

Y O U T H , M E D I A A N D C U L T U R E

Perspectives on Youth, HIV/AIDS and Indigenous Knowledges in Africa

Anders Breidlid, Austin M. Cheyeka
and Alawia Ibrahim Farag (Eds.)

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Perspectives on Youth, HIV/AIDS and Indigenous Knowledges

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Perspectives on Youth, HIV/AIDS and Indigenous Knowledges

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ANDERS BREIDLID, AUSTIN M. CHEYEKA AND
ALAWIA IBRAHIM FARAG

1. INTRODUCTION

This book is the result of academic cooperation between scholars in Norway, Sudan, Zambia, and South Africa, and is the endpoint of a journey that started in Omdurman, Sudan in 2007, when scholars from the four countries met to discuss a master's course in international education and development across geographical and epistemological borders. In December 2012, the professors and the graduated master's students met at a conference in Omdurman and presented papers based on the students' theses.

The success of the conference and the high quality of the papers inspired us to consider publishing a book based on the papers (a video of the conference has already been made), and after a very strict selection process the chapters for this book were chosen.

The book draws on studies carried out in Sudan, Zambia, Namibia, and South Africa. Because the master's course in international education and development had a thematic focus on HIV/AIDS, most of the chapters in the book deal with the HIV/AIDS pandemic in various ways. Moreover, because youth are the group most vulnerable to HIV/AIDS due to their biological and psychological stages of development, as well as the social and economic contexts that expose them to risk and vulnerability, the bulk of the chapters discuss the complex discursive spaces that youth inhabit and navigate. The concept of "youth" is conventionally viewed as exclusively linked to age, and the United Nations defines "youth" for statistical purposes as persons between ages 15 and 24 (UN, 1981). However, youth as a concept is flexible and highly context-related, depending on factors such as their dependency on their original household and own family, their capacity to sustain themselves, and their educational situation. Drawing on social theory, the book offers insight into ways in which various contexts shape the formation of youth identity and how youth respond to pertinent aspects of their lives, including the risk of HIV infection. Sexual identity is a key marker of who people identify as and how they assign meaning to their lives, and as such is a central feature in the book. The assumption the book makes is that people's (and, in the case of this book, youths') lives are mediated in social contexts in which they assign meaning to their experiences and live in contemporary societies that they also contribute to. The book identifies dominant narratives in the identity-creation process among youth, and it links this to risk, sexual risk behavior in particular, and HIV and AIDS. The interlocking concepts of social identity, power, inequality, sexuality, vulnerability, and resilience are brought together in most chapters of this book to highlight the complexity of the discursive space that youth inhabit and navigate.

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Interestingly, many of the chapters discuss the HIV/AIDS pandemic in relation to indigenous knowledges and argue for including indigenous knowledges in the fight against the pandemic. Because the pandemic has mostly been addressed by Western biomedical knowledge and with limited success, the suggestion of including indigenous knowledges opens the space for a more varied, holistic, and comprehensive approach to the pandemic, in which the lives, identities, and epistemological and ontological positions of Africans are taken seriously. Many rituals and initiation rites as well as religious persuasions that are often rejected as an obstacle to development and a driver of the pandemic are revisited in some of the chapters, showing that indigenous practices and world views are not only important supplements to the biomedical interventions that still are hegemonic in sub-Saharan Africa, but are crucial in young people's identity construction. However, the book also highlights negative aspects of indigenous culture in relation to HIV/AIDS, in which stigmatization, ostracism, and social exclusion are mechanisms that oppress young people, and especially girls and women living with HIV/AIDS. The oppressive situation that many youngsters experience is not only related to living with HIV/AIDS, and the book also invites readers to explore the oppressive and often dangerous socioeconomic situation that many youth in sub-Saharan Africa experience, and the often creative coping mechanisms employed to escape or to mitigate the situation.

Following the introduction, the book is divided into two overarching sections. The first part consists of the majority of chapters, focusing on various aspects of HIV/AIDS and on social and cultural contexts that shape experiences and responses to the pandemic.

In the second part, a chapter on Namibia examines the experiences of former street boys and how they construct their identity in the face of risk, HIV infection, and temporality. A chapter on Cape Town, South Africa examines the ways that capoeira, a game developed in Brazil, facilitates identity construction among youth in a township.

