Terms around heterosexual anal intercourse: Resources for behaviour change communication in Tanzania

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Abstract

HIV behavioural change interventions in Tanzania are targeting 'recently recognized' populations engaging in high-risk sex behaviours and practices including individuals practising heterosexual anal intercourse (HAI). The objective of this article is to describe terms used in references to HAI, which is important in HIV behaviour change communication in Tanzania. We employed a qualitative approach. Data were collected through in-depth interviews and focus group discussions among female sex workers in Dar es Salaam and the general population in Tanga, Mwanza and Morogoro. We analyzed data creating categories of terms around HAI based on the content. Three main categories of terms around HAI emerged: First, terms referring to the anus, mainly the metaphorical expressions reflecting the value, shape, location, function, size and feeling of the anus; second, terms referring to HAI, HAI behaviours and practices such as sodomization, immorality, entry position, pleasure and value of HAI and third, terms referring to individuals practising HAI. Behaviour change communication programmers in the HIV context are recommended to use terms documented in designing interventions that aim at making HAI safe for the reduction of HIV transmission in the country.

Keywords: heterosexual anal intercourse, heterosexuality, behaviour change communication, HIV/AIDS, Tanzania.

Introduction

Current HIV prevention approach in Tanzania involves various behavioural and biomedical interventions among the general population and vulnerable groups.

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Biomedical interventions are drawn from national technical guidelines that are based on current evidence and are regularly updated (TACAIDS, 2012). Behavioural interventions target identified social and biological contexts and cofactors that increase or decrease the likelihood of risk behaviours for HIV infection (IPHRB, 1997). HIV is mainly a behavioural disease and the heart of behaviour interventions, therefore, has been and remains behaviour change through communication or transferring health information that would equip individuals with knowledge and motivation to change and sustain healthy behaviours. The perception is that since HIV is mainly transmitted via specific patterns of risky behaviour (unsafe sex, for example), it can be prevented by suitable change in behaviour (e.g. consistent and effective use of condoms) through strategic behaviour change communication.

Studies have shown that penile-anal penetration – between two males or a male and a female – carries an HIV risk higher than penile-vaginal intercourse **(**Kelly-Hanku et al., 2013). The risk estimates of HIV infection through unsafe anal sex range from 10 times (Gray et al., 2009; Vittinghoff et al., 1999) to 18 times (Pebody, 2010) to as high as 20-fold (Boily et al., 2009). Voeller (1991) reported that anal penetration carries HIV risk for women higher than that of penile-vaginal intercourse just as receptive anal intercourse carries a high risk for males. Despite the risks associated with unprotected anal sex, studies on the role of anal sex in the transmission of sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV) have focused on key populations – men who have sex with men (MSM) and female sex workers (FSWs). As Halperin (1999) correctly observed, due to the cultural taboos around heterosexual anal sex (HAS), HIV and AIDS research and interventions remain informed by vaginal – and increasingly oral – sex transmissions. Consequently, the understanding of behaviours and practices of HAS and its role in HIV transmission among the general population has remained limited and its health risks severely underestimated (Smith, 2001). However, HIV infection is increasingly documented among women engaging in HAS in different parts of the globe – America, Europe, and Latin America (Voeller, 1991).

In 2009, the Tanzania Commission for AIDS (TACAIDS) published a Review of HIV Epidemiology and HIV Prevention Programmes and Resources in Tanzania Mainland. In this publication, one of the key recommendations was that "[I]n the short to medium term, there should be a strategic shift of HIV prevention to focus on population groups with a disproportionately higher incidence of HIV infection and which do not currently constitute the focus of HIV prevention. These groups include urban residents, older individuals, married and formerly married individuals, working and wealthy men and women and high prevalence geographic regions" (TACAIDS, 2009, 2012). In other words, HIV prevention should target 'recently recognised'

populations that engage in high-risk sex behaviours and practices. One of these groups is individuals practising heterosexual anal intercourse (HAI).

