

Self-making and gender norms

Sanctions and rewards within the context of public health and sex work in Dar es Salaam

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ABSTRACT

Ibada goes through a change in his gender expression from an effeminate man to conforming to masculine gender expression as a part of his self-making process as a man having sex with other men. Sanctions of effeminate gender expression drive these changes. The change also rewards Ibada, with access to middle-class communities, employment, and desirable sexual partners. This paper shows how the space for expressing gender and sexuality has become increasingly limited in Dar es Salaam and questions whether the only acceptable way to be a man having sex with men is to follow Ibada's example.

Keywords

sexuality; gender; self-making; public health; sex work

Dressed in white tight jeans and in a loose-fitted flowery shirt, unbuttoned to his chest, Ibada greets me in the HIV prevention site. Ibada stood out at the study site because of his “effeminate” and “flamboyant” style, I think of how brave he is for defying gender norms the way he does. Ibada instantly starts talking about PrEP and expressing his concerns for the health of his peers, while eagerly gesticulating with his hands. Later, we meet randomly on several occasions in health clinics and PrEP outreaches, Ibada seems to have positioned himself well as one of the younger peer educators (excerpt from Inga’s fieldnotes).

This paper follows Ibada’s behavioural change, which means changing his gender expression from being effeminate to conforming to normative masculine gender expression in the public sphere. By effeminate, we mean a person assigned male at birth who has traits or ways of behaving and being in the world commonly associated with femaleness. We build on Judith Butler’s (1999) understanding of gender as performative, whereby gender is expressed in how we act, dress, and express ourselves. These ways of performing gender are repeated acts (ibid.). In this paper, we primarily pay attention to how Ibada expresses his gender, i.e., how he acts, dresses, and expresses himself. Ibada’s change in gender expression plays out as a novel way for him to perform gender. However, his new gender expression is also highly contextual (Hendriks 2016), as the experiences Ibada shares with us took place in the context of public health, in the public sphere and in the practice of sex work. Ibada’s gender expression may change in spaces and places where non-conforming gender expressions are less likely to be sanctioned, such as in the private sphere or places deemed safe for non-conforming persons.

In this article, we ask whether the changes in his gender expression were a way to respond to sanctions of gender non-conformity, or whether these changes were driven by rewards and aspirations for a better life, or both. To answer this question, we have borrowed the

concept of self-making from Ghanaian philosopher Kwame Gyekye. Self-making is a type of identity formation that is both about community and the individual in the sense that life is often lived in cooperation with others, while life is also about fulfilling the potential of individuals (Gyekye 1987). As we shall see exemplified by his story, Ibada is going through this change in gender expression in collaboration with nurses at the health clinic, other peer educators, and NGOs employing him as a peer educator and in his practice as a sex worker. This is not only a collective process; Ibada also seeks to reach his potential as he aspires to have a better life.

This paper is based on an ethnographic study in 2021 and 2022. It is part of a larger interdisciplinary research project called PREPTA, which aims to explore various aspects of Pre-exposure prophylaxis (PrEP) as HIV prevention for men who have sex with men (MSM) in Dar es Salaam. PrEP is an antiretroviral pill proven to be effective in preventing HIV and is often promoted towards key populations such as MSM (WHO 2016).

GENDER NORMS AND SEXUAL PRACTICES

Gender and sexuality have often been presented as two distinct categories. Valentine (2004, 216), however, questions whether we can separate gender and sex as two distinct categories as, “gender is inflected by our understanding of sexuality, and vice versa” and these understandings are complex and locally produced (Reid 2020; Otu 2019; Spronk and Hendriks 2020). As noted from studies globally, but also in African countries, there is a female-male binary among MSM, whereby *bottoms*, who play the passive, receptive role in anal sex, are considered homosexual or *transgender*, while *tops* take the active, penetrative role in sexual relations with other men and are commonly viewed as straight men, or “real” men (Shio and Moyer 2020; Moen et al. 2014; Reid 2020; Hendriks 2016). However, some, like Ibada, as well as Hendriks’ (2016) interlocutors in the DRC, transgress this female-male binary. They claim to be *versatile*, which

means engaging in both insertive and receptive anal sex. Versatility has in some places, such as in the DRC, been associated with modernity, internationalisation, and it feeds into the market of sex work (ibid.). Hendriks (2016) has argued that transgressing the male-female binary is more available to effeminate men, as the core here is the desire to be penetrated, but effeminate men can also take the insertive role. For the non-effeminate men who perform versatility, to be, or desiring to be, penetrated is more complicated as this challenges their masculinity.

