Putting On and Taking Off the Capulana: A Grounded Theory of How Mozambican Women Manage Gender Oppression

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Abstract

Gender-based oppression is a pervasive global challenge, but has taken a back seat to other issues in Mozambique. The purpose of this grounded theory study was to explore how Mozambican women manage multiple oppressions in their lives in the context of the AIDS epidemic. Using interviews, documents, and constant comparison, we constructed a theory, *Putting on and Taking Off the Capulana,* to explain how women are socialized into and push back against the prevailing societal misogyny. The theory comprises four categories: Putting on the Capulana, Turning a Blind Eye, Playing the Game, and Taking Off the Capulana. Women adopt sex-role expectations, becoming socialized into patriarchal society. They are silent about their oppression, and society colludes in this. They use a strategic process to gain a sense of control over their situations. Finally, some women develop a critical consciousness and are able to resist their oppression in emancipatory ways.

Gender-based oppression is a pervasive global challenge to health equity (Matthews, 2015; Moss, 2002) and a paramount problem for the 21st Century (Kristof & WuDunn, 2009; Marmot, 2007). Gender-based oppression is a particularly important issue for nursing, given that promoting health is its goal. The impact of gender-based oppression on health is just as pressing as the social gradient itself (Pederson et al., 2015). The authors of the Ottawa Charter for Health Promotion (WHO, 1986) noted that "People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men" (p. 1). In the 21st Century, the issue of gender inequality has come into sharp focus.

> Gender inequality damages the physical and mental health of millions of girls and women across the globe, and also of boys and men despite the many tangible benefits it gives men through resources, power, authority and control. Because of the numbers of people involved and the magnitude of the problems, taking action to improve gender equity in health and to address women's

rights to health is one of the most direct and potent ways to reduce health inequities and ensure effective use of health resources (Sen & Östlin, 2007).

In Mozambique, gender equity has long taken a back seat to other pressing issues. Only relatively recently has Mozambique achieved a measure of peace after five centuries of colonial rule, a bloody 16 year, apartheid-sponsored civil war resulting in social chaos, displacement of nearly 40% of the population, Western market intervention in the economy, and almost complete destruction of the national infrastructure (Collins, 2006). The country was left economically

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impoverished with a debilitated health care system unable to meet the demands of the AIDS epidemic.

Mozambique has had one of the highest HIV rates in the world (Roser & Ritchie, 2018). Data from 2015 indicate that the prevalence of HIV among Mozambicans was 15.1% (females) and 10.2% (males) (Nutor et al., 2020). In Mozambique life expectancy plummeted, with AIDS depriving 1.13 million children of one or both parents (Collins, 2006). Women are most at risk of HIV infection and disproportionately affected; six in every 10 adults living with HIV infection are women (Audet et al., 2010; Viegas et al., 2015). HIV infection and AIDS directly and indirectly affect women of all ages, and the burden of African child rearing on grandmothers is well documented (Stephen Lewis Foundation, 2011).

In the context of the AIDS epidemic, Mozambican women face multiple demands, often with little or no male support (Audet et al., 2010; Viegas et al., 2015). Mozambique is dominated by a culture of patriarchy, in which women are expected to be submissive, with little control over their lives, and often facing violence (Groes-Green, 2009). This increases women's vulnerability to HIV infection and disables their empowerment through education and economic opportunities (UNICEF, 2015). What is unclear and largely undocumented, however, is Mozambican women's lived experience with gender-based oppression. How do women navigate this particularly oppressive environment? In this study, we explored women's experience with and management of gender-based oppression.

Methodology

The research question that initially guided this study was "How do women and girls manage the AIDS epidemic in Mozambique?" As data collection proceeded, however, it became apparent that AIDS was but one oppressive aspect of women's lives. At that point, congruent with grounded theory methodology (Glaser & Strauss, 1967), we needed a broader question to capture the complexity of women's experience and the problem of gender-based oppression, which encompassed their experience with HIV infection and AIDS. Therefore, the research question evolved into "How do women manage gender-based oppression in Mozambique?"

Theoretical and Philosophical Underpinnings

This is a constructivist grounded theory (CGT) (Charmaz, 2006) study. Grounded theory is a qualitative, systematic methodology used to explore processes in the context of situated interaction (Charmaz, 2006; Glaser, 1978; Glaser & Strauss, 1967). Charmaz (2000) describes CGT as a complex, non-linear, interdependent, and emergent process based on knowledge cocreation. This methodology is ideal for examining complex

social problems; as such, it was an excellent fit to explore gender-based oppression in Mozambique.

Constructivism is the perspective that people actively create their worlds of meaning, based on their understandings and the actions and interactions that result (Schreiber & Martin, 2013). Thus, exploring meanings is an important component of the methodology. Constructivism has its roots in symbolic interactionism, emphasizing both structure and agency. Human agency, in which people act, interact, negotiate and renegotiate meanings, is shaped by the social structures in which action takes place. Thus, researcher and researched are together in a cycle of meaning-making within the larger constraints of the system.

In line with constructivism, we used reflexivity to attend systematically to the context of knowledge construction to minimize the influence of our relative power (Charmaz, 2006). Grounded theorists do not seek truth in a single, universal and lasting form. Instead, we acknowledge our social positioning as educated Western white women, one of whom has Mozambican family and has lived there for more than a decade. We concede that our interpretation is one among multiple realities and viewpoints (MacDonald, 2001).