There is limited data on the role of HAI in the transmission of sexually transmitted infections including HIV in countries with limited resources. However, studies have shown that penile-anal penetration carries higher HIV risk than penile-vaginal intercourse. Despite the risks associated with unprotected anal sex, studies on the role of anal sex in the transmission of sexually transmitted diseases including HIV have focused on key populations. Consequently, the understanding of behaviours and practices of HAI and its role in HIV transmission among the general population has remained limited in most parts of the globe.

While the literature on HAI in many developing countries is increasing, there is limited data on anal sex – particularly HAI – in Tanzania. Importantly, except in the context of male-to-male sex, there is limited discussion of HAI in HIV research and prevention. As a result, there is limited understanding of the role of HAI in the transmission of HIV in the country. The then Ministry of Health and Social Welfare (MoHSW) through TACAIDS needed information on behaviours, practices and terms around HAI to inform the designing of comprehensive HIV and AIDS behaviour change communication (BCC) and or social and behaviour change communication (SBCC) interventions targeting HAI behaviours and practices in the country.

Methods

This study employed ethnographic research design involving in-depth interviews (IDIs) and focus group discussions (FGDs). A combination of IDIs and FGDs was used to explore complex issues related to sexual behaviour among the general population as well as key populations, and to obtain a more detailed understanding of how people talked about HAI.

Study sites and population

The study was carried out from July to October 2012 in Dar es Salaam and Tanga regions as a collaborative effort of key Tanzanian institutions. Given that the primary goal of the study was to examine HAI within the context of increased risk of HIV infection, we included participants of reproductive age (15-49 years old) from the general population as well as from key populations based on WHO categorization. This included men and women from the general population; women working in food and recreational facilities (FRFs); female sex workers (FSWs) who work in brothels

and on the streets; male truck drivers; and fishermen working on Lake Victoria. Sex workers, women working in FRFs, truck drivers and fishermen are known to be key populations at increased risk of HIV and other STIs. We included a wide age range in order to obtain views from young people and adults.

Data collection techniques

Data collection commenced with FGDs which were instrumental in initiating the discussions in relation to how people talk about HAI, and the meanings they attach to the practice. Twelve FGDs were conducted with key populations and 12 with the general population. The questions were limited to general issues and no personal experiences were discussed. After each FGD, two-four participants were selected to participate in IDIs in order to explore personal experiences and hence, differentiate the normative views as presented in FGDs to the real practice of individuals. A total of 81 IDIs were conducted with the following: eight truck drivers (Morogoro Region); nine women working in FRFs and eight fishermen from Mwanza Region; eight female sex workers from Dar es Salaam; 16 rural general population and 16 urban general population from Tanga Region; and 16 rural general population from Morogoro Region. We selected IDI participants to ensure variation by responses given during group discussions and to ensure that personal experiences were captured.

Both the FGDs and IDIs were conducted using a semi-structured guide to explore a range of topics, including sexual practices, context within which HAI is practiced, reasons for engaging in HAI, meaning and discourses around HAI, perceptions and attitudes of HAI, perceived link between HAI and HIV and protection used during HAI. All the IDIs and FGDs were conducted with a researcher of the same sex as the participants in a private location and were audio recorded.

Recruitment

The truck drivers were recruited from four truck stops along the major highway in Morogoro Region. Fishermen were recruited by visiting the fishing communities on the shores of Lake Victoria where we selected two communities based on their accessibility, type of fishing and residential composition (dominated by migrants versus indigenous communities). For both the fishermen and truck drivers, snowball sampling was employed. Initially, two-three individuals were approached for each of these populations and asked to invite their colleagues to participate in FGDs and a sample in IDIs. Women employed in FRFs in Mwanza city were recruited after consultation with the facility managers in a neighbourhood with a high concentration of facilities. FSWs in Dar es Salaam were recruited after identifying brothels and

streets where they hung out for clients. The owners of the brothels were identified and consulted and eventually assisted in the identification of initial FSWs and thereafter snowball sampling was used to identify subsequent FSWs from the brothel and the streets. Participants from the general population in Morogoro and Tanga regions were randomly recruited at hamlet level after community meetings.