PUBLIC HEALTH, SEXUALITY AND GENDER

In Sub-Saharan Africa, types of conversion therapy, i.e., attempts of making homosexual people heterosexual (Nel 2009), have been and continue to be conducted by religious, political, and traditional actors. They seek to transform people into normative, heterosexual beings because homosexuality supposedly threatens the family as an institution. Conversion therapies were and are used to uphold heteronormative family structures (Davids 2022).

As a former British colony, Tanzania upheld anti-sodomy laws, prohibiting consensual same-sex sexual relationships between men, after independence (Parliament of the United Republic of Tanzania 1998). Studies show how MSM may experience stigma and discrimination while seeking public health care (Ishungisa et al. 2020; Larsson et al. 2016). To cater for safe and non-discriminatory access to health care, grassroots organisations and NGOs have been influential in providing HIV prevention since 2010 (Moen et al. 2021; Shio and Moyer 2020). During the last two decades the Tanzanian government has imposed several restrictions on such grassroots organisations (Moen et al. 2021). The consequences of this anti-gay or anti-LGBTIQ crackdown (Human Rights Watch 2020) were the de-registration of some grassroots organisations due to their association with homosexuality, making them unable to operate and limiting the access to healthcare for MSM in Dar es Salaam (Moen et al. 2021; Human Rights Watch 2020).

Before the anti-gay crackdown in 2014, MSM downplayed their gender expressions to conceal their sexuality (Shio and Moyer 2020). This concealment brings us to the concept of *heshima*, which means “to have dignity, honour and respect, as well as knowing how to extend courtesy and esteem to others properly” (McMahon 2006, 202). *Heshima* has been an essential concept for grassroots organisations in Dar es Salaam to navigate the public discourse. Their strategy has been to avoid talking explicitly and openly about sex in general, and specifically same-sex relations, in the public sphere, as a way of knowing how to show respect and honour doing *heshima* (Moen et al. 2021). Moreover, while some agreed with this strategy, other grassroots organisations and actors have been of the opinion that it is necessary to talk and write openly to the public about same-sex relations in order to facilitate better HIV preventative care for MSM (Moen et al. 2021). Despite controversies and anti-gay crackdown, the Tanzanian government included HIV prevention for MSM in their HIV prevention framework from 2003 (Prime Minister’s Office 2003) and up to the HIV prevention frameworks (NACP 2017; 2021) where PrEP programming were a part of the HIV prevention strategies. A central part of the Tanzanian PrEP programme is the collaboration with peer educators (NACP 2021). Ibada is an example of this: he is not only a user of PrEP programs, but also acts as a peer educator (although not in the PREPTA project). A peer educator is often a link between the public health system and the community at stake.

METHODS AND ETHICS

The study took place at a public university campus in a middle-class commercial part of Dar es Salaam, Tanzania, and lasted for a total period of ten months. The fieldwork was divided into two: a seven-month period of fieldwork in 2021 followed by a three-month follow-up in 2022. The first author, Inga, is a Norwegian heterosexual and cisgender woman in her thirties and currently a PhD candidate in medical anthropology. The second author, Karama, is a Tanzanian heterosexual cisgender woman in her thirties with a bachelor’s degree

in biomedical sciences. Both authors had previous experience with qualitative research and health. However, this was the first time we had worked with topics related to non-normative sexuality and gender expression.

We conducted a total of 59 interviews (including follow-up interviews) with PrEP users who were MSM, peer educators (4), healthcare professionals who had experiences with PrEP and MSM (5), the research assistants working in the larger project (5) and NGO workers who dealt with PrEP and MSM (4). Some interlocutors had multiple roles, such as being a client of the PREPTA project and a peer educator for another project. We employed repeat interviews (Moen and Middelthun 2015) with the PrEP users and some peer educators. The story of Ibada, which forms the core of this paper, is based on four interview sessions lasting an average of one to two hours. We conducted two interviews in the first and two in the last period, in addition to informal encounters at the study site and in locations such as the health centre.

We (Inga and Karama) cooperated closely during the fieldwork, in recruitment, participant observation and interviews, and as part of the overall research team in the PREPTA project. In addition to interviews and participant observation at the study site, we also visited interlocutors in their homes, joined a PrEP outreach programme, visited health clinics and NGO offices, and attended social gatherings with the interlocutors in the study. Karama transcribed and translated the interviews, and we had continuous conversations about the topics and events that occurred during the fieldwork period. While the analysis of the data began during fieldwork, Inga completed the data analysis and writing up of the paper, while Karama provided revision and approved the content of the paper.

