjectivity.

Methods

In-depth ethnographic fieldwork was conducted in Mwanza city between 2005 to 2009 in social venues (bars, restaurants, hotels and a local food and alcohol vendors). Ninety-nine in-depth interviews (IDIs) and 5 focus group discussions (FGDs) were undertaken with women working in these venues. An additional 2 FGDs were conducted with female and male traditional healers to elicit the perspectives of those providing herbal products for the treatment of relationship and sexual issues. During FGDs, women were asked to draw body maps in groups to depict sexuality. Using a gender-neutral outline of a body participants were asked to draw/write within the body outline anything that denoted sexual desire, pleasure and attraction and to draw/write outside the body outline locations for sexual encounters. Following this, discussion ensued about the body map. Finally, participant observation was conducted

Table 1. Methods.

Methods	No. of interviews/discussions	No. of participants
In-depth interviews with trial participants	256	99
Focus group discussions with traditional healers (including body mapping)	2	14
Focus group discussions with community women (including body mapping)	5	51
Participant observation in bars, restaurants, hotels and with <i>mamalishe</i> and <i>vilabu</i>	15	

Table 2. Characteristics of in-depth interviews.

Age	Between 18 years and 70 years (average 20 years)
Ethnicity	30% Sukuma. The remainder came from the lake islands of Kagera, Mara, Shinyanga, Tabora, Kigoma, Rukwa, Kilimanjaro, Pwani and Mtwara
Religion	Catholic (49%) Muslim (20%) Protestant (15%) Remainder: Born-Again Christians, Jehovah Witnesses and Seventh Day Adventists
Education	No education (8%) Uncompleted Primary School (17%) Completed Primary School (68%) Uncompleted Secondary School (5%) Completed Secondary School (2%)
Venue	<i>Mamalishe/kilabu</i> (traditional food and alcohol sellers) (72%) Low-income self-employed business; open air, makeshift, temporary structures (e.g. bamboo walls, packed mud floors, grass thatch roofs), venues typically owned and managed by women, generally located away from main streets in economically deprived areas Modern (bar/hotel/guesthouse/restaurant staff) (18%) Established businesses able to pay salary to staff located in a permanent building (e.g. cement or brick construction; iron or tiled roof), typically owned by men; women employed as bar staff, waitresses, cleaners, receptionists and in food preparation generally situated in more affluent areas

in bars, guesthouses, restaurants and night-clubs where trial participants worked as well at social events. This involved observing interactions between women staff and male customers as well as working conditions and customer activities. Some informal interviews with women were also undertaken within this context. Finally, in 2010 I collated cartoons in newspapers that depicted images of sexual relationships. [Table 1](#) provides a summary of methods used. [Table 2](#) details the characteristics of participants.

The fieldwork was supported by a team of Tanzanian researchers. Although I am a white female anthropologist, my integration into Tanzanian society over a 25 year period and my fluency in Swahili allowed me, as a non-Tanzanian woman, privileged access to women and men's conversations about sex and other matters. Ethical approval for the trial and this associated study was provided the London School of Hygiene and Tropical Medicine Ethics Committee and the Tanzanian Medical Research Coordinating Committee (MRCC).

Setting

Following 20 years of decentralised government and focus on rural development (*ujamaa*), in 1968 the government of Tanzania commenced the structural adjustment

reforms demanded by the International Monetary Fund, to finance the transformation of Tanzania into a post socialist society (Ibhawoh and Dibua 2003).

Reforms included the introduction of a free market system, and the privatisation of state enterprises (Heggenhougen and Lugalla 2005). For most Tanzanians, this led to worsened living conditions as real incomes declined and health and social services deteriorated in both quantity and quality. At the same time, class disparities emerged with increased access to private health care, education and luxury goods for those with money (Dilger 2011; Ferguson 2006). This neoliberal shift resulted in the withdrawal of the state and a growing focus on individual choice (Ferguson 2006). The start of the HIV epidemic coincided with this time of social change. In particular, the provision of health care by non-governmental organisations (NGOs) and faith-based organisations (FBOs) rapidly expanded in response to the HIV epidemic (Dilger 2011; Bujra and Mokale 2000). In effect, the Tanzanian state has weakened its regulatory controls over health since neoliberalism (Bryceson, Jønsson, and Verbrugge 2014).