Data processing and analysis

Following data collection, tapes were transcribed verbatim at each research site. In order to maintain quality and richness of content, we analyzed data in Swahili (i.e. the national language of Tanzania) and English translation was not done. Data were analyzed in three stages. In the first stage, researchers read through the IDI and FGD transcripts and developed broad codes used to code 10 paper transcripts (four FGDs, six IDIs). These codes were both a priori as well as grounded in the data. In the second stage, finer codes were developed from further reading of the transcripts and discussions among the researchers across the collaborating institutions. All data collected was entered in NVivo 8 and 10 software for coding. In the third stage, we examined the individual codes for emerging patterns with regards to the connection between concepts related to HAS, and how participants talked about HAI when with peers, and sexual partners. The analysis was based on the assumption that participants from the general as well as key populations were both influenced by discourses and engaged in shaping and reproducing them. The transcripts were analyzed to explore subverting and contesting discourses by asking: "What dominant discourses are employed by young people versus adults, general population versus key population, females versus men, when talking about HAI with peers, and sex partners?" And: "What are the specific ways that participants either construct, or resist and challenge dominant HAI discourses?" Theories were formulated, such as: "The way key populations and young people talked about HAI was encouraging the practice". In order to test this theory, 'child codes' and 'parent codes' relating to sex workers, fishermen, truck drivers' and young people's views on HAI. HAI and assessment of risk were searched, summarized and compared. Quotations illustrating the main findings were identified.

Ethical considerations

Potential study participants received detailed information about the study and were given the opportunity to discuss any issues or concerns before joining the study. The information about the study was provided in Swahili using consent forms approved by the Ifakara Health Institute review board and the Medical Research Coordinating

Committee of Tanzania National Institute for Medical Research. Written consent was obtained from participants who agreed to join the study after the study information was provided.

It is a standard ethical practice to seek consent of parents or legal guardians for people aged less than 18 years before they join the study. We only sought consent of parents or legal guardians for participants under 18 years from the general population. Among key population groups, such as FSWs and women working in FRFs, a waiver on parental consent was sought because such women were considered "independent minors" and in most cases, it was not possible to identify their parents or legal guardians in the areas where they were recruited for this study.

Results

Nine IDIs and two FGDs were held among female sex workers (FSWs) in Dar es Salaam Region. Also, 32 IDIs (17 males and 24 females) and eight FGDs (four males; six females) held among general population in Tanga Region.

The FSWs' age ranged between 15 and 32 years and age for the general population ranged between 15 and 49 years. Majority of the FSWs had some formal education ranging from primary school completed to college level, while majority of participants in the general population had some formal education ranging from primary education to secondary school level. Most of the participants in the general population were muslims, while many of the FSWs were christians. Given the nature of the groups studied, the majority was never married, some were or had been in union of some sort (currently married, widowed or separated). The majority of the participants in the general population belonged to major tribes (Sambaa, Zigua and Digo), while majority of the FSWs reported being born outside Dar es Salaam region but within Tanzania. Petty business, sex work, farming and informal employment were reported the major sources of income. Study participants were asked to report on terms used around HAI and their interpretations.

Findings indicated that there are three main categories of terms (with some overlaps) used: terms referring to the anus; terms referring to HAI and HAI-related behaviours and practices; and terms referring to individuals practising HAI.

Terms referring to the anus

Some of the terminologies reflected the value attached to anal intercourse. The terms *Tigo/Zein and voda* were reported to be commonly used. Participant in the study reported that names of telephone companies in Tanzania were widely used to refer to the anus and the vagina. *Voda* (from Vodacom), for instance, was a metaphor for a

vagina or vaginal sex, while *Zein* (now *Airtel*) and *Tigo* referred to the anus or HAI. A male youth interviewed in Tanga reported that "the majority of the youth use *Tigo* and *Zein* meaning the anus or the back [*nyuma*] and *Voda* for a vagina or vaginal sex" (Male, 19 years, Tanga Urban). A FSW interviewed in Dar es Salaam reported that "I always hear my colleagues saying, for example, 'I have received a call from my client asking for *tigo* [HAI]' …. or 'my client wants *voda* [vaginal sex]'… These are the two common terms used by our group… *Tigo* means anus [HAI] and *voda* means the vagina [vaginal sex]" (IDI, Street FSW, 35 years).