SECTION ONE

The first chapter, by Anders Breidlid, "Indigenous Knowledges, the Global Architecture of Education and Health, and the HIV/AIDS Pandemic: Towards a Paradigm Shift?" introduces the current HIV/AIDS situation in sub-Saharan Africa and discusses the hegemonic role of Western education and health discourses in fighting the HIV/AIDS pandemic. By questioning the hegemonic role of what Breidlid calls the global architecture of health and education in preventing and curing the pandemic alone, the author calls for the introduction of a third space in which indigenous and Western knowledge systems coexist and collaborate in the global South in order to address the pandemic more efficiently. However, the challenge of including this third space systematically in the curriculum is formidable, not least of all due to an ingrained skepticism toward anything that smacks of indigenous or traditional culture and knowledge production among the educated elite in the ministry offices.

In the next chapter, “The Zambian Bantu Indigenous Explanation of HIV and AIDS,” Austin M. Cheyeka challenges researchers that aim to mitigate the effects of HIV and AIDS in African Bantu communities such as Zambia to take seriously the religious and mystical understanding of the virus and the disease by the people. By underlining the centrality of witchcraft in the indigenous religious beliefs of Zambians, Cheyeka reports that the Bantu, and not necessarily only those living in rural areas, believe that witches and sorcerers cause HIV/AIDS. From the vivid testimonies of respondents, Cheyeka cautions that, in the eyes of the Bantu of Zambia, a definitive cure for AIDS can only be available when they know how HIV and AIDS came about. For now, it remains something of a mystery. African traditional religion, medical culture, logic, and vocabulary therefore provide the framework through which people make sense of HIV/AIDS, a framework that should not be discounted out of hand or deconstructed without providing a better one.

In the chapter “Stigma and the Process of Deconstructing the Social Identity of Women Living with HIV/AIDS in Sudan,” Hwiada Mahmoud Abu Baker and Alawia Ibrahim Farag discuss Sudanese women’s experience with HIV and how the disease plays an important part in conceptualizations of identity. The chapter examines the gendered constructions of HIV through the construction of Sudanese women’s identity, addressing the implications of this construction for women’s coping mechanisms.

Women living with HIV/AIDS in Sudan are stigmatized by society. HIV/AIDS is perceived as a disease through its roots in the political and cultural context of Sudanese society. In the Sudanese community, attributes of the “ideal woman” revolve around the productive, reproductive, and social roles of women, which are reinforced through various community channels shaping Sudanese woman’s social identity. These constructed standards tend to be deconstructed by the community, leading to women being deprived of the privilege of enjoying their productive, reproductive, and social roles, and thus reshaping the social identity of women living with HIV/AIDS.

In her chapter on HIV/AIDS education, “HIV and AIDS and Teacher Education in Zambia,” Trinity Chikwanda analyzes education instructors’ and education students’ understanding of HIV and AIDS as well as critiquing the efficacy of HIV education offered to education students at a college of education in Zambia. Her chapter examines factors predisposing education instructors’ understanding and delivery of HIV education content to education students and how education students receive this information. Guided by the theory of socialization in explaining her findings, Trinity Chikwanda argues that the combination and interaction of various sociocultural factors, education instructors’ multiple identities, and institutional factors have increased instructors’ and students’ negative attitude towards HIV education, thus weakening the efficacy of the HIV education offered at the college.

Heather Munachonga’s chapter, “School and Home Sexuality Discourses in Selected Girls’ Secondary Schools in Lusaka,” examines how discourses on sex and sexuality that girls are exposed to in school and at home shape their

understanding of who they are in relation to sex in a Zambian community. The chapter discusses the girls' primary socialization process in relation to sex, including how initiation rites impact girls' perception of sex and sexual behavior. Munachonga finds that the socialization discourses at home as well as the discourse surrounding initiation rites confirm that the girls are socialized into abstinence before marriage, but she nevertheless emphasizes that the home discourses encounter competition from peer discourses regarding the provision of information to girls on sexuality. The chapter also shows that the school discourses are multiple and, whereas the official discourse reinforces the home discourse of abstinence, the semi-official discourse through school clubs gives an alternative message, which in many ways subverts the home discourse by emphasizing the girls' sexual rights to make decisions on their own. Munachonga also discusses what she calls informal discourse, which is the discourse among peers and in which there are multiple discourses—from abstinence discourses before marriage to discourses in which indulging in sex before marriage is a necessary prerequisite for training for sex in marriage.

The impact of HIV/AIDS has contributed to what Munachonga calls a paradigm shift in opening up discussions pertaining to sexual issues because some parents and teachers are succumbing to sexuality discussions and thus breaking the culture of silence previously typical of issues pertaining to sex.