Since the neoliberalisation of the economy there has been a rapid growth in urban dwellers due to population growth and rural-urban migration (World Bank 2019). Mwanza city is the second largest city in Tanzania and the local economy is dominated by industrial and agricultural activities, although the majority of people in city people are involved in micro-enterprises (*biashara ndogondogo*). Opportunities for poorly educated migrant women are limited to setting up small businesses selling prepared food or beer, hairdressing, or petty retailing, which require low levels of capital (Ellis et al. 2007). Somewhat more formal employment for women is to be found in the proliferation of bars, guesthouses, hotels and nightclubs across the city, where women were recruited for this study.

Findings

Three themes were developed that reveal the ways in which women's sexuality is shaped by life in Mwanza. The first of these describes how gendered and moral discourses of sexuality have emerged within the city; the second focuses on how the neoliberalisation of the economy and the growth of HIV have jointly shaped the transactional nature of sexuality through the commodification of sexuality; and the third theme reveals how different forms of intimacy in relationships have emerged in the city.

Gendered and moral discourses of sexuality

In many ethnic groups in Tanzania women have traditionally learned about sexual matters through female initiation ceremonies (often referred to as *unyago*)¹, which take place either at the beginning of puberty or just before marriage. These ceremonies seek to ensure that girls learn about moral behaviour, cleanliness and reproduction, as well as their sexual duties to their (future) husband. In narratives about the ceremonies, women noted a particular emphasis on respecting their future husbands. As one focus group participant said: '... during unyago they teach you to cleanse your body, to respect your husband, to have good manners in the compound. I mean they

teach you that when the man comes [home], you should not challenge anything he tells you' (Woman, Social Venue FGD, 04/02/09).

Beyond ritualistic forms of knowledge sharing, women told us that they had also learned about sexuality through informal conversations with elderly women such as aunts and grandmothers. This has been noted elsewhere in Tanzania and East Africa (Roth Allen 2000; Geissler and Prince 2004). These "traditional" teachings also incorporate ideas about sexuality that draw on ideas of tradition:

If you were going to get married, you would be locked inside, then your aunt would tell you everything ... 'You have now grown up. If the man undresses you, do not refuse. If he says that you should lie like this, you have to lie like that, I mean you should not challenge anything he does with your body' (Woman, Social Venue FGD, 04/02/09)

Ideas of traditional sexuality remained meaningful to many of the women interviewed. Many women had migrated to the city from rural areas where they had been exposed to traditional teaching in the form of rituals or conversations with elderly women. This teaching emphasised the maintenance of social order through the regulation of women's sexuality and the upholding of male authority (Fuglesang 1997; Mbunda 1991; Ntukula 1994; Roth Allen 2000). For many younger women, however, urban living meant move away from such traditional ideas of female sexuality, especially as elders tended to remain in their home village. Instead, in Mwanza city young women attend an urban form of *unyago* known as 'kitchen parties'. These ceremonies take the form of bridal showers in which women experienced in sexual matters provide the bride-to-be with information about sex through dance, songs and stories. One woman explained that kitchen-parties, rather than initiating women into sexual knowledge are rather events for women to 'collect' (*kamilisha*) sexual knowledge:

Kitchen parties are for those of us who are mature, already have children, you use the kitchen party to add on to your knowledge. In these parties, women exchange information, and everything is open there ... everyone explains what she knows, everyone teaches what she knows (Woman, Social Venue IDI, 07/05/08)

While kitchen parties speak to modernity and a greater emphasis on women's pleasure, they continue to emphasise the moral impetus for women to perform sexual duties, make themselves appear attractive and ensure the cleanliness of the home (see Mlangwa 2009).

