Sexual rituals among ethnic minorities in the Netherlands

Iris Shiripinda

An HIV and AIDS stand for southern Africa organisations at the AIDS 2008 Conference in Mexico

Studies show that many African communities still consider sexuality a taboo subject and often associate HIV with stigma. Moreover, mainstream prevention activities often reach mostly men because of their role and presence in the public domain. Not to be left out, women in many southern African settings have created 'kitchen parties', interactive fora where women gather to celebrate major life events such as marriage and child birth. These kitchen parties have also become ideal spaces for women to discuss STI/HIV prevention and stigma.

Between mid-2006 to mid-2008, Soa Aids Nederland organised 10 kitchen parties with groups of 25 to 40 women of African origin and with health care experts as moderators. Soa Aids Nederland is the Dutch expertise centre for HIV and other STIs and offers training, information and prevention materials. The organisation also attended other parties organised by women in Delft, Rotterdam, Amsterdam, Amersfoort, Oldenzaal, Maarsen, Den Haag (The Hague) and Wageningen.

Many African women in the Diaspora do not have any close relatives and friends to celebrate life events with and therefore other women in the Diaspora become their family and fill the social support void created by moving from one's home country. The 10 kitchen parties held were to celebrate a pending marriage or pregnancy or the birth of a child. Four of the pregnant women for whom the parties were held were living with HIV. Party hosts or their friends invite other women to attend the kitchen parties.

Background to infectious diseases prevention

The biggest challenge regular health system in the Netherlands faces is reaching people from ethnic minorities for prevention of infectious diseases. Ethnic minorities are those who were not born in the Netherlands. The municipal health councils (GGDs), tasked to prevent infectious diseases, have the mandate to reach all the people living in the Netherlands with preventive and treatment messages. Other organisations such as Soa Aids Nederland complement GGDs' work.

Reaching African women, however, continues to be a challenge

The Dutch and ethnic minorities deal with health issues quite differently. On sexual health in general and STI/HIV prevention in particular, the Dutch culture is different from many other cultures, even within Europe. The Dutch are relatively more open about discussing sex and parents often freely discuss the subject with their children. What are often taboo issues in other cultures are dealt with openly without any problems.

As much as some foreigners have integrated into the Dutch way of life, the cultural grounding they got while growing up in their countries of origin often remained deep-rooted, and the Dutch way of dealing with sexual health issues has not yet been embraced by many minorities. It is against this backdrop that creative and culturally-sensitive ways of reaching women and men from sub-Saharan Africa living within the Netherlands have to be explored. There have been efforts to try and bring messages to certain ethnic groups, for example, reaching Dutch of Turkish and Moroccan origin through tea houses and Mosques. Reaching African women, however, continues to be a challenge.

During kitchen parties, women share experiences, exchange advice and even ponder over difficult issues. They explore socio-cultural and economic issues around sexuality that heighten or reduce risk to STIs, including HIV. The parties are attended by friends of the woman celebrating a life event. Plenty of food and drinks are served before a moderator invites the women to share some of the challenges they face in their sexual lives and how they deal with them.

Moderators are often female community leaders who know how to facilitate events, but also experts on women's issues and can empower women. Soa Aids Nederland has trained 13 such moderators: both men and women, who are grounded in sexuality and STI/HIV issues.

Discussions at the kitchen parties indicate that many African women still engage in certain cultural practices that make them vulnerable to STIs and HIV. Practices around sexuality such as restoration of virginity, preparation for child birth and traditional rituals around sexuality of new born babies predispose the women and also babies to contracting STIs, especially HIV. As women speak at the kitchen parties openly with health care experts, it becomes clear that their poor integration into the new host

society also leaves some of them dependent on transactional and risky sexual relationships. (Shiripinda et. al., 2008).

The women's attitudes towards people living with HIV also seem to change as they discuss the topic openly and share positive experiences and learn about advancements, for example, in medical treatment. They are less likely to avoid people living with HIV and instead sit with them in one room, share a seat and a toilet with them and allow them to do their hair.

The women also stop being curious about the circumstances that led to the HIV infection, focusing instead on how people living with the virus manage their lives now and how they can be helped to cope.

> About 40 per cent of individuals living with HIV are not native Dutch; and of all women living with HIV in the Netherlands, 40 per cent are from sub-Saharan Africa.