For this research, we embraced Ubuntu as an ontological grounding (Schreiber & Tomm-Bonde, 2014) and sensitizing concept. Ubuntu arises from a deliberate reworking of authentic African ideas (Battle, 2009; Gade, 2011; Haegert, 2000; Oruka, 2003; Regine, 2009). Ubuntu is based on guiding principles and values including a profound respect for all living beings, for human dignity, and for human life (Gade, 2011). It promotes the concepts of communality (Battle, 2009; Oruka, 2003; Tutu, 2010), interdependence, and solidarity among people and between people and their environment, acknowledging the unique spiritual engagement humans have with each other, and with nature, animals, and other immaterial sources (Battle, 2009). Ubuntu is a unique African spirituality that does not separate the spiritual from the physical (Mbiti, 1989). There is no room in Ubuntu for dualisms. Ubuntu forces the researcher to take seriously the difference between a Western philosophy of individualism and an African way of communal being and living.

We also used intersectionality theory as a sensitizing concept to help us recognize the multiple intersecting factors that affect women. Intersectionality is a critical feminist theoretical framework (Morris & Bunjun, 2007; Walby, 2007), a heuristic and analytical tool (Hankivsky et al., 2010; Morris & Bunjun, 2007), a method, disposition, and research paradigm (Hankivsky & Cormier, 2009; Simien, 2007), and a theory (Davis, 2008). Crenshaw introduced the concept to address Black women's marginalization in society, but also within feminist and antiracist theory and politics (Carbado et al., 2013). We used intersectionality to help us see and understand how gender intersects with other identities and contributes to women's experiences of oppression and privilege.

Research Ethics

We conducted the study in accordance with the Canadian Tri-Council Policy Statement—Ethical Conduct for Research Involving Humans (Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences Research Council of Canada, 2010), which is in keeping with the Helsinki Declaration. Before each interview, we explained the purpose of the study, that participation was voluntary, that participants could withdraw at any time, and we answered questions. Participants gave written and verbally recorded informed consent. We assured and maintained confidentiality. Data were stored on a password-protected computer in the interviewer's locked home office. The study received approval from the Human Research Ethics Board at the University of Victoria Canada (Approval Number 13-067).

Recruitment and sampling

In keeping with grounded theory principles, we used both purposive and snowball sampling to identify participants knowledgeable about women's lives in the context of the AIDS epidemic. Data came from two sources: interviews with key informants and a review of documents related to the AIDS epidemic and to gender in Mozambique. Building on existing relationships, we contacted local and international women's organizations, including MULEIDE (Women's Law Association and Development), and other non-governmental organizations (NGOs) that deal with women affected by HIV infection and AIDS. Key informants from these organizations connected us with women open to participating in the research. Workers at MULEIDE assisted in recruitment and translation as needed. Participants connected us with additional participants.

We sought diversity among participants regarding marital status, age, socioeconomic status, education, and employment. Participants included 39 women ranging in age from 25 to 56 (mean = 49.5), 33 of whom had children (mean = 2). Twenty-six were employed in waged work in government or social agencies (n = 14), civil society (n = 11), or the private sector (n = 1), while the remainder were engaged in the unwaged customary horticultural work of Mozambican women. Five women had undergraduate degrees, 11 had graduate degrees, 5 completed high school, and the rest had primary education or less. The 4 men interviewed had baccalaureate or higher education and were employed by government or social agencies. It is important to note that aside from working for the UN and other external donor and social agencies (9 women and 2 men), employment in Mozambique does not provide a living wage. Author Tomm Bonde conducted all the interviews and document reviews. Interviews lasted up to 90 minutes, were semi-structured, open-ended, audio recorded, and conducted in English and Portuguese. Some participants were interviewed twice to provide feedback and for theoretical sampling to clarify emerging concepts. Tomm Bonde translated interviews idiomatically from Portuguese to English, then used a professional translator to confirm the translation's accuracy.

We reviewed a total of 383 documents, primarily case reports (n = 300) of women who had sought assistance from MULEIDE. Other documents included reports and policy documents (e.g., strategic plans) (n = 55); blogs, websites, and news reports (n = 25); and legislation (n = 3).

Analysis began with entry to the field and continued concurrently with data collection and analysis. Author 1 began with open-ended coding, assigning codes to portions of the transcribed text, often drawn from participants' words. Together, we grouped similar codes, assigning a code at a higher level of abstraction. Then, using second-level codes, we clustered these groups, and wrote memos about our interpretations. For coding, we used the grounded theory method of constant comparison (Glaser, 1978), an iterative inductive and deductive process, comparing incident to incident, incident to concept, and concept to concept, to move the analysis to higher levels of abstraction. The data analysis followed the process outlined in the diagram by Guan et al. (2019). The aim is to produce a substantive theory grounded in participants' experiences.