Although the practice has been traditionally taboo in many African societies, including Tanzania, an increasing number of women are being taught about sex by their own mothers (Fuglesang 1997). As one woman told me: 'We have grown up in town. Now when a girl has her first menses, her parents make her sit down then she is told, "Now you have grown up, when a boy calls you, refuse, because once you have sex with the boy you will get pregnant"'. (Woman, Social Venue FGD, 04/02/09). This quote illustrates the importance given to avoiding pregnancy and disease, as well as behaving in a socially respectable way. Elsewhere in Tanzania, Wamoyi et al. (2010) found that girls often discuss sexual matters with their parents, suggesting that HIV is 'changing the dynamics of the traditional beliefs parents hold about their male and female children's sexuality and the taboos around communication about sexuality' (p.16).

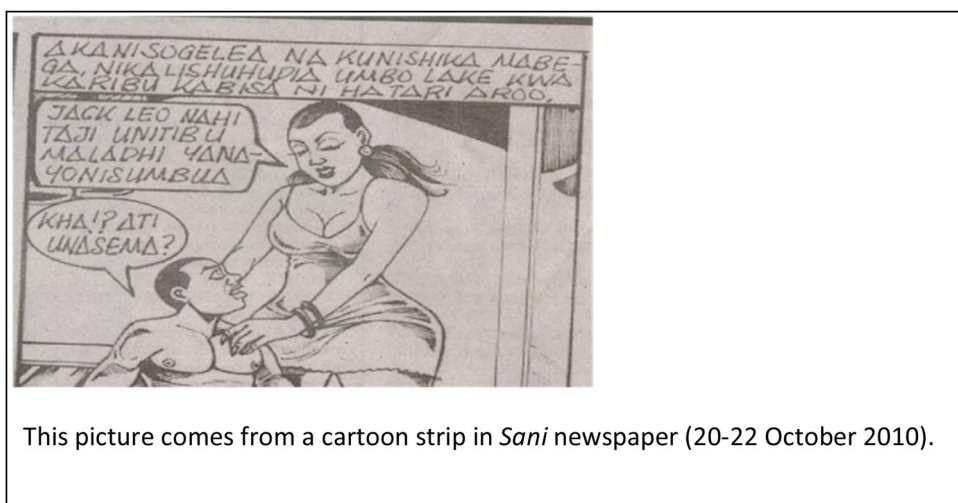


Figure 1.

These moral discourses are reinforced by public health messaging, which encourages women to avoid multiple partners, and maintain genital hygiene. Mwanza city is dotted with billboards and murals conveying messages about moral behaviour, encouraging men to be faithful, avoid promiscuous women, and to protect their partner from HIV, and for women to avoid 'sugar daddies'.² There are posters on waiting room walls in most health centres with information about health issues, including HIV prevention. Health professionals stress the same messages, especially those to do with sexual restraint and genital hygiene. Additionally, the print media, including newspapers and a growing number of lifestyle magazines, provide a range of stories and articles that discuss sex. In recent years, these stories have become less sensational and increasingly focus on information on sexual health rather than moralistic messages about sexual behaviour. In advice columns, lifestyle sections and magazines provide advice on relationships; sex is often talked about explicitly and women and men are given advice on achieving and giving sexual pleasure and ensuring loving and loyal relationships.

At the time of the study, local television channels were showing international soap operas such as the globally popular *Bold and the Beautiful* from the USA. In addition, there has been a proliferation of domestic Swahili and English language drama series, mainly from Kenya and Nigeria, which portrayed stories of greed, jealousy and infidelity, as well as love and passion. Whilst there were no explicit sex scenes, underlying sexual tensions inform many of the programme themes. As one woman said: 'the programmes have changed, a big percentage of the programmes show sex, even these soap operas. Many are not fit to be watched by children. In the past children were watching cartoons, about religion ... that is all. But nowadays they know, they know to kiss, and they see even how someone holds their lover, when they kiss each other they see' (Woman Social Venue FGD, 04/02/09).