The PREPTA project obtained ethical approval from the Regional Ethical Committee (REK) in Norway, National Institute for Medical Research (NIMRI) and MUHAS in Tanzania. Inga obtained a research

permit from Tanzania Commission for Science and Technology (COSTECH) and a research immigration visa.

DRESS CODE AND PUBLIC SPACE

At the gate or outside government buildings, such as health care clinics, universities, and police offices there are often signposts describing the appropriate dress code for publicly owned spaces. Historically, as noted by Ivaska (2011), Dar es Salaam has a long history with social norms or dress codes often connected to morality. As we can see from the poster below, the expected type of clothing is strictly gendered and bourgeois: men should wear suit pants, shirts, and leather shoes, and not jeans, t-shirts, shorts, and boots. Women should preferably cover their shoulders and knees, and while skirts and dresses can be body hugging, pants should be wide. Women should not display too much skin or underwear and should not wear tight jeans. The “appropriate” dress codes were the everyday attire among colleagues and staff at the university during the time of our study. Younger research assistants and students on campus sometimes wore jeans.

PHOTO: Daruso Mlimani on Twitter: “Attention to all [xxxx] Students: This is the new dress code guide. What is your opinion? <https://t.co/dEbUNTpbli>” / Twitter



Before one of our interviews, Ibada called Inga, he seemed upset. He explained that he had been stopped by guards at the university gate and was harassed for being “gay.” At times research participants were sent home and asked to return dressed according to the dress code, although it did not happen frequently. During fieldwork, we had several similar accounts with people who were stopped at the gates. A research assistant recounted one of these events:

I remember one day we had a “bottom” who came, and John [a peer educator] had to escort him to the gate because he was having difficulty walking alone, and people were like calling him even here on the campus and on the streets while coming here; he had worn trousers, but people could identify him from his walking style (RA).

The university gate became a place where interlocutors were policed and sanctioned for their attire and “inappropriate” gender expression, and for not conforming to cisgender dressing norms.

(PUBLIC) HEALTH CLINICS

In both the first and second fieldwork periods, we visited public and private clinics where we interviewed healthcare workers and peers who had experience in providing care to MSM. The nurses there were important actors for MSM. They provided and facilitated care within a confined space, while some of their peers were unwilling to do so, and with the awareness that the government was paying attention to them. In this context, dress code and gender expression were concerns among nurses as to whether they managed to provide services to gender non-conforming people. One of the nurses explained:

We told them [the MSM who came to the clinic] that when they come they should put on their trousers just like other men, they used to tell us, “I am not a man then I should not dress like one!” We had to tell them that when they come, they should

remove the wig, the fake breasts, the dresses, but once they leave the facility, they are free to put them on. They eventually understood [...] they responded well, in the beginning, it was difficult because they were harsh, they did not want to change, but they come to understand that it is the government they [MSM] must follow regulations and policy [...] men are not allowed to dress like women. It is both law and advice (HCW).

Here, the nurse explained how she and her peers responded to people who did not adhere to what she calls both the law and their advice of following the dress code for public spaces. She also urged for this to avoid unwanted attention from other patients, health worker colleagues and the government. When working in a normative setting such as a public health clinic, support networks become ambivalent because helping individuals is a way of advising people to stick to normative practice. This practice is also discriminatory and stigmatising.

Ibada developed a personal relationship with another nurse who took care of him and offered him opportunities. At first, Ibada could sell groundnuts to the project and clinic staff, and later, he got the opportunity to work as a peer educator. This nurse also introduced him to the idea of modifying or changing his gender expression. She became one of the important actors in his self-making process. Ibada explains the practices at the NGOs and clinics:

Yes, it does happen. They [the NGO at the clinic] have a department that deals with mental health and counselling, so when you have stress, you can go there for counselling; they give you encouraging words, and if you want to change, they give you advice [...] I started getting counselling on how to change from feminine looks [...] I am enormously proud of the changes and feel I am heading to a bigger destiny with a good life.

John, a senior peer educator with extensive experience collaborating with public health care providers and clinics, confirmed Ibada's description of NGOs and their role in encouraging MSM to change their gender expression. John had also noticed a change in the community: before it was common to see MSM in women's dresses, wigs, and beads around their waist. Now, if he sees a person who is assigned male gender at birth with female clothes, John thinks of that person as transgender and not as belonging to the category of MSM. John attributes this change to the work of the NGOs: "They oriented us on how to identify ourselves."