Mushaukwa Matala's chapter, "The *Sikenge* Female Initiation Rite as a Means of Combatting HIV/AIDS" discusses the *sikenge* female initiation rite practiced by the Lozi-speaking people of Western Province in Zambia. Although initiation rites are not usually perceived as a channel of disseminating HIV and AIDS information, Matala shows how this initiation rite can be used to disseminate HIV-prevention messages but may also put girls at risk of contracting the disease.

The author uses script theory to show that the initiates are socialized into a certain behavioral pattern that involves postpartum abstinence, but that the rite's script does not preclude some initiates deviating from what they were taught and following other practices. For example, after having been introduced to sex education in the rite, some initiates practice sex out of curiosity. The chapter also indicates that the practice of this initiation rite is a matter of social identity for the Lozi-speaking people.

Matala underscores the importance of avoiding essentialist views of initiation rites and of building on the knowledge of initiators on HIV and AIDS issues because initiators convey important indigenous teachings that are often beneficial in the fight against the HIV/AIDS pandemic.

Samuel Silomba's chapter, "Perceptions of Condom Use and Sexual Risks among Out-of-School Youths in the Nakonde District, Zambia," explores how out-of-school young people perceive the use of condoms and sexual and HIV risks. Based on a study in the Nakonde District, which is one of the districts with the highest HIV rates in Zambia's Northern Province, Silomba argues that the perceptions and management of sexual risks among out-of-school youth are greatly influenced by their understanding of sexuality and gender. Their understanding is

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deeply entrenched in the cultural and social contexts in which they make meaning of their sexual behavior practices and conceptualize the act of sex.

Silomba also claims that HIV prevention and management strategies need to take into account the social and cultural fields in which out-of-school young people receive, interpret, reproduce, and perceive knowledge about sexual risks and condom use.

Kabanda Mwansa's chapter, "Alleviating HIV/AIDS through Sports and the Ubuntu Cultural Philosophy in Zambia," starts by discussing the various mitigation approaches to containing the HIV/AIDS pandemic. International approaches dominate the region, leaving locally initiated alternatives in the doldrums of the development agenda. Among the approaches operating in the region is the Sport for Development and Peace (SDP) initiative, which uses sports and other leisure activities to mitigate the spread of HIV/AIDS. However, this practice is by and large guided and influenced by Western development discourses, whereas the use of "indigenous" or alternative perspectives remains limited and/or suppressed, also in the SDP. After examining the limited place and use of indigenous knowledge systems within the SDP frameworks of development, the chapter discusses the EduSport Foundation's programming and practice as an example of an indigenous organization that uses the sub-Saharan African indigenous philosophy of Ubuntu. In this chapter, Ubuntu mirrors how indigenous knowledge systems are used as an alternative discourse in mitigating the HIV/AIDS pandemic in particular, and the social and economic development of the global South in general. Admittedly, the EduSport Foundation faces an uphill battle in making the Ubuntu approach fully appreciated at the local level because the forces of a "standardized good" are so strong, causing some locals to demonize Ubuntu in preference to what is fully enshrined in Western epistemology.

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The chapter by Sigbjørn Ljung, "How the Social Context of Five Former Namibian Street Boys has Conditioned their Experience with Schooling," explores five former street boys' lived experiences with and understanding of schooling in Namibia. In doing so, attention is paid to their family background, their social network, and Namibian national policies on education. The chapter utilizes theories that explain how young people are constructed by society and how they actively construct their own social lives at the same time. Ljung presents important empirical evidence on street boys to support his findings on the five former street boys that participated in the study. In suggesting how youths on the street can be helped to gain entry into schools and remain there, Ljung argues for farm schools as places where former street boys and perhaps girls would feel at home because Namibia has failed to implement Education For All goal number two: to ensure that all children, including children in difficult circumstances, have access to complete free and compulsory primary education of good quality by 2015.