Sub-Saharan Africans in the Netherlands

The Netherlands' population is 16 million out of which 400,000 are people of African ethnic origin. While the country can be said to be of low HIV prevalence, with less than 20,000 people living with the virus, ethnic minorities are disproportionately represented in this group. About 40 per cent of individuals living with HIV are not native Dutch; and of all women living with HIV in the Netherlands, 40 per cent are from sub-Saharan Africa. It has been claimed that most sub-Saharan Africans living with HIV in the Netherlands were infected before coming to the European country. However, during kitchen parties, it has emerged that many African immigrant women still stick to practices that put them and their children at risk of HIV infection.

The Netherlands has been addressing HIV prevention and treatment for the past 25 years and its current priorities recognise that MSM are disproportionately affected by the HIV epidemic and are a priority group for the national programme along with young people, sex workers and ethnic minorities.[1]

Rituals before marriage

Being virgin is crucial to securing a marriage partner in many African communities. "If you are not a virgin the man thinks you are a whore even if you had only slept with few men. They (men) sleep around before marriage but they do not accept it from a woman," said 27-year-old Martha, who married as a 'virgin' although she had had sex with men before meeting her husband. Sharing with other women how she became a 'virgin' again, she quipped: "This is Amsterdam. These things can be done by a doctor for less than €300. The man left me with no choice but to do this." Martha did not do an HIV or any other STIs test before marriage — a story many other women share. Some women who did not know about doctors who repair hymen or who had no money, shared ideas on how to make men believe they had found virgins.

A woman from West Africa described how women ensure they have tight vaginas to heighten their sexual pleasure and that of their men. They put tea bags into hot water, let them cool, and then push the bags into their vaginas and let them stay there for a few hours resulting in a tight and sensitive vagina. She claimed men usually cannot tell that a woman is not a virgin when they penetrate them after this procedure.

After childbirth, women of different nationalities and ethnic groups living in the Netherlands have their special rituals they carry out on their babies. Some rituals can be risky to the child of an HIV-positive mother. For example, four HIV-positive women did not breastfeed their babies in spite of the pressure from members from their communities to do so. They expressed regret that they could not 'treat' their children appropriately since they had HIV. One woman explained: "In my country, if you want your child to be well-behaved sexually, you have to squirt breast milk on his penis and/or vagina as a symbol of cooling down their sexual desires. This has to be done in the first three-to-four months after birth. With a boy, because we do not practice circumcision, you have to pull the foreskin back to squirt the milk, until the skin eases off the penis."

In a study by Dr Fiona Scorgie, a senior research fellow at the Centre for HIV/AIDS Networking at the University of KwaZulu-Natal and colleagues, many respondents in southern Africa believed that traditional medicines or love medicines should be used to influence the state of the vagina and improve the quality of sex. Blood, saliva, sweat, vaginal fluids and urine

> Research indicates that women are driven into such practices due to the widespread practice of men having multiple, concurrent sexual relationships in southern Africa

may all be added to the medicines to draw out their effects and to personalise them.

"However, it is also common for women to specifically wash the genital area or douche the vaginal canal itself before (or after sex), using liquid preparations (such as lemon juice, household detergents, perfumed oils and cold water) or crushed solids diluted in water (such as ash or alum, a chemical compound containing aluminium potassium sulphate)," the researchers state.

They added: "In focus groups, men said that they prefer 'hot', 'dry' and 'tight' women and some were aware that women had ways to give men what they wanted. Overall, men believed that the natural state of a 'good' woman's vagina is dry, irrespective of how many times she has intercourse during a night, and tight, regardless of the number of children she has given birth to."

Photo: Courtesy of SOA AIDS Nederland

Children have fun during a Kitchen Party

These findings have implications for HIV prevention. Incisions made in the genital area, particularly those that are recent and unhealed, may increase the risk of HIV transmission. Moreover, since vaginal practices involving love medicines draw on the potency attributed to exchanges of bodily fluids, the vagina is thus regarded as a powerful conduit for transferring love medicines between bodies. It follows that vaginal practices are often considered to be efficacious only when there is direct contact between bodies. Such preferences are likely to exaggerate the prevailing desire for flesh-to-flesh during sexual intercourse. Indeed many participants expressed a deep reluctance to use condoms while also engaging in vaginal practices.[2]

> By placing sexual responsibility on the girls, virginity testing had ignored the gender dynamics contributing to the pandemic and had become part of the problem: testing failed to address male sexuality, responsibility, and the high levels of gender violence in the country

Research indicates that women are driven into such practices due to the widespread practice of men having multiple, concurrent sexual relationships in southern Africa. In their search for employment, men in the region are highly mobile. Dr Scorgie and others argue that this "creates situations ripe for mutual suspicion, jealousy and competition over men as sources of income." In these contexts, a woman may feel compelled to try to secure a partner by striving to make sex more pleasurable for him or by trying to make him fall in love with her.