These organisations were commonly NGOs, grassroots, or rights-based organisations, or church-based collaborating with public health clinics and providing care specifically to MSM or transgender women. As a peer educator, Ibada had primarily worked with HIV prevention programmes where an important part of the job was to recruit participants into programs and to provide follow up services, together with nurses from the NGOs or in the public health clinics. Even as a peer educator, Ibada was sanctioned for his feminine gender expression, as the NGOs advised him to adhere to masculine styling norms to avoid stigma and discrimination in the communities. Here, Ibada is dependent on the NGOs and their willingness to give him opportunities:

Even with the NGOs they like working with MSM who do not show openly that they are MSM [...] once you express yourself you can never succeed to go to the interior parts of the communities that is why MSM are given education on safe security.

By "safe security" Ibada means being safe and secure from violence, stigma, and discrimination. During fieldwork, we had the opportunity to visit an LGBTIQ organisation and talk to the CEO about how people were advised on changing their gender expression in the context of public health. The CEO, who we called Semeni, identified as a transgender woman and belonged to the middle-class mentioned:

I call myself a human rights defender, so everybody has the right to enjoy their life, but sometimes I advise them to cooperate with the environment to be safe [...] Though we advise them on safety and security, everybody has a right. You can tell this to a person; others will take it positively, and others will count it as stigma and refuse it.

By cooperating with the environment, Semeni meant that conforming to cisgender normativity was important as a safety measure to avoid sanctions from the community and the government. Semeni also seemed to follow this advice herself. The two times we met, she dressed in jeans, a pique shirt and leather shoes, a typical casual work attire among middle-class men in Dar es Salaam. The office of the NGO was situated in a low-income neighbourhood in Dar es Salaam, in a residential home that was turned into an office space, without signs or indicators that it was a place for LGBTI activism.

IBADA'S SELF-MAKING

Ibada is in his early twenties. When we first met, he talked about himself as male, a sex worker, a peer educator and as someone who used to be bottom who “almost became a transgender woman” but who has now become a versatile, as the quote below shows. Ibada lives on the margins of society and lost his parents to AIDS. Therefore, he has been searching for security and support elsewhere, which he found in some of the public health programmes, with peers and in his relationships to other men. When we met, his gender expression aligned with that of an effeminate man; feminine gestures and walking style coupled with skinny jeans, a body-hugging or flowery shirt and pink sunglasses. In the interviews and interactions with Ibada, he used to show us film snippets and photos of his transgender friends, women with flawless makeup demonstrating their twerking skills. We asked Ibada if he identified as a woman, referring to when he talked about his childhood, playing with girls and of his previous experiences with cross-dressing and identifying

as a bottom and almost transgender. He replied with “sometimes, because at times I feel my hormones make me feel like I should get married to a man.” It was in our first interview that Ibada started talking about his change in gender expression. He told us about his current thoughts about gender and sexuality, and who he aspired to be:

Right now, I am a versatile, but I used to be a real bottom back in the days. I was almost a transgender, but I told myself I do not have a reason to be transgender, so I tried so much to just be a normal MSM. I saw if I continue being a transgender no one will want to associate with me and my life will be very hard. Even if you dress up like a woman at the end of the day you remain a man. I saw there is no reason for me to remain as a bottom and that is how I became versatile.

Here, Ibada taps into how difficult life can be for transgender women as they are sanctioned for their gender expression. For Ibada and other interlocutors, bottom is sometimes used as a synonym to transgender because people who identify as transgender women are always bottoming. However, bottoms can also be effeminate men who dress in clothes traditionally associated with a male gender expression, and while they conform to the dress code, they could be, as Ibada described, “portraying some female behaviours,” i.e. styles of walking and gesticulating. With a “normal MSM” or “versatile,” Ibada meant someone who strives towards a masculine gender expression and who manages to move around in the public sphere without drawing attention to sexual desires or non-normative gender expression.

After Ibada had become “just a normal MSM” or a versatile, he had noticed changes in the ways people related to him in the community, in his profession as a sex worker and in his relation to male sex partners. Ibada experienced that people started to talk about him fondly, and he became close to men, which he had never been before. This provided Ibada with a sense of freedom and belonging. Confirming to cisgender norms also changed his sponsors and customers’ perception of him:

There are big changes, right now when I get sponsors, I get the ones with money because these days most men like MSM who don't show that they are MSM so that they can be able to walk freely with them [...] I used to think that when I dressed in such [feminine] manner, that is when I will get men who have money. I used to have sex even with men I do not like, but I did it for money.

Previously, Ibada had thought that men who desired other men would prefer a feminine gender expression. He would present a feminine gender expression to his clients, only to realise later that the men he desired, wanted sex workers or men with a masculine gender expression. One of these sponsors became important to Ibada in his process of changing gender expression, a man Ibada talked about with affection. Among other things, the sponsor had advised Ibada on how to express himself and bought new clothes for him.