Other terms reported reflected location of the anus. The term lime *mlango wa nyuma*, where the vagina is equated to the front door and anus the back one*; uwani*, the anus is equated to the backyard.

Some of the terms were based on the use of anus. The anus is perceived full of feces hence the metaphor 'mud' *(kwenye tope)*, because the anus is a feces outlet *(njia ya haja kubwa).* Some terms are based also on the shape of the anus where *channel O,* the anus entrance looks like a television Channel O symbol.

Table 1: Reported terminologies around HAI referring to the anus

Term	General population		FSWs	Interpretation
	Men	women		
Tigo /Zein	√	√	√	Value: From the telephone companies operating in Tanzania, where *Tigo* and *Zain* refer to the anus and *Voda* refers to a vagina. At the time of the study, *Tigo* company had so many customers and was expensive compared to other telephone companies; hence its value. HAI, therefore, is valued and more costly than vaginal sex.
Jicho	√	√		Shape: The anus shape makes it look like an eye on the human face.

Channel O	√			Shape: The anus entrance looks like Channel O symbol (a cycle or zero).
Mlango wa uani/nyuma	√		√	Location: Vagina is equated to a front door and the anus to the back door/rear entry.
Uani	√	√	√	Location: Anus equated to a backyard or a restroom/toilet usually located at the back of a house.
Kwenye tope	√			Function: Anus considered full of feces equated to mud.
Hajakubwa	√	√		Function: Short version of *njia ya haja kubwa* or anus.
Kisamvu cha kopo	√	√		Function: Anus perceived full of feces; hence equated to tinned products (semi-processed cassava leaves).
Ndogo	√	√	√	Feeling: Anus considered tight compared to the vagina because it is less penetrated.
Zege	√	√		Feeling: Anus considered too dry equated with concrete.

Source: Research findings

Terms referring to HAI and HAI behaviours and practices

Participants reported *kufira (fira/firwa), a* Kiswahili word for sodomising is commonly used, *kucheleza (kupakua),* a term that equates HAI to unloading cargo from a ship or off-loading cargo, *kinyume na maumbile,* HAI as biologically, socio-culturally and religiously unaccepted, as the major terms around HAI which hints at HAI being against nature and the creator's intentions. Practising HAI, therefore, breaks taboos around sex and sexuality. *Chirwa,* HAI behaviours and practices, are

equated to a child nutrient deficiency – marasmus – which is perceived to be caused by breaking taboos.

Other terms reported were*: kula mgongo, kula banda la nyuma, kula jicho,* the anus equated to a hut/hovel in the backyard. Hence, practising HAI is perceived as 'enjoying the hut' in the backyard. *Suna,* HAI is considered a meritorious deed (like circumcising) to a girl or a woman. *Kugeuza nyuma,* a common style of HAI where a female bends forward and penetrated from the back. *Baikoko,* a traditional dance where performers dance bending forward. *Utamu zaidi ya utamu wa mbele,* HAI perceived granting more (sexual) pleasure than vaginal sex and *kula dengu,* equated with eating lentils/chick peas that are considered expensive and more palatable. Hence, HAI preferred to vaginal sex.