Live Grinden and Louis Botha's chapter, "Lessons from Children's Participation in CEYA Capoeira Classes, Cape Town, South Africa," focuses on crime, drugs,

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alcoholism, and violence in a township they refer to as Gerber Park in Cape Town, South Africa. Their main concern is how these vices negatively impact youth, a concern shared by a non-governmental organization (the Capoeira Educational Youth Association, CEYA) which aims to help children living in disadvantaged communities by offering free capoeira classes twice a week to keep them away from the violence of the streets, drugs, and alcohol abuse. In analyzing the philosophy of CEYA, Grinden and Botha employ Paulo Freire's pedagogy of the oppressed, which places conscientization and hope as the centerpieces of liberation from oppression to develop the full potential of human beings. Grinden and Botha argue that capoeira as a martial arts game should be understood as a physical response to the oppression of youth in Gerber Park by gang members, drugged and violent parents, and human structures inherited from the apartheid era that are still entrenched and dehumanizing the people of Gerber Park. Grinden and Botha pull together various elements of capoeira, which they connect to Freire's conscientization process and hope. They argue that the process of learning new skills, developing solidarity with other children in similar situations, and increased self-confidence resulting from participation in CEYA capoeira classes empower youth to protect themselves psychologically from the attractions of subcultures such as gang membership and drug abuse.

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SECTION 1

ANDERS BREIDLID

2. INDIGENOUS KNOWLEDGES, THE GLOBAL ARCHITECTURE OF EDUCATION AND HEALTH, AND THE HIV/AIDS PANDEMIC

Towards a Paradigm Shift?

INTRODUCTION

The chapter discusses the hegemonic role of Western education discourse in fighting the HIV/AIDS pandemic in sub-Saharan Africa and questions whether Western epistemology adequately addresses issues related to sex and sex education. It argues that it is necessary for indigenous and Western knowledge¹ systems to coexist and collaborate educationally in the global South in order to address the pandemic more effectively.

THE HIV/AIDS PANDEMIC: AN UPDATE

AIDS is one of the most destructive pandemics in history and, according to UNAIDS (2011), more than 30 million people have died since 1981. In Africa more than 15 million people have lost their lives due to the pandemic. In 2011, 1.7 million died of AIDS (UNAIDS, 2012). People living with AIDS in sub-Saharan Africa number around 23.5 million, meaning that around 69% of all people living with HIV are to be found in sub-Saharan Africa (UNAIDS, 2012).

Although the number of people living with HIV rose from around 8 million in 1990 to 34 million by the end of 2011, the overall growth of the pandemic has been relatively stable in recent years. In fact, the number of new HIV infections annually has steadily dropped and a significant increase in the use of antiretroviral treatment (ART) has meant that the number of AIDS-related deaths has also decreased significantly (UNAIDS, 2011).

Many African countries have boosted access to and distribution of antiretrovirals (ARVs). In Zambia, for example, the government provided universal access to antiretroviral treatment as early as 2001.

According to the World Health Organization (WHO), 68% of infected persons were receiving ART by the end of 2012, an increase of more than 90% compared to 2009. Moreover, five countries were providing antiretroviral medicines to at least 90% of pregnant women with HIV (WHO, 2013).

According to UNAIDS (2013), new infection rates in Malawi were reduced by 73% from 2001 to 2011, and similar reductions were observed in Botswana (71%), Namibia (65%), Zambia (58%), and Zimbabwe (50%). New infections dropped by

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41% in South Africa and 37% in Swaziland, the country with the highest HIV prevalence in the world. In Zambia, 90% of adults needing treatment were on ARV treatment.

Although deaths from HIV-related causes are being reduced and treatment availability is increasing, the reason for these positive developments is primarily the use of ARV drugs.

The use of ARV drugs is not without problems, however. The delivery of ARVs is costly, and poor countries are extremely dependent on donors to provide the necessary medicine. In Zambia the government program is largely funded by the Global Fund to Fight AIDS, TB, and malaria, and the authorities would not be able to continue their ARV offensive without external funding. This means that the sustainability of supplying drugs is problematic from a long-term perspective. Given the weak health systems in many countries in sub-Saharan Africa, there is a lack of both adequate health infrastructure and health personnel. Moreover, challenges linked to poverty, inequality, discrimination, and stigma add to the complexity of the situation. There are also problems with treatment compliance because patients must take the drug at exactly the same time every day. In addition, some patients may experience serious side effects.

Even though the pandemic has stabilized and even declined recently, the national and individual challenges linked to the pandemic are still quite overwhelming, and interventions other than providing ARV drugs have to be kept at a high level in order to prevent both an increase in newly infected people and the drain on resources in the country. In other words, it is necessary to educate people about safe sex so that ARVs are not needed to the same extent as they are now, and also look for alternative ways of preventing the spread of the disease.

Although ARVs are seen as biomedicine's response to containing the pandemic, interventions by indigenous medical practitioners have been welcomed by governments in sub-Saharan Africa as well as by Africans in general. Still, such interventions are very contested and are mostly ignored due to the hegemony of Western medicine.