Figure 1 above shows some of the ways in which women's bodies were depicted in the body map exercise and in the cartoons collated from national newspapers and

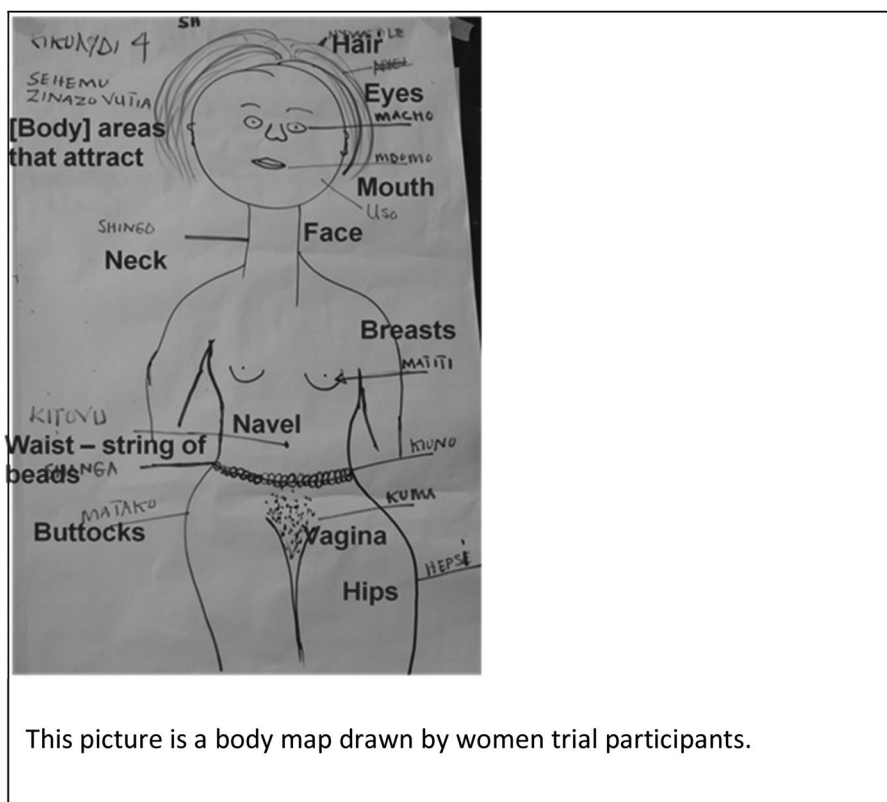


Figure 2.

magazines. These images reveal how women's bodies have become a site for expressions of moral behaviour and desire (Donnan and Magowan 2010). Clothing and hairstyles as well as large breasts and hips reveal how voluptuousness and self-care are inscribed sexually on to Tanzanian women's bodies, and how these images represent both aspects of pleasure and cleanliness (Donnan and Magowan 2010).

Pornography has become increasingly available in urban areas, despite its illegality. In Mwanza city, it is not usual to see street vendors openly selling such material to customers in bars, and there are public viewings of pornographic movies (referred to as *filumu ya X*) in bars and video halls late at night, which women and men attend together. While some women told me that they were comfortable viewing pornography in public, several expressed concern that watching pornographic films had put pressure on them to perform sex in new ways: 'I see that men really hassle us to perform the sexual styles they see when they watch "X" movies' (Woman Social Venue FGD, 01/11/07). There was discussion amongst men and women during community focus groups about the moral implications of the spread of pornography. One man said:

But now because of this globalization, now they are selling these 'X' DVDs. And they have really caused young people to perform these [unacceptable] acts. When they watch those

films, they say that people are doing [anal sex] and think that maybe women or men get a lot of pleasure. They start trying and when they try them, some see that it is bad, but others see that it [pleasure] is better. Thus, in our community these acts have become rife (Man, Community FGD, 16/01/09).

In the city, notions of *heshimu* (respect) are expressed in terms of body cleanliness, conservative dressing, sobriety and sexual restraint, all of which were seen to be under threat in this city context. *Dharau* (disrespect) is attributed to urban living, Western media influences and lack of social control by kin and community. However, women were aware that these discourses were strongly gendered and made reference to new forms of agency in women's lives (see Lees 2015):

Yes, [in the past] it was forcible, when you arrived there, you start running away, until the man beat you [to stay]... very few women are being forced into sex now ... And that is why they established that organization that says that if someone is forced into sex, she should charge' (Woman, Social Venue FGD 28/11/08).