The last time we met with Ibada we almost did not recognise him. His outgoing and flamboyant persona was gone. Ibada expressed modesty and calmness, and he was dressed in the clothes his sponsor had bought for him: trendy baggy second-hand jeans, a plain white T-shirt, and a black bucket hat. Ibada attributed his change to God, to the matron from the public health clinic and the support from his sponsor, among others. After his change in gender expression, Ibada wanted to inspire others into going through the same changes that he had gone through as it had improved his quality of life. When describing his thoughts and rationale about his change, he said:

I told myself never to stay in a difficult life. I am a male child, and that is the reality! Whether I decide to put on wigs and put on makeup, the fact remains the same: If you think you can change, then do that so that life can move on and [you can] have kids and a family while you continue to be a bottom.

Ibada aspires to have a family with kids one day. He specifically wishes for a baby girl, because Ibada sees that it can be difficult for a son to accept his father's sexual desire and gender expression:

There are some bottoms who have daughters so when the father goes to the bar for his own pleasure the daughter can also be around, but for the son it will not be taken lightly even when he will be playing football, and someone will tell him that his father is an MSM you can imagine the pain he will feel. I always pray to God for a baby girl so that my family tree can live on.

DISCUSSION AND CONCLUSION

Despite widespread homophobic sentiments and laws, Sub-Saharan African countries are also places for tolerance or indifference to same-sex relations as long as people uphold social expectations of heterosexual marriage and the appearance of virility and fertility (Eprecht 2012; Shio and Moyer 2020). There is relative freedom to engage in same-sex desire and practices if there is “unsaying,” a “do not tell, do not ask of sexuality,” which facilitates a space where one can both acknowledge same-sex desire and at the same time condemn publicly displayed same-sex behaviour (Spronk and Hendriks 2020, 141). Such unsaying can be seen as the previously described *heshima* of paying respect, which seemed to be a widespread practice in public health clinics and NGOs in Dar es Salaam working with MSM, similar to findings of Shio and Moyer (2020).

Following Reid (2020), who calls for a rethinking of the relationship between sexuality and gender, we aimed in this paper to make sense of the complexities of how gender and sexuality interact in the story of Ibada. For instance, the practice of bottoming makes him take on a female role, and while attempting to perform masculinity, at times he identifies as a transgender woman. These examples show how closely intertwined gender and sexuality are in Ibada's story. Ibada's change

in gender expression seemed to represent a general trend among interlocutors, where the new identity category “versatile” was commonly used and performed by interlocutors in the study. In the study of Moen et al. (2014), the category versatile is not mentioned; the only transgression that occurs is the change from being seen as a top to becoming a bottom, which can mean that the category versatile is novel, both influenced by global and local changes. As most of the interlocutors also engaged in sex work, being sexually flexible seemed to be important in the sex work market. However, the perceptions of what constitutes male and female gender and the fixed male-female binary found in earlier publications (Moen et al. 2014; Shio and Moyer 2020) were also present in our study; they co-existed with these new transgressing identity formations.

As previously mentioned in this paper, MSM changed their gender expression after the anti-gay crackdown in 2016 (Shio and Moyer 2020) in order to avoid sanctions. After this fieldwork ended, the media reported on recent anti-gay crackdowns in East Africa after the new anti-gay laws in Uganda that were passed in 2023 (Citizen 2023). Within this context, we ask whether Ibada’s change of gender expression can be understood as the result of a kind of “conversion therapy” imposed by state measures and fear of reprisals from the authorities in Dar es Salaam. Or, is this change linked to Ibada’s aspirations for a better life, his self-making, and his inclusion into middle-class and international social settings?

We would argue that Ibada’s self-making is a result of both. Ibada’s experience of his self-making was, at least in the dialogue with us, something he described only in favourable terms. However, we can argue that Ibada was also dependent on some people who collectively guided him on his self-making: they were actors who could provide him with opportunities and facilitate social mobility. Regardless of this dependency, in the time we spent with Ibada, the rewards he gained in the process of self-making seemed more important to him than being able to express himself as an effeminate man in the public

sphere, where the sanctions of doing so could be violence and social exclusion. Other effeminate men or transgender women may respond differently to the imposed or expected change in gender expression. These people may find themselves in a situation where there is only one way of living life as an effeminate man in Dar es Salaam, namely, to go through a change in gender expression, i.e., in a constrained space for expressions of gender and sexuality.

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