As the analysis proceeded, we used theoretical sampling to saturate concepts and categories, by either sampling existing data or seeking out new data. We continued to use constant comparison at every level of coding until no new concepts arose, at which point we collectively determined that theoretical redundancy (saturation) had been achieved. Throughout the process, we met as a group to discuss memos and emerging findings, constantly returning to the data. We challenged each other on our positions and interpretations. Through this discussion, we came to agreement on the major categories and subcategories, and how they were interconnected. We ensured rigour by persistent observation and prolonged engagement in the field, memoing, member checking, and analysing "negative" cases (Glaser & Strauss, 1967; Lincoln & Guba, 1985). The first author presented the theory to several participants, all of whom agreed that the theory fit with their experience.

Findings

In any grounded theory study, we assume participants share a basic social problem that they may or may not articulate. The basic social problem participants faced in Mozambique was gender-based oppression that was only partially acknowledged. The problem was resolved by research participants in a basic social process, Putting on and Taking Off the Capulana (see Figure 1).

Putting On and Taking Off the Capulana was an *in vivo* code named by participants that metaphorically refers to the process of accepting and overcoming gender-based oppression.
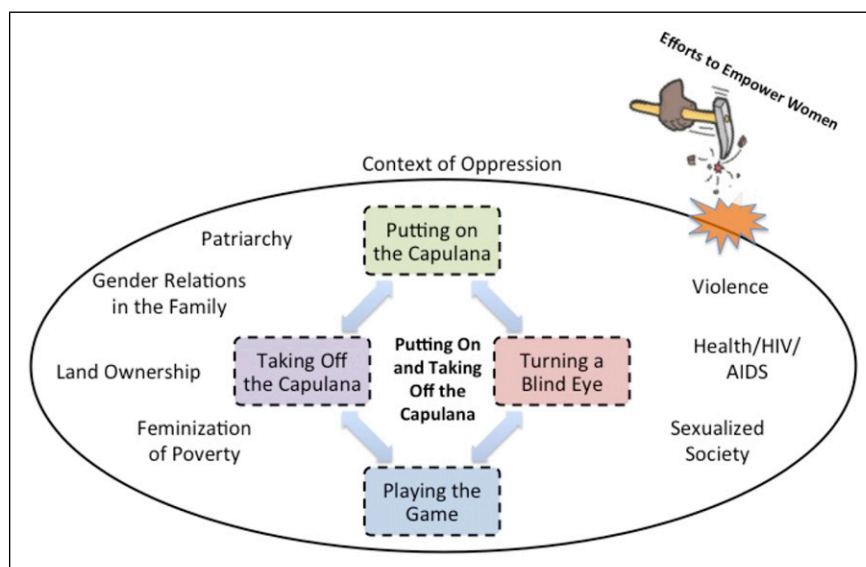
Figure 1. Putting on and taking off the capulana.

The four categories that comprise this theory include Putting On the Capulana, Turning a Blind Eye, Playing the Game, and Taking Off the Capulana.

The *capulana,* a fundamental aspect of Mozambican culture, is a rectangular piece of patterned fabric that women wrap around their hips to convey a sense of modesty. There are subtle variations in how women wear the *capulana* that reflect social differences. Women say that the *capulana* makes them feel "safe and secure." The women in the study explained they strongly identify with their culture through wearing the *capulana;* it is symbolic of their struggles to achieve social credibility and acceptance. Putting On and Taking Off the Capulana occurs in the context of multiple oppressions, as represented by the factors surrounding the central theoretical process inside the ellipse in Figure 1. Societal factors provide the context of gender-based oppression and how women manage it, some of which (e.g., patriarchy and violence) are discussed here. Other factors (eg., land ownership and feminization of poverty) are outside the scope of this report.

Managing gender-based oppression was non-linear, iterative, and complex, with stops and starts, until women came to the turning point of Taking Off the Capulana. For example, women may approach a new stage in the process but avoid it because, by entering the next stage, they would have to acknowledge the oppressions they experience. Some women were never able to Take Off the Capulana because they were trapped in an earlier stage such as Turning a Blind Eye or Playing the Game. All women participants had to manage gender oppression, even those who had considerable education and responsible jobs. For example, one women described always taking a capulana with her to work so that if she were forced to have sex, she would not have to lie on a dirty floor.

Putting on the Capulana

In Putting on the Capulana, participants adopt Mozambican sex-role expectations and become socialized into the patriarchal context. This process comprises two sub-processes: *Adapting to Patriarchy* and *Living with Violence. Adapting to Patriarchy* is how women and girls learn to live within patriarchy and how they adapt to it. *Adapting to Patriarchy* contains two sub-processes: being robbed of sexual self-determination and accepting inferiority.

Patriarchy refers to male domination both in public and private spheres. bell hooks (no date) defines patriarchy:

> Patriarchy is a political-social system that insists that males are inherently dominating, superior to everything and everyone deemed weak, especially females, and endowed with the right to dominate and rule over the weak and to maintain that dominance through various forms of psychological terrorism and violence (p. 1).

In patriarchy, people form unconscious attitudes, values, and beliefs that are produced by and materialized in language, analyses of truth, and claims to knowledge (Bauman, 2001). Therefore, patriarchy becomes a mindset influencing how people think. As a hegemony, it does not allow space to consider alternative ways of doing things. For example, a participant, discussing her experience in a course on gender required for new judges in Maputo, noted:

> They [people in the course] would be judges after they complete a few courses and this being one of them. Within the group, mostly men and two or three women, my impression was that the concept of gender was a completely new concept for most of them. They did not even know the definition, the linguistic definition of gender as being masculine and feminine, a concept

that is formed socially. To me and the facilitator it was obvious that they had never really thought of it before. The question is, if they can't even grasp the basic concept of gender, how can they apply it judicially?