Table 2: Reported terminologies referring to HAI, HAI behaviours and practices

Term	General population		FSWs	Interpretation
	Men	women		
Kufira (fira/firwa)	√	√	√	Sodomize: Kiswahili word meaning (heterosexual) anal sex (sodomize).
Kubambiana	√			Sodomize: Having HAI; sodomize.
Kucheleza (kupakua)	√			Unload: HAI equated to unloading cargo from a ship or off-loading cargo at the port.
Chirwa	√			Immorality: HAI behaviours and practices equated to a nutrient deficiency among children – *marasmus* – which is perceived to be caused by breaking taboos.
Kinyume na maumbile	√	√	√	Immorality: HAI is biologically, socio-culturally and religiously unaccepted; while penis-vagina penetration is. Hence, practising HAI breaks taboos around sex and sexuality.
Kula banda la nyuma	√			Back-entrance: Anus equated to a hut/hovel in the backyard. Hence,

			practising HAI is perceived as 'enjoying the hut' in the backyard.
Kula mgongo	√		Back-entrance: A metaphor for penile-anal penetration or sodomize.
Kugeuza nyuma	√	√	Back-entrance: Turn a girl or woman around/face her back for HAI; one of HAI styles.
Baikoko		√	Back-entrance: From a traditional dancing style where dancers stoop/bend forward; one of HAI styles.
Suna		√	Burst through: Considered a meritorious deed (like circumcising a child) to a girl or a woman.
Kula Jicho	√		Enter the round shape: The anus entrance looks like an eye on a human face. Hence, *kula jicho* is a metaphor for practising HAI.
Utamu zaidi ya utamu wa mbele		√	More pleasure: HAI grants more (sexual) pleasure than vaginal sex.
Kula dengu	√	√	More value: Eating lentils/chick peas that are considered expensive and more palatable than other legumes.

Source: Research findings

Terms referring to individuals (males and females) practising HAI

Terms used to refer to a woman or a girl practising HAI were captured. The most common terms were those labeling a person from her behaviour of offering anal intercourse. In such context, terms reported were: *jicho lake latoka* (offers her eye), *anakunya/anatoa/atoa mavi* (excretes), *chatoka* (offers), *atoa/anatoa/mtoa baikoko* (bends forward), and *anakwenda/anatoa tigo* (offers anus). Also, the term *Tigo* was used in a similar context. Two participants, a FSW and a male interviewed in Dar es Salaam and Tanga respectively explained that *tigo* referred to a woman's or girl's fat buttocks (Street FSW, Dar es Salaam, Male, Tanga Urban). In addition, the term refers

to a girl or a woman who readily and willingly offers HAI (IDI, Street FSW, Dar es Salaam). At the time of this study, Tigo Telephone Company was perceived having many customers and costly compared to other mobile phone companies, hence equated to HAI that is valued and more gratifying than vaginal sex (IDI, Male, Tanga Urban). A woman or a girl, therefore, offering both HAI and vaginal sex to sexual partners is considered a 'prostitute'.

Women and girls practising HAI were labeled based on the way people illustrate the posture when having HAI (normally a man penetrates from the back). Accordingly, the term *kishtobe* was used particularly in Tanga in memory of a ship that was called Kishtobe, which unloaded cargo from the back side at Tanga and Dar es Salaam harbors in the 1980's. Thus, the term refers to a girl or woman who offers HAI. Similarly, the term *sigara nyota* (Crescent & Star) – Kali Cigarettes that could be lit from either end was used as a metaphor for a girl/woman offering both anal intercourse and vaginal sex. Moreover, *laini mbili* (double line) equates a girl or a woman offering both HAI and vaginal sex to mobile phones that have two SIM cards/lines.

Few term referring to a man or a boy engaging in HAI were reported. *Kidume,* a boy or man fond of HAI. Other terms were *mfiraji* and *mbisha hodi* referring to a boy or man who regularly asks for HAI from any woman or girl irrespective of background.