The importance of virginity

Another practice that is dangerous for young girls is virginity testing. The tests involve inspecting the genitals of girls for torn hymens. Although the practice has been condemned by gender and human rights activists, *The Washington Post* reported that there is one Zulu stronghold in South Africa that continues the practice.[3] In this area of South Africa, it does not matter that virginity testing was banned for most girls in a Bill that was passed and enacted last year. Zulus here say it is a good way to curb teenage pregnancy and AIDS.

In a similar case in Zimbabwe in 1994, Chief Makoni of Makoni district initiated voluntary virginity tests. Girls were inspected and only men who could show they were HIV negative were allowed to marry virgins. Parents of women who marry as virgins receive a cow called "*mombe yechimanda*", as a reward for having 'taken good care of their daughter.' While chief Makoni argued that his was a quest to reduce HIV infection, he did not do anything to ensure that men remained virgins, let alone that they did not engage in risky sex.

Clashes over virginity testing are raging throughout Africa as governments try to regulate traditional practices that have long ruled, particularly in rural areas. Jacob Zuma, the new South Africa president, supports virginity testing; he has called girls' chastity "their family's treasure." South Africa's Commission for Gender Equality is against the practice, saying girls are at risk for emotional trouble, even shunning, if they are deemed to be impure. According to Dr Jerome Singh of the Centre for the AIDS Programme of Research in South Africa at the University of KwaZulu-Natal, the move to ban the inspections has exposed the ideological clash between culture and human rights. "It is a slippery slope... but nothing can stand up to the Constitution, which is the highest authority in the land — even if it seems to undermine customary practices," Singh stated.

Singh noted that, as recent surveys indicated, pressure emanating from virginity testing was resulting in young girls engaging in anal sex in order to keep their status as virgins intact — contributing to a greater risk of spreading HIV.

Dr Scorgie, who spent time with virginity testers, says: "We can sit arguing till the cows come home, but the more urgent and pragmatic issue is HIV and AIDS. If we look at it just from that [perspective], then virginity testing is not effective — it has failed on so many levels [to reduce HIV and AIDS prevention]," she told PlusNews, a UN information service. She added: "By placing sexual responsibility on the girls, virginity testing had ignored the gender dynamics contributing to the pandemic and had become part of the problem: testing failed to address male sexuality, responsibility, and the high levels of gender violence in the country." Although virginity is highly valued by African ethnic minorities in the Netherlands, girls of African background are not tested.

Looking to the future

While the discussions in the kitchen parties in the Netherlands were centred on breaking the taboo on discussing HIV and sexuality, the emerging issues also present a dilemma. Cultural practices are dynamic but unfortunately people do not change overnight. Overall, a lot needs to be done in terms of advocacy and actual programmatic interventions to address these diverse, but potentially risky, traditional practices that abet HIV infection among a cross-section of many people from sub-Saharan Africa both in Africa and in the Netherlands. ■

Iris Shiripinda
Programme Manager
Ethnic minorities, Soa Aids Nederland
(STI/AIDS Netherlands)

Correspondence:
Soa Aids Nederland (STI/AIDS Netherlands)
Keizersgracht 390, 1016 GB Amsterdam
The Netherlands
Tel: +3120 – 6262669
E-mail: IShiripinda@soaaids.nl
http://www.soaaids.nl

1. WHO and UNAIDS. 2009. *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations*. http://msmasia.org/tl_files/resources/OMS%20MSM_DF.pdf
2. Scorgie, F., et al in: *Culture, health and Sexuality: An International Journal for Research and Intervention Care*. 2009. Editor: Peter Angleton. Voll ii Issue 3. Routledge.
3. http://www.wowowow.com/post/south-african-tribal-girls-still-undergo-virginity-testing-115026