In Mozambique, patriarchy is the dominant mindset that has allowed misogynistic behaviours and sexist values to prevail. Being robbed of sexual self-determination and accepting inferiority are interactive processes that reinforce each other and resulted in participants being constrained in sex and gender roles. As the women journey through these processes, they learn they have little control over their bodies and their lives, and that men govern all the systems in their world, including religious, educational, and family.

The participant mentioned above, who carried a capulana to work with her was both accepting inferiority and simultaneously being robbed of sexual self-determination. She did not question that she should not have to have sex with her male colleagues and has accepted her inferiority within the work context. This is a demonstration of how women have come to understand that their position is inferior to that of men.

In Mozambique, being robbed of sexual self-determination begins with child marriages. Although not every girl will be married young, child marriages are common and unofficially supported in society. Participants spoke of how child marriages are damaging, not only because of the reproductive complications (e.g., fistulas), but marrying young can have severe social and psychological consequences on child development (Jensen & Thornton, 2003). Other losses of sexual self-determination include abuse, rape, violence, sexual exploitation, pornography, and a lack of control over reproductive rights. Sexuality, therefore, is a strategic site through which society maintains and enforces women's subordination.

The other key aspect of *Adapting to Patriarchy* is accepting inferiority, a conditioning process in which women participants are socialized into submission and dependence on men. Throughout this process, the women internalize patriarchal values and attitudes about women's positioning through exposure to initiation rites, family traditions and culture, and systematic institutionalized practices. One participant explained how she accepted her fate in relation to her husband's demands:

> My husband makes me watch pornographic videos with him and I am expected to perform the same acts or he threatens to kick our son and I out of the house and find someone who will do this with him. If I do not do these things with him, like anal sex, he will kick me out and I will be considered a bad wife and a woman with no husband is considered a prostitute and has no respect. I feel uncomfortable but have no choice.

A woman will accept inferiority, and appear submissive, as a means to gain favour with the husband's family to secure her status as wife. Women recognize the family as a central social unit and the role it plays in determining their acceptance. Therefore, they have learned that by accepting inferiority, not only in the presence of their husbands but also with the husbands' family, they will be respected and gain favour. One participant explained:

> Women are victims of men. They experience emotional pain and are at the whims of his family's acceptance of her. His family respects me when I am a traditional woman and I think that women here live in two worlds. Women try to gain economic empowerment and at the same time need to gain respect of the husband's family.

Thus, patriarchy fosters and sustains a woman's inferiority and submission, allowing for the normalization of violence and the acceptance that being robbed of sexual self-determination is a part of the culture and heritage. This is both promoted and reinforced by the overwhelming unspoken support of child marriages.

Living with Violence is the second sub-process of Putting On the Capulana. Because becoming socialized involves *Adapting to Patriarchy,* the women learn to live with the violence that enforces male dominance. *Adapting to Patriarchy* and *Living with Violence* reinforce each other.

When patriarchy is the dominant system, violence enforces male power. This domination occurs through the control of female sexuality, rape, domestic violence, and financial, emotional, and psychological abuse. For example, in December 2016, Valentina Guebuza, daughter of the past president of Mozambique, was shot dead by her husband in a domestic dispute (BBC, 2016). Thus, violence against women is widespread (Mejia et al., 2004) and does not discriminate by social class, age, employment, or education. Participants experienced varying iterations of violence over a long period and developed strategies for *Living with Violence.* Violence is associated with unequal relationships, partner jealousy, suspicions over infidelity, and controlling behaviour. Participants described physical, sexual, emotional, psychological, and financial violence, mostly inflicted by their intimate partners. One participant provided her perspective of why violence has become normalized:

> There is a lot of violence here. People are discontent. We cannot say that people are mentally disturbed, or they have a mental disorder, because it is too widespread to say this. These are normal people who are unhappy with certain things. They (men) abandon their local villages to come to urban centers in hope of improving their life. After some time in these centers, their aspirations are not met and they become discontent and they begin to become violent, killing and violating women. Not all of course, but many. And women bear the brunt of this violence.

Participants report that, concurrent with women's and girls' socialization, men and boys learn what it means to be male. In Mozambique, *machismo* involves men learning to

uphold their breadwinner status, and maintain power and control. Many men, especially youth and younger men, face an unfavourable economic climate for obtaining work, so embodying the breadwinner ideology becomes difficult. Many men therefore resort to violence to demonstrate authority and power over women in the name of masculinity. One male participant described it this way:

> Many men mistreat women for the sake of masculinity issues. I see a lot of situations where we, as men ourselves, we put ourselves into trouble and we create a lot of difficult situations for ourselves, you know, just for the sake of being a man. I've seen, like, many women being beaten by men. It is common for men to believe that to be manly they must demonstrate their power physically, showing their manliness by exploiting women sexually and by being violent.

Thus, violence is a pervasive and persistent problem for women in Mozambique. Patriarchy and violence are mutually reinforcing, and infect every aspect of daily life.