THE GLOBAL ARCHITECTURE OF HEALTH

Historically there is no doubt that biomedicine served "as a 'tool of empire' in the colonial and developmental eras" (Decouteau, 2013, pp. 221–222). This biomedical hegemony, or what I call the global architecture of health, has certainly not diminished in the wake of neoliberalism and is of concern because its cultural imperialistic thrust completely marginalizes indigenous medicine and healing across the global South. The global architecture of health means a common, Western medical discourse that hegemonizes the perceptions and understanding of health issues globally, and whose epistemological claims to superiority leave little or no room for other medical discourses. In the fight against the HIV/AIDS pandemic, ARVs have been promoted as a triumph of Western medicine and a quick fix for HIV/AIDS infections, but leave "relatively untouched some of the more fundamental causes of ill health, which breed in conditions of systemic

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inequality” (Decouteau, 2013, p. 222). Because indigenous medicine and healing are so integrated into Africans’ belief systems and identity construction, their marginalization robs indigenous people of indigenous identity and solidarity and produces more social insecurity and vulnerability. For example, there have been attempts by the South African government to formalize indigenous medicine and healing, but these efforts seem to have diminished under the present government of President Zuma, in which more emphasis has been placed on expanding biomedicine to all corners of the health system. The reason for this can be explained both as a reaction to former President Mbeki’s negligence regarding the pandemic and the result of lobbying activities by the international pharmaceutical industry, but of course also due to the drugs’ effectiveness. Critiquing the erasure of indigenous medicine does not mean that biomedicine should not be expanded to all areas of the health system. The problem is, however, that the global architecture of health has orientalized indigenous healing and medicine as something irrational and irrelevant, with dire consequences for Africans. Statistics show that indigenous medicine is used by the majority of the African population. According to Campbell (1998), 80% of South Africa’s population resorts to indigenous medicine.

The reason why indigenous healers and medicine are still used by the indigenous population are multiple: the healer and the patient have established a long-term relationship of trust, the indigenous practitioners observe much greater care and quality time than do biomedical practitioners, they spend more time explaining the patients’ symptoms, and they employ language that the patients understand. In short, the indigenous healers and healthcare workers make use of a more holistic approach that also includes the patients’ socioeconomic situation (Decouteau, 2013).

Added to this is the hybrid healing methods that indigenous healers make use of. Their healing practices are in constant flux, and indigenous healers use pluralistic methods of healing, wherein biomedical knowledge is often part of the indigenous healing package (Decouteau, 2013). Such a hybrid approach embedded in the patients’ epistemology and the socioeconomic environment provides security for the patients, whereby their indigenous identity and self-respect are not being disparaged.

EDUCATIONAL INTERVENTIONS

Clearly, the classroom is potentially one of the most important sites for combatting the pandemic because a substantial number (in most countries the majority) of the young population attend school every day. HIV/AIDS topics are now part of the curriculum in most sub-Saharan countries (providing HIV life skills based education, youth peer education, etc.) and pupils are supposed to be regularly targeted with sex education and HIV/AIDS messages. Sex education can be defined as:

[the] process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people’s skills so that they make informed choices about

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their behaviour, and feel confident and competent about acting on these choices. (AVERT, 2014)

The question is whether the classroom provides the necessary tools or skills and the necessary language and if the teacher and the teaching material are authoritative enough to achieve the goals of sex education. Admittedly, education is frequently termed the social vaccine against HIV/infection (see, e.g., Coombe & Kelly, 2001), and research seems to show that students have knowledge about the pandemic (even though it varies somewhat from country to country). However, students are less able to relate this knowledge to their own situations by, for example, effecting behavioral change (Baxen & Breidlid, 2009). The reasons for this apparent lack of receptiveness to the HIV/AIDS messages are multiple.