Table 3: Reported terminologies referring to individuals practising HAI

Term Referring	General population		FSWs	Interpretation
	Men	women		
Females				
Anakwenda/anatoa tigo	√		√	Offering behaviour: A girl/woman offering HAI.
Jicho lake latoka	√			
Anakunya/Anatoa (atoa) mavi	√	√		
Chatoka	√			
Anatoa/mtoa baikoko				
Kishtobe	√	√		Penetration position: A girl or woman who is penetrated in the anus from the back.
Sigara nyota	√			Penetration position: Crescent & Star – Kali Cigarettes could be lit from either end. Hence, a female offering both anal intercourse and vaginal sex.
Laini mbili				Penetration position: Equates a woman or a girl who offers both vaginal sex and HAI to handsets that have two lines/chips.
Tigo	√	√	√	*Tigo* a metaphor for a female with fat/big buttocks preferred for HAI.
Mtoto si ridhiki	√			Immoral person: A girl or boy practising HAI is considered immoral; not a blessing to the family or community. Immoral.

Mzenji		√		Originated in Zanzibar: In Tanga, HAI considered a behaviour and practice of the Zanzibaris especially from Pemba Island. Hence, any woman or girl who practices (offers) HAI.
Males				
Kidume	√	√		Masculine: A boy or man who is actively engaged in (fond of) HAI.
Mfiraji	√	√	√	Sodomizing: A boy or man practising HAI
Mbisha hodi	√	√	√	Asking for HAI: A boy or man who regularly asks for HAI from any woman or girl irrespective of backgrounds.

Source: Research findings

Discussion

HAI defined in this paper as the act of penile-female anus penetration, is socially unaccepted and illegal in Tanzania. Hence, various terms (metaphors) are used to hoodwink it, sounding palatable to the listeners. The major reason is keeping outsiders from understanding what is going on. The terms vary from place to place, time and groups and use common words/terms as allegories for such behaviours and practices. Groups and communities that have the ability to coin new terms and have high frequencies of socially unaccepted or illegal behaviours and practices such as HAI, stand better chance of using varied terms over time. For example, available lists of terms on homosexuality (Scott, 2003); drug use (WHONDC, 1997); sex work (Kamazima & Kazaura, 2012); trafficking in persons and human smuggling (MoHSW, 2010) have been widely used in planning, implementing, monitoring and evaluation of intervention campaigns, including HIV BCC interventions.

In this study, for instance, the males (18 years and above), the FSWs and the young females (below 30 years) – in that order – knew and reported most of the terms used within and out of their communities/groups compared to the older women. However,

for reasons not captured in this analysis, members of the general population knew and reported more terms compared to the FSWs. Similarly, it was clear HAI terms vary and evolve over time, space and contexts. These findings support the strategic communication principle that target populations are not homogeneous; different segments of the same population may have different health needs that require different health communication approaches. That is, different groups of the audience or target population have different characteristics that influence the extent to which they pay attention to, understand and act on different messages. Conducting audience segmentation, therefore, would facilitate developing BCC or SBCC health messages that correspond to HAI practising populations' concerns within their specific situations and contexts.

Findings showed that terms referring to females practising HAI are somehow humiliating compared to those referring to males – which glorify them, suggesting power imbalance and coercion in HAI practices that need further research. Furthermore, findings showed that HAI terms are shared between the general population and the FSWs suggesting that HAI behaviours and practices are practiced among and between the two groups. In turn, this finding suggests high chances of HIV and other infections transmission between them calling for further research to inform concurrent BCC interventions aiming at making HAI safe. Finally, findings prove that some terms around HAI have been used from time immemorial challenging the deep-rooted understanding that HAI behaviours and practices are "new" in Tanzania.

Conclusion

Findings suggest that HAI is becoming common among studied communities that have coined different terms referring to the anus, HAI behaviours and practices and individuals (both males and females) practising HAI. Researchers and health interventions implementers would benefit using the terms recorded in planning, implementing and evaluating research and intervention programmes that aim at making HAI safe for the reduction of HIV transmission. Research questions, for example, developed using HAI terms common among study populations would be easily understood and thus generating more meaningful data. Similarly, from the BCC and SBCC perspectives, messages developed using targeted population's vocabulary/language (strategic planning for behaviour change), would be more meaningful to them (Cichock, 2013). In turn, this approach would facilitate sustainable behaviour change towards making HAI safe for the reduction of HIV and other infection transmission in the country.

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