Turning a Blind Eye

In Turning a Blind Eye, participants are silent or are silenced, and the rest of society colludes in this. People are silent regardless of the cost to themselves or others. Turning a Blind Eye has two sub-processes: *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility*. When they believe they have no other options, women cope with their situation by *Retreating Under the Cloak of Silence*. They conceal their oppressions to avoid facing their unpleasant reality. *Sidestepping Responsibility* is intertwined with *Retreating Under the Cloak of Silence;* the act of retreating and concealing leads to avoiding responsibility and vice versa.

One participant described how her family engaged in *Retreating Under the Cloak of Silence* in the context of child sexual abuse:

> It was a cousin of mine and his niece. She was seven years old and he (abuser) was 40 years old. You see, you have this issue that came from South Africa, this issue if you are an HIV positive man, then if you have sexual relations with a virgin, a child, then you are cured, so you have this situation. This happened in my family. The worst thing is that he has his own daughters of the same age, more or less (laughing). These kinds of things, you don't talk openly, nobody knows. Only seven people knew about this situation within my family. It is not something that you say "it happened", even to those close to you.

In this case, the family did not tell the police or take the child to the hospital. The people aware of the situation dealt with it quietly by *Retreating Under the Cloak of Silence* and, as a result, were also *Sidestepping Responsibility*. The man had to pay the child's mother to compensate for what happened, however, no one spoke out or demanded justice. This example demonstrates how the processes of *Retreating Under the Cloak of Silence* and *Sidestepping Responsibility* reinforce one another.

Playing the Game

Playing the Game is the beginning of Taking Off the Capulana and getting out of gender-based oppression. Playing the Game is a strategic process to evoke a sense of control over situations within the accepted patriarchal system. It involves actions that are manipulative and ameliorative, rather than emancipatory. These strategies give women some sense of control and shift the power relations. Women gain control by appearing submissive, behaving in a way that men expect, while otherwise engaging in subversive strategies, like secretly using birth control.

The intent of Playing the Game is to gain some power, even if that power may not necessarily empower them. For example, transactional sex and prostitution can provide women with money or even long-term relationships, which may give them financial security. This activity, however, does not move women towards gender equality and may put them at risk for violence, HIV infection, or pregnancy, further oppressing them. Thus, there are benefits and drawbacks to this process. Playing the Game is composed of three sub-processes: *Levelling the Playing Field, Adopting Submissiveness,* and *Undermining Men's Power.*

Transactional sex is the primary way participants *Level the Playing Field* to equalize power. One participant, a massage therapist working at a prestigious hotel in Maputo, explained that she prefers to give her male customers a "happy ending", because she will make double, and sometimes triple the money. The women involved do not view this work as prostitution but as a means to get ahead. In these ways, the women maintain their economic power, thus levelling the playing field.

In *Adopting Submissiveness,* participants gain men's favour by drawing on expected manners, codes of conduct, and actions that men consider submissive, such as being subdued and respectful. They learn to combine these behaviours with their sexual powers to gain influence over men. For example, women are taught to "take care of their man", cooking a nice meal, having sex, and fulfilling their wifely duties before they request something. This manipulative move, though possibly effective, is risky and may backfire. *Adopting Submissiveness* is a strategy to respond to being robbed of sexual self-determination in that sex is used as a means of power and manipulation as well as an expression of self-determination.

Adopting Submissiveness, however, can only be successful up to a point. When *Adopting Submissiveness* alone became unsuccessful, participants drew on *Levelling the Playing Field* and *Undermining Men's Power* as means to gain some control over their circumstances. In *Undermining Men's Power,* the women subtly sabotage men's illusion of control. For example, participants explained how they were fed up

with their male partners going out on Friday nights (known as *Sexta Feira dos Homens* or *Dia dos Homens* [Men's Night]) and not returning until Sunday. Because they knew the men were having sex outside their relationship, and appreciated the risks involved, some participants described putting condoms in their partners' wallets or pockets in an attempt to promote safe sex, and prevent pregnancy, without directly challenging them. A few women described having multiple partners as a way to *Undermine Men's Power* over their lives, and to retaliate for Men's Night.

Undermining Men's Power is the process through which women subtly sabotage men's illusion of control. An example of how women enacted this was in response to men's stronghold over their reproduction. One participant explained it this way:

> Many women do not have the capacity to decide when they use or do not use contraceptives. This is not something that depends on them. It is something that depends on the man who makes those decisions.

In this way, the patriarchy in Mozambique limits women's rights over their own bodies, which also reflects their lost sexual self-determination. As one participant noted: "The right to have sexual protection is not seen within the context of human rights within the Mozambican society, and therefore women and girls are denied the right to control what happens to their bodies." As a result, participants explained how some women use Depo-provera, a long-acting contraceptive injection, to secretly manage their fertility. Because *Undermining Men's Power* is conducted in manipulative ways with no conscious intention to change social relations between the sexes, but only to ameliorate relations, the women are often left with few gains and much disappointment.

In these ways, Playing the Game involves ameliorative strategies that allowed participants some control over their lives, yet the emancipatory gains were limited and often covert. Playing the Game is only an interim strategy until the women were able to move into Taking Off the Capulana. This is the final stage of the process and represents a turning point, because it is done openly and with the legal mechanisms needed to ensure long-term empowerment for women.