THE GLOBAL ARCHITECTURE OF EDUCATION

One overarching reason for the general unreceptiveness among students is the epistemological and cultural climate in which the information and knowledge about HIV/AIDS are conveyed in the classroom. The educational discourse in the classrooms parallels the hegemonic role of the Western biomedical discourse referred to above, both discourses being part of the post-colonial and neoliberal epistemological thrust in the global South. An analysis of any curriculum in countries in sub-Saharan Africa discloses a common epistemological and cultural pattern: the pervasiveness of Western epistemology and a specific, Western education discourse. In line with Jones (2007), I call this education discourse the global architecture of education (Breidlid, 2013), meaning a common Western, homogenous education discourse that is hegemonic and exists in countries with heterogeneous socioeconomic and political systems. This global architecture of education, which presumes universality, is, as Nordtveit states, “a western-capitalistic discourse, not only by its structures ... but also by its curriculum and thereby the identity formation of children and adults” (2010, p. 326). The education architecture, like the health architecture, exists globally, both in the core and the periphery, and is distributed in substantial part through the World Bank (WB), the International Monetary Fund (IMF), the UN organizations, international non-governmental organizations (INGOS) such as USAID, Save the Children, and other related organizations, and through state-to-state cooperation. The global architecture of education is a consequence of globalization, and means a dislocation and “othering” of local and indigenous knowledges and cultures. The hegemonic knowledge production in the West has been exported as the *sine qua non* and is undoubtedly, as Ngũgĩ states, a continuation of the colonial export to the South (Ngũgĩ, 1986).

The dislocation of home languages and cultures thus causes demotivation and learning problems, and also problems in getting messages (e.g., HIV/AIDS messages) across in a meaningful way even though the knowledge is theoretically understood.

Because the HIV/AIDS messages are more or less a priori linked to Eurocentric epistemology and knowledge production, and even European languages

(confirming the success of the Western episteme), indigenous students suffer because the knowledges (and often the languages) they bring from home are not being discussed or valued in the classroom. The epistemological transfer impacts school interventions on HIV/AIDS because they contribute, I argue, to alienating students in the global South cognitively from their home environments, traditions, and moral views. The global architecture of education imposes a kind of one-dimensionality at school, where the HIV/AIDS interventions in most countries in sub-Saharan Africa are couched in Western biomedical terms in an alien language, whereas indigenous medicine is sidelined. As has been noted elsewhere, “If you as a pupil cannot quite understand what the teacher is saying, it will not help to try to figure out why she is saying it” (Botha & Breidlid, 2014).²

The lenses through which people see and understand the world are multiple, and these understandings are often in conflict. This is certainly the case with HIV/AIDS, in which different worldviews and epistemologies often seem to collide. Although it has been noted that biomedical knowledge about the pandemic seems to be acquired by most pupils, the issue is the lack of indigenous perceptions of the pandemic in the classrooms as well as indigenous role models and in the transmission of the practical information about and indigenous perceptions of the disease. In order to achieve this understanding, to make the syllabus more relevant, and to boost students’ identity formation and self-identity, there is a need to consult with clan leaders, religious leaders, cultural leaders, indigenous³ healers, and other indigenous role models because there is an inextricable link between African epistemology, indigenous medical practices, and “Africans’ sense of identity” (Decouteau, 2013, p. 213). There is a sense that the education system has been unwilling to accept that indigenous medicine and healing practices that survived colonialism are relevant in fighting the pandemic. Moreover, indigenous medicine survived partly due to its “ability to adapt and reinvent through selective incorporation of aspects of biomedicine within a changing repertoire of practices” (Digby, 2006, p. 371), and indigenous medicine “continues to adapt to present-day constraints, not least of which is the AIDS pandemic” (Decouteau, 2013, p. 214). However, as long as school marginalizes the indigenous population and its epistemology and medical practices, so also will students marginalize the information from the school and seek “knowledge” among their peers, but not necessarily from people that can give good answers in an indigenous setting.

This epistemic alienation also means, as we have seen in South African secondary classrooms, that the focus on sex education is primarily on information and awareness related to HIV/AIDS, but little about questions related to lifestyle and cultural practices.

This means, as Govender and Edwards (2009, p. 120) state, that students are not being exposed to life skills such as decision-making skills and communication skills in the classroom. In other words, the knowledge conveyed is often too theoretical and couched in the aforementioned alien, modernist, biomedical discourse. There is therefore a need, as Abel and Fitzgerald state, for “richer conceptualization and methodology to understand and evaluate how messages are received, resisted and reworked in youth experience” (Abel & Fitzgerald 2006, p.

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107). This is important because, as Parker and Aggleton (2003) argue, most HIV/AIDS interventions seem to function according to what Freire (1970) termed “banking” education, implying that students are “filled” with knowledge by curriculum designers that think they know what is needed. Added to this is the teachers’ own often ambiguous attitude to sex education, torn as they frequently are between the school’s HIV guidelines and their own and/or the community’s indigenous norms. This is problematic because sex and sexual practices are heavily influenced by peers, who often carry contradictory and ambiguous messages. Moreover, the skewed power relationship between male and female peers makes change in sexual practices more a matter of ingrained gender inequality patterns than anything else, and must be addressed in a culturally sensitive way. There is, however, another side to peer influence: peers can function constructively through what is often termed peer education, which attempts to use peer influence to make a positive impact on young persons’ safe-sex behavior.