Commodification of sexuality

Wiegatz and Cesnulyte (2016) have documented in Kenya and Uganda that, like Tanzania, the neoliberalisation of the economy in the 1990s significantly impacted moral values in relation to sexuality. By the early 2000s, when I was living in Mwanza, liberalisation had led to a growing informal economy as described above. Women in this study worked in bars, guesthouses and clubs across the city where sex had been commodified through monetary exchange. In the context of insecurity of income, many women described how they sought relationships with men for financial and physical security. However, these relationships were often imbued with uncertainty as many women assumed that their partners were unfaithful. This led women to challenge male authority by seeking short term relationships in which they perceived they had more control. As Haram (2004b) has described in Northern Tanzania, women in Mwanza engaged in new forms of relationships were negotiated according to their own needs. Many had forgone marriage or a long-term relationship to ensure that they maintained some autonomy over their own lives, especially with respect to the care of children (Parikh 2009; Haram 2004b). Relationships were accepted as unpredictable and when a long-term partner failed to meet their needs, a casual partner or encounter provided financial backup, providing a form of social insurance that could be drawn on at any time, even in the future (Swidler and Watkins 2007).

The women who were interviewed worked across a range of social venues across the city, many of whom relied on such casual partnerships. These venues were gendered and sexualized spaces. The myriad of bars that exist across Mwanza city were populated by male customers, either on their own, or meeting in groups. At the time of the study there were rarely any female customers, except those visiting with a male partner. Although not obvious, these venues are known as places in which to negotiate sexual liaisons. Liaisons took place between customers and female bar staff, often through third parties such as a pimp, a male friend, or a manager. Payment for sex involved cash, gifts, food or alcohol, usually requested by the women before any sexual encounter. Sexual encounters took place in toilets, or in dark places, or if available,

in rooms attached to the bars (see Lees et al. 2009). These quick liaisons were often referred to as *vodafasta* in reference to the name of the cheapest mobile phone voucher together with the term *fasta* (faster). Guesthouses too generally had bars in which sexual encounters were negotiated, and most provided rooms at an hourly rate for customers to use. In both interviews and informal conversations, women often referred to the men they had sex with in local slang using terms such as *migodi* (gold mine), *hawala* (money order) or *ATM* (cash point). Another slang term used by women to describe men who pay for sex was *buzi* (goat to be skinned). As one woman explained: '... you'll find women saying, "That is my *buzi*, I've already tied it up with a rope, that's all", that is, the man is under her full control' (Woman, Social Venue IDI, 07/05/08).

In contrast to the business-like arrangements in the bars and guesthouses, nightclubs in the city centre were populated by young men and women seeking fun, alcohol, music and sex. Generally dressed in short skirts, tight tops and high heels in defiance of the socially acceptable dress code of women in Tanzania, the young women parade around the dance floor whilst men congregated in groups looking out for women to flirt with. When live music is performed by male bands at these venues, women are the dancers, performing a mix of movements that involve gyrating and vibrating hips, which is seen as a modern expression of sexuality: 'In the past there was no such thing as hip shaking, such things were brought here after independence' (Female traditional healer, FGD, 06/05/08).

These nightclubs contrasted with other public domains in Mwanza where conservative dressing, respectful behaviour, and propriety predominated. For example, public displays of affection were rarely seen in other urban environments. In this way, behaviour at these venues fell outside the dominant moral frame of Tanzanian society. Despite this, there remained moral constraints on behaviour which ensured that expressions of desire and attraction were performed in gendered ways. Men used charm, humour and financial incentives to cajole women into accepting their advances (see also Nnko and Pool 1997; Dilger 2003). In informal discussions, women said they were expected to be passive in accepting these offers to avoid being accused of soliciting or sexual promiscuity (see also Dilger 2003).

Whilst bars, guesthouses and video halls (where pornography is viewed) were most commonly represented as part of the sexual geography shown on body maps, other elements were shown. These included market-places, roadsides, paths through the neighbourhood, and bus journeys: 'These things [sexual encounters] you find in other places, such as on a journey, you take a bus, even if it is not a long journey' (Informal discussion, 17/01/08). The dominant moral frame of propriety and fidelity was seen to have less traction in these environments. Many women, for example, described offers of mobile phone credit in exchange for phone numbers or short liaisons. Others described encounters with men that suggested the possibility of intimacy or love.