Taking off the Capulana

Just as Putting On the Capulana represented modesty, a sense of security, and acceptance of women's inferior status, taking it off represented rejecting aspects of their prescribed role. Thus, without hiding behind the metaphorical capulana, participants put their good reputations at risk. Taking Off the Capulana occurs when the women develop a critical consciousness related to gender-based oppression, and apply real resistance that is not covert or manipulative, but targeted and emancipatory. Arriving at and embracing Taking Off the Capulana involves becoming consciously aware of, and

confronting gender-based oppression instead of hiding from it. One participant, who was critically and consciously aware of her gender-based oppression, stated:

> … Our challenges here in Mozambique are natural, adopted from the very beginning, there was education saying men are superior to women, that is our major challenge for us as women: to be respected and valued.

This participant was able to reflect on women's plight in Mozambique, apply it to her own life, and evaluate what she and other women needed to become emancipated.

Taking Off the Capulana involves two overt and purposeful sub-processes: *Resisting* and *Voicing Up.* These sub-processes are actions in which participants use their agency to draw on mechanisms, such as legal aid, that are in place to protect their rights. Participants Take Off the Capulana as a conscious move to change their situations, and some have had the courage to become vocal about the injustices they face, with the intent of making gender-based oppression more visible. Taking off the Capulana is about adopting concrete, tangible actions toward emancipation. Participants who engaged in Taking Off the Capulana take tentative steps, although there is some ambivalence associated with it.

Resisting occurs when women refuse to accept gender-based oppression, and fight back to gain some level of equality. Feminist scholars often refer to the act of resisting in terms of subverting power (Tallis, 2012). Power, according to Foucault (Gordon, 1980) is everywhere, and "there are no relations of power without resistance" (p. 142). Foucault defines resistance in terms of enacting transgressions on the limits that are imposed on us (Foucault, 1965). *Resisting,* or transgressing, therefore, occurs when the women begin deliberately to reject gender-based oppression. At this point, they tentatively take a stand against it, although few participants were able to embody fully the emancipatory ideal that "taking a stand" evokes.

All participants who sought assistance from the local civil aid NGO were, in fact, *Resisting.* Many of these participants were ambivalent, however, and appeared to take two steps forward and one step back. For example, women might begin legal processes against their abusive partners, but simultaneously regress to earlier stages, such as Playing the Game. Due to inefficiency and ineffectiveness of the legal process, women often found it difficult to remain courageous when returning home to their situations.

A woman may *resist* by trading a larger, more immediate oppression for a less dangerous one (e.g., religion). For example, one participant explained that, although she drew strength from her Christian beliefs to leave her violent husband, she was unable to confide in her church community because they would not condone a woman separating from her husband. Another participant, abandoned by her husband, found strength in a Pentecostal church and later converted to Christianity. She explained that she views Jesus as her

husband. By adopting Christianity and accepting Jesus as her husband, this participant adopted a less directly hurtful form of patriarchy. Although she avoided partner violence, she accepted patriarchal teachings that place women in inferior positions, thus continuing to accept inferiority.

Voicing Up involves speaking out about gender-based oppression and demanding public recognition of women's rights. This process is integral to Taking Off the Capulana, because it is by voicing up that gender-based oppression can become publicly visible, making it difficult to ignore and necessary to address.

A timely example of *Voicing Up* was the disclosure by the daughter of Nelson Mandela's widow, Graça Machel, that she was a victim of domestic abuse, which left her blind in one eye. The incident occurred in Maputo, in October 2015, during Graça Machel's 70th birthday party. Josina Machel (daughter of the first president of Mozambique) and her boyfriend argued after she said she wanted to spend the night in her family's home. The boyfriend punched her repeatedly in the face. Josina described how she stumbled around a wealthy neighbourhood, but no one helped her until she passed out on the road. Her horrifying experience is common among women in Mozambique, and because of the legacy of her parents, and her stepfather Nelson Mandela, Josina felt she had no right to be silent. She has gone public with her experience and instituted legal proceedings against her boyfriend.

Summary

Putting On and Taking Off the Capulana is a theoretical explanation of the process by which women in Mozambique are socialized into and attempt to escape gender-based oppression. Putting on the Capulana, the first stage, explains the patriarchal Mozambican context and the ways in which women adapt to patriarchy and to the pervasive violence that enforces it. In this process, women are robbed of their sexual self-determination and come to accept their inferiority. The second stage, Turning a Blind Eye, describes the ways in which women, and society at large, remain silent or are silenced about how women and girls are oppressed, particularly with respect to sexual violence. In doing so, people sidestep responsibility for these violent acts and retreat under a cloak of silence. The third stage, Playing the Game, is the beginning of getting out of gender-based oppression. In Playing the Game, women engage in manipulative but ameliorative actions, though not emancipatory, to gain a sense of control and shift the power relations. They play the game through levelling the playing field, adopting submissiveness, and undermining men's power. The final stage, Taking Off the Capulana, involves the development of a critical consciousness so that women become aware of, and confront gender-based oppression rather than hiding from it. In Taking off the Capulana, women actively resist oppression and fight to gain some sense of gender equality. They may also engage in Voicing Up, which involves speaking out about gender-based oppression. By demanding public recognition of women and girls' rights, it becomes visible and can be taken up in public discourse. Unfortunately, not all participants were able to do this.