Finally, parent attitudes are often at loggerheads with sex education in school because many parents regard sex education as taboo and not belonging to the school curriculum. This means that it is even more important for the education system to liaise with the home culture and home perceptions in order to find effective, culturally sensitive means of fighting the pandemic.

THE IMPORTANCE OF CULTURAL CONTEXT

This huge epistemological and cultural gap between school HIV intervention programs on the one hand and the target groups and their environment such as peers, parents, and even sometimes teachers on the other is not unique to sex education (even though the message of abstinence also seems hegemonic in many schools), but also applies (as mentioned in Footnote 1) to most topics taught in school in sub-Saharan Africa. However, even though the results in theoretical subjects are poor and disastrous, the inadequate interventions in HIV/education directly affect students’ wellbeing and health. It is therefore crucial and critical to find a bridge between the classroom culture and the home culture that enables communication across epistemological and cultural dividing lines.

INDIGENOUS CULTURES: CONSTRAINTS AND POSSIBILITIES

Culture is a complex concept that is not easily subsumed under one definition. Geert Hofstede interprets culture as “the collective programming of the mind” (Hofstede, 1991), whereas Bruner refers to some anthropologists that define culture “as a toolkit of techniques and procedures for understanding and managing your world” (Bruner, 1996, p. 98). Other anthropologists frequently define culture as encompassing both societal structures and ways of acting and thinking, whereas sociologists often make a distinction between culture and structure and how various groups have different access to power and resources. In Kearney’s definition of a worldview, the difference between culture and worldview seems marginal:

A culturally organized micro-thought: those dynamically interrelated assumptions of a people that determine much of their behaviour and decision-making as well as organizing much of their symbolic creations ... and ethnophilosophy in general. (Kearney, 1984, p. 1)

This understanding is in line with Ogunniyi, who defines a worldview as “the product of his/her culture (i.e. knowledge, beliefs, art, morals, laws, customs and practices) in which he/she was reared” (Ogunniyi, 2003).

Crossman and Devisch do not seem to distinguish between indigenous knowledge systems and indigenous worldviews, defining indigenous knowledge systems as a “community-, site-, and role-specific epistemology governing the structures and development of the cognitive life, values and practices shared by a particular community (often demarcated by its language) and its members, in relation to a specific life-world” (Crossman & Devisch, 2002, p. 108). However, students operate within complex discursive and cultural spaces that constrain them as well as offer multiple options for defining themselves. Pupils are influenced both by their own cultural roots and by so-called modernist tendencies, thus making navigation difficult within social and cultural practices that are fluid and often contradictory. These difficulties notwithstanding, a number of South African studies acknowledge the importance of culture and indigeneity in the efficacy of HIV intervention programs. Whereas Cohen (2002) claims that both culture and socioeconomic circumstances are serious obstacles in the fight against the pandemic, Archie-Booker, Cervero, and Langone (1999) argue that HIV/AIDS prevention education must include indigenous culture in order to be effective.

Clearly, there are cultural practices across sub-Saharan Africa that are not conducive to combatting the disease. John Mbiti refers to:

[a] “joking relationship”, in which people are free and obliged not only to mix socially but to be in physical contact which may involve free or easier sexual intercourse outside the immediate husband and wife. There are areas where sex is used as an expression of hospitality. This means that when a man visits another, the custom is for the host to give his wife (or daughter or sister) to the guest so that the two can sleep together. (Mbiti, 1969, p. 147)

Moreover, there is a sense that neither female premarital chastity nor male sexual abstention has been supported by indigenous religion. There is also an allegation that many African communities appreciate risk-taking, especially daring behavior by young men (Caldwell, Caldwell & Quiggin, 1989, pp. 224–225). This is in agreement with Nattrass, who claims that “gender inequality, sexual violence, a preference for dry sex, fatalistic attitudes and pressures to prove fertility contribute to a high-risk environment” (Nattrass, 2004, pp. 26–27).

Other questionable cultural traits pertain to the practice whereby young women are in sexual relationships with older men for financial gain. This means that they are vulnerable to HIV infection because liaisons based on exchange or money are circumstances in which young women have little power to insist on condom usage and where poverty is a determining factor (Kelly & Ntlabati, 2002, p. 52).