Intimacy in relationships

Whilst much discussion with women focussed on the material aspects of sexuality, love, trust and desire also emerged as important concerns (see also Setel 1999; Dilger

2009). Women did not, however, talk about love as a lasting romantic and erotic desire for the other; instead, they focused on the importance of trust (Jankowiak and Paladino 2008; Dilger 2003; Ahlberg 1994). In this city, shaped by neoliberal economics and the HIV epidemic, trust is fragile, and infidelity is the ultimate act of distrust: 'neither partner trusts that his/her partner only has one partner, so it is important that when you meet you must persuade your partner to use a condom' (Man, Community FGD, 21/11/06). However, despite this man's statement conversations with both women and men suggested that challenging infidelity overtly was not the norm; rather there was an implicit agreement not to confront partners about infidelity or to discuss condom use.

Instead, concerns about love and trust were often addressed by visiting traditional healers who, at the time of the study, offered women and men remedies to secure and sustain relationships. These included a range of herbal and other treatments that were ingested, secretly added to partners food, or inserted into the vagina to affect the partner's, or potential partner's, feelings of love and desire: 'I have medicines to make women be loved. I pick and pound them, and then I mix them and give to the woman who goes to insert it inside the vagina. When they are in bed, they will love each other more' (Women, Traditional Healer FGD, 06/05/08).

The pursuit of sexual pleasure was openly and humorously discussed during focus group discussions. Sex and its pleasures were seen as important for enhancing companionship, fulfilment and intimacy in relationships as well as providing *kuburudisha* or refreshment: 'Yeah, [sex] is a refreshment of the body' (informal discussion with a bar woman). For women, emphasis was placed on sex that should be pleasurable for women as well as men: 'Nowadays it is modern, I mean you agree with each other [to have sex] ... And when you go for pleasure there is no fighting, you just undress one after the other' (Woman, Community FGD, 28/11/08). Women often emphasised that men who were 'good at sex' were those who have an understanding of women's bodies and desires, and that an attractive man would know how to 'prepare' a woman for pleasure. Other women suggested that men need to be taught skills in intimacy and giving women pleasure: 'You will just teach that man, you will be showing him, you will be telling him, "Why can't you [please me]? Don't turn me over like a cow"' (Woman, Social Venue FGD, 28/11/08). Another women said: 'I may know that *chuma mboga* (doggy) style. Now maybe the partner that I may have on that day doesn't know that style, therefore he will learn that from me' (Woman, Community FGD, 01/07/11). As these quotes suggest, women were often derogatory about positions such as *kifo cha mende* (dead cockroach position) which had them lying on their backs.

Lack of attention to women's pleasure was often described as leading to sexual frustration: 'Once your mind is tuned into that, the practice [intercourse] has to be done. For we women once you need it, sex that is, right there, no obstacles. For men, he might smear soap [masturbate] so that that [the] pain may go away but us women ... mm it is difficult' (Woman, Community FGD, 13/03/08). Or, as another women said in the same discussion, 'If he refuses to insert it [his penis] you will be in difficulty ... that is reducing pleasure to your body. And you may fail to get some sleep. Mmm ... you may even become sick [laughter]' (Woman, Community FGD, 13/03/08).

Although ideas prevail that men in Tanzania like ‘dry’ sex, which involves the drying of the vagina for sexual intercourse, women stressed that lubrication made sex pleasurable (see also Lees et al. 2014). They described this as contributing to *ulaini* (smoothness): ‘It should not be too watery, but it should be smooth, it should not be very dry, because if it is dry you get hurt’. (Woman, Social Venue FGD, 04/02/09). However, both women and men agreed there were sexual practices that remained taboo and illicit (*upenyezi*), specifically having sexual intercourse whilst menstruating and anal sex.

[Anal sex] is completely prohibited. First of all, it is contrary to the laws; I mean it is not allowed even in the Bible. It is an offence to your fellow human beings and even to Almighty God. Because you have been given a part purposely for having sex, then you go and do it contrary to nature, while God gave you [the anus] only for faeces. I mean that [behaviour] is just like a curse. (Woman, Community FGD, 10/10/06)

None of the women acknowledged participating in anal sex, instead such practices were attributed to others, especially sex workers. As one woman said: ‘That problem exists [anal sex], mainly with these girls who practise prostitution, they do that very often’. (Woman, Community FGD, 10/11/06).