Discussion

To our knowledge, this is the first study conducted in Mozambique to explain how women manage gender-based oppression. We discuss the contribution this study makes to knowledge with specific attention to gender violence, child sexual abuse, the culture of silence that helps maintain gender-based oppression, a polarized view of women, and the challenge of speaking out against gender-based oppression. We follow this with limitations and strengths of the study.

Gender Violence

Based on our review of the literature, we were unprepared for the degree to which women in Mozambique experience oppression, violence, sexual assault, and disenfranchisement. Our findings confirm that violence continues to plague women and girls in Mozambique (Arthur & Mejia, 2007; Jethá et al., 2011; Zacarias et al., 2012). All participants, or a close family member or friend, had a personal experience with violence from intimate partner abuse. Gang violence, including both physical and sexual, targeting women and girls, is increasingly reported in Maputo and surrounding areas (Club of Mozambique, n.d.; Overseas Security Council, 2013; Sepúlveda, 2013), and was an ongoing issue for participants during data collection. Gender violence, including child sexual abuse, combined with the loss of sexual self-determination, completely disempowers women and girls. This has implications for nursing practice, given the important role that nurses everywhere have in promoting health and empowerment (International Council of Nurses, 2019). Understanding oppression can help nurses contribute to the eradication of social causes of health problems (Varcoe, 1996).

We know that gender-based violence worldwide is a major public health problem with effects ranging from financial hardships and decreased intimacy, to high rates of morbidity and mortality (Kristof & WuDunn, 2009; Zacarias et al., 2012). Nurses have long recognized the considerable and devastating consequences of violence on women's short and long-term health and well-being (Varco, 1996; WHO, 1997). These consequences for individual women, along with the violent act itself, can have ripple effects on society as a whole (AuCoin & Beauchamp, 2007; Reeves & O'Leary-Kelly, 2007; World Health Organization, UNAIDS, & UNICEF, 2011), such as the costs associated with the delivery of health care and social services to victims of violence, and with the justice system (Johnson & Dawson, 2011).

Child Sexual Abuse

At the time this study began, there was little in the literature about child sexual abuse (CSA) in Mozambique. Efraime Junior (2004) pointed out that psychological consequences of CSA had yet to be studied systematically in Mozambique. Because of the paucity of literature on CSA in Mozambique, we were surprised when participants in this study spoke at length regarding their experiences with it. At the same time, participants felt that they have no other options for addressing CSA than being silent because of the risk to themselves if they spoke of it openly. Therefore, the occurrence of CSA is a complex phenomenon and a significant finding that deserves nursing and research attention.

International agencies, such as UNICEF, have highlighted child marriages as a significant problem related to CSA, stating that, "Child marriage is one of Mozambique's most serious but largely ignored development challenges – requiring far greater attention from policymakers" (UNICEF, 2015, para 1). In the literature on Mozambique, we found that CSA, if mentioned at all, tends to be buried within discussion of child marriage or child protection (Cengel, 2014; UNICEF, 2015). This is problematic because it obscures the issue and does not link it clearly to the terminology of CSA. We note this because of the disconnect between legal definitions of a child and the local meaning of the term child, in Mozambique. In local culture, a girl-child becomes a woman at the onset of breast development and menstruation. When child marriage is accepted within the general category of marriage, then CSA is eclipsed. However, if child marriage is categorized as CSA, this could bring CSA to the forefront. Nurses have an important role in educating the public about CSA, including its relationship to child marriage.

The Culture of Silence

What is, in some ways, more disturbing than the apparently high incidence of CSA, is the culture of silence that encourages families and society to retreat and sidestep their responsibility to address it. For example, Efraime Junior (2004) explains that, "child sexual abuse often goes unreported because the victim fears reprisals by the perpetrators and/or feels embarrassed" (p. 419). In this study, participants reported that the family's embarrassment was a bigger concern than any impact on the child. In cases where *lobolo* (bride price) is being considered, the rape may directly affect the girl's "value" and therefore silence is considered the best option (Efraime Junior, 2004). Although some literature does mention the culture of silence, we have found no study delving into the role it plays in oppressing women. Thus, an important finding from this study is the recognition of a culture of silence and how this silence affects the ways women and girls experience and deal with gender-based oppression.

What this study adds is an acknowledgement of how silence negatively affects the lives of women and girls, particularly how it relates to CSA and other violence. The African proverb "It takes a village to raise a child" can be replaced with the notion that "It takes a village to abuse a child." Women and girls are taught to be silent through observing and adopting the behaviour of their elders and peers. The culture of silence is a major instrument for keeping women and girls oppressed, and until this is addressed, gender-based oppression will prevail.

A Polarized View of Women

In previous research, authors often depicted women and girls either as vulnerable victims preyed upon by men (International Youth Foundation, 2012; Tvedten et al., 2010; UNICEF, 2015), or as ruthless opportunists using their sexuality to gain power and status through the very structures that oppress them (Bandali, 2011; Bagnol & Mariano, 2008; Groes-Green, 2009, 2011, 2013). Findings from this study enhance a nuanced understanding of the complexity of gender-based oppression in Mozambique (Arnfred, 2015; Miedema, 2018). We found that, although these polarities were there, the previous dualism was an oversimplification that obscured the degrees of agency that women were able to exert.

The Challenge of Speaking Out

Nurses can play an important role in supporting women in speaking out against gender-based violence. Josina Machel's story and Valentina Guebuza's death by domestic violence tell us many things, among them that gender-based oppression in Mozambique does not discriminate because of class or education. For instance, despite having all these privileges, such as near-royalty status and education, *voicing up* was difficult. It seems likely that both women endured violence for a long time and that the severity of the beating led Josina to acknowledge she could no longer hide or ignore the abuse. To gain equality, all women will ultimately need to *Voice Up*, however, women with status and power may be better positioned to lead the way. The fact that Josina Machel has spoken out publicly about her experience may give other women the courage to seek help for their situations. Conversely, the culture of silence surrounding CSA and domestic violence, and families' reticence to speak publicly, are lost opportunities to contribute to the elimination of the violent gender-based oppression in Mozambique.

Revisiting the Theoretical Foundations

We embarked on this study sensitized by Ubuntu and intersectionality, and now reflect on their usefulness. From the beginning, Ubuntu informed our engagement with participants, and we humbly recognized them as experts on their own experiences. We hope our respectful engagement with

them reinforced their sense of self-worth, and demonstrated how much we valued them, their generosity, and their words. Participants showed us that our original, somewhat naive conceptualization of AIDS as the problem was insufficient to explicate the multiple challenges they faced. In a society that normalizes women's subjugation, AIDS was merely another endemic communicable disease, and not their biggest concern.

We were struck by how little of Ubuntu we initially saw in women's stories, and how powerful the hegemony of patriarchy was in undermining Ubuntu's principles of solidarity, harmony, and social justice. Indeed silence seemed to have replaced harmony and the social *in*justice of gender-based oppression was the norm. Yet when women enacted their agency, even while playing the game, their understanding of these notions shifted toward egalitarianism as they reframed their lives and sense of self in new contexts. Participants expressed concern for the well-being of girls, and recognized the need for justice and for support and treatment in cases of rape and other violence. Thus, they felt responsibility toward girls and other women. They saw the inherent worth of others, even when they could not always see those qualities in themselves.

Had we not been sensitized to the philosophy of Ubuntu, our results might have been different. We may not have attended to the ways in which participants felt themselves to be morally and spiritually connected to others, nor would we have attended as carefully to women's agency.

Intersectionality was also not clearly evident in the data, but we were sensitized to look for sources of oppression in various intersecting systems of domination. We found this in prevailing cultural norms and attitudes (e.g., machismo), family social arrangements and dynamics, and the lack of access to the formal legal system, which all contributed to normalizing and reproducing women's oppression (Brassard, 2015).

Limitations and Strengths of the Study

A common critique of qualitative research is that findings are not generalizable in the statistical sense. The small number of participants in each demographic category does not allow for this. Nonetheless, findings may be said to be *theoretically* generalizable, that is, they may fit with other circumstances or populations. This determination is made by the reader, not the researcher.

A search of the literature identified almost no studies on how gender-based oppression is addressed by women in either Mozambique or other countries. One study of black women in the United States did explore how these women managed gendered racism (Spates et al., 2019). Here, they used both overt and covert strategies, similar to the covert strategies of *Levelling the Playing Field* and *Undermining Men's Power*, and overt strategies of *Resisting* and *Voicing up*. Another strategy for coping with gendered racism in the Spates et al. study was turning to religion, which was also found in our study as women managed gender-based oppression. The difference in the context and populations of our study and that of Spates et al. makes the findings of these two studies not entirely comparable. In the United States, black women are a minority whereas in Mozambique they are not. Racism did not emerge as an issue for our participants.

The main limitation of this study is in relation to language and translation. Interviews were conducted in English or Portuguese, and sometimes participants moved back and forth between local dialects, English, and/or Portuguese to stress their points. Portuguese was not only author Tomm Bonde's second language but also that of a number of participants. At times, therefore, participants felt constrained by language. Even those participants fluent in English sometimes found it necessary to use a word or phrase in Portuguese or Changana, for emphasis or because no direct translation exists. Occasionally, therefore, both participants and interviewer had difficulty expressing themselves. When this happened, the interviewer improvised by discussing a point at length, moving back and forth between languages. At times, she requested third party assistance for clarification.

A strength of the study was that we were able to gather large amounts of rich data reflective of participants' voices and experiences. Participants felt sufficiently comfortable to speak freely about uncomfortable topics. We went back to participants to confirm data and interpretations that were in question, and participants reassured us that the findings were reflective of the general experience of women and girls in Mozambique. When participants avoided or remained silent about certain issues (e.g., CSA), we sought additional data and advice to help us develop a deeper understanding of the issue and the culture that surrounded it.

This study makes several important contributions to the literature on women's health in Mozambique, including a recognition of the widespread incidence of CSA and its consequences, an understanding of the culture of silence in which gender violence and oppression occur, and a nuanced perspective to replace the prevalent polarized view of women as either seductresses or victims. In addition, the study demonstrates the continuum of women's agency in addressing gender-based oppression, ranging from limited agency in adapting to emerging empowerment in voicing up. Nonetheless, the widespread nature of gender violence and oppression in Mozambique, if unaddressed, could compromise the country's future social and economic development.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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