The presence of menstrual blood was also implicated in dangerous sex: ‘Sex whilst menstruating will cause HIV infection due to the fact that the blood flow will have decreased, now if you will have sex with a man who perhaps has [HIV] this means that you will have acquired this virus’ (Woman, Social Venue FGD, 10/11/06). HIV infection was also associated with sores and abrasions and excess bodily fluids, such as semen (after sex) and vaginal discharge. Excessive vaginal secretions were also associated with promiscuity by both men and women. In essence these illicit practices were seen as *uchafu* (unclean) and polluting. Women described in detail the local practice of cleaning the genital area before and after sex to remove bodily fluids. A few women also inserted commercial or traditional products into their vagina for cleansing purposes and traditional healers sold various remedies to ‘cleanses’ and ‘tighten’ the vagina or to remove excess vaginal fluid, especially when a woman wanted to avoid partners accusing them of infidelity.

Discussion

This paper has documented how urban Tanzanian women’s sexual subjectivity has been shaped in Mwanza city following neoliberalism and the development of the HIV epidemic (Haram 2005, 2010; Dilger 2010; Lees 2015). The social, structural and economic changes over this period have created both disciplinary and liberalising spaces in which gendered and moral discourses of sexuality have emerged (Hubbard 2012). As Dilger (2011) has noted, international and local non-government health agencies have grown in number following neoliberalism, especially in relation to the HIV epidemic. These actors have advanced specific understandings of sexuality and set the agenda in terms of what ‘constitutes a sexual problem, who or what is to blame, and how to resolve it’ (Laumann et al. 2005 p.26). In recent years, these agencies have become central to the production of sexual knowledge through the creation of disciplinary spaces in Mwanza City that warn about the dangers of sex. When framed within

an HIV prevention discourse, this disciplinary knowledge advances moral ideas about how women should behave sexually, with an emphasis on fidelity and condom use. The sexual geographies that have emerged in the city as a consequence of neoliberalism, however, have freed women from the norms, obligations and duties to be found in their rural origins. Liberated from practices such as bride-wealth, women in the city have been able to make their own decisions about relationships (Haram and Bawa Yamba 2009; Bryceson, Jønsson, and Verbrugge 2014). These new disciplinary and liberalising knowledges and spaces, alongside wider discourses in the national and global media, have thereby influenced the ways in which women negotiate intimate and/or commodified relationships.

The narratives of women in this study suggest growing agency in sexual relations. Although, as Spronk (2005) found among young professional women in Nairobi, women in Mwanza maintained the performance of sexual passivity by publicly refusing men's sexual advances, in private they were able to express sexual attraction and assert their sexual desires. Ideally, women sought relationships with men based on love, intimacy and trust and aspired to equality with their long-term partners. However, at the time of the study, men's income in Mwanza was precarious, and relationships were unreliable and transitory. In response to this, women sought independent livelihoods and more casual forms of relationships to minimise dependence on men (Haram 2004b; 2009). As Bryceson, Jønsson, and Verbrugge (2014) has documented elsewhere in Tanzania, women were able to identify with, and separate sex, marriage, money and companionship. Women's narratives thus suggest that intimate and commodified sexuality were intertwined. As Solbeck (2010) found with women in Mali, 'either [a] love or [an] exchange perspective is insufficient when examining the topic of romantic love' (p. 415). Many women in this study sought more than the mere exchange of gifts or money, and emotional feelings were also tied up with casual partnerships. Whilst discourses of promiscuity and material gain may be pitted against discourses of sexual pleasure and intimacy within relationships, women shaped their sexual lives by incorporating both.

Conclusion

This study reveals some of the ways in which ambiguities and inconsistencies in women's narratives and the performance of sexuality reflect their role in the production of sexual and social lives (Dilger 2003). Women in Mwanza have adapted their sexual lives and relationships with men through a period of change influenced by neoliberalism and the HIV epidemic. They have reconfigured their sexuality to address the inequalities and precarity that have arisen this period, while distancing themselves from moral discourses about Tanzania women's sexuality.

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