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Moreover, misconceptions that HIV can be caused by witchcraft weaken intervention strategies. These misconceptions have sprung out of cultural beliefs that are nurtured by magical and supernatural phenomena and explanations.

The picture is, however, much more complex and diverse than discussed above. Among many ethnic groups, sexual intercourse before marriage is prohibited (see the chapters on Zambia in this book), and, according to Mbiti, sexual offences are taken very seriously (Mbiti, 1969). This is in line with what Botillen found in Malawi, where:

the Malawian worldview and aetiology shows that there are a great number of detailed regulations concerning sexual activities, especially in connection with the *mdulo* complex ... Malawian tradition has laid down an extensive system of norms informing acceptable sexual behaviour. Some of these regulations manifest themselves in ritual behaviour, and as we have seen, the rationale behind the regulations on sexual behaviour is that they are believed to ensure that optimum conditions for human reproduction are maintained. (Botillen, 2008, p. 101)

In the same vein Epstein claims that:

sexual behaviour on the [African] continent is governed by strict moral rules. They may not be the same as Western rules—polygamy and other forms of long-term concurrency are considered acceptable to many people—but they are rules all the same. (Epstein 2007, p. 146)

In addition to introducing the importance of prevention measures like safe sex, in which both modern prevention measures and some indigenous regulatory interventions in the classroom are proposed, there is a need to introduce indigenous medicine and healing practices and knowledges even though they represent no quick fix to the challenges of the pandemic. The potential introduction and discussion of such knowledges will mean that they are taken seriously in a modernist school context and will help students to de-alienate and link their own cultural backgrounds to messages from the school. It will also affect identity construction in the sense that the othering of the indigenous students in the classroom is challenged. As already mentioned, the importance of including indigenous knowledges and health perceptions in school is now increasingly rhetorically acknowledged by school authorities in the various sub-Saharan countries where role models such as chiefs and religious and community leaders are meant to contribute more to education in the schools. As early as 1999, the education plans in South Africa referred to the inclusion of religious and traditional leaders: they “should be involved in developing an implementation plan on HIV and AIDS for the school or institution” (Department of Education, 1999, p. 25).

Still, this rhetoric has not seriously moved from the theoretical plans into practice, partly due to economic constraints, but also due to the marginalization of indigenous health and healing in the classrooms in countries in sub-Saharan Africa. There is a fear, as de Beer and Whitlock argue (2009), of introducing so-called unscientific practices in a modernist, global school with few concessions to

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traditional, indigenous practices. According to Shizha, Western science as conveyed in the African classrooms “disregards people’s science or everyday life experiences and focuses on replicable observation, description, prediction, and experimentation related to the physical world” (2011, p. 19). This agrees with Action Aid’s comparison of HIV/AIDS education in Kenya and India, where teachers applied a “selective teaching approach” (Boler, Adoss, Ibrahim, & Shaw, 2003). They emphasized scientific issues relating to HIV/AIDS in their teaching and left out the sensitive issues of sexuality and culture.

MULTILATERAL INTERVENTIONS

According to Islam and Mitchell, the educational contributions to HIV and AIDS prevention advanced by many multilateral agencies have “been inadequate as framed within a neoliberal globalization agenda, and ha[ve] fallen short of [their] potential for addressing the epidemic” (Islam & Mitchell, 2011, p. 121). Although Islam and Mitchell are correct about the failure of the neoliberal globalization agenda to address the pandemic, most interventions from multilateral agencies, whether neoliberal or not, have clearly not been able to convey the message of the seriousness of the pandemic sufficiently to effect behavioral change. Strikingly similar to the teaching programs in schools, this failure is not surprising because it stems from a similar modernist epistemological approach to that in schools: it is a modernist thrust of the message couched in the rhetoric of Western rationality and bioscience without taking into account indigenous values, world views, and rituals, and without trying to explore why people do what they do.

It is therefore urgent to find ways of including both indigenous and Western knowledge systems in the intervention programs in the classrooms and beyond. It necessitates curriculum reform in most sub-Saharan African countries and a stronger commitment on the part of the education authorities to accept indigenous epistemologies inside the classrooms in practice. However, it also necessitates a critical gaze at traditional practices, not least of all related to the gender relationships in sub-Saharan Africa. Because the group most vulnerable to HIV infection is women, the pandemic hits this most oppressed segment of the society the hardest. As Aggleton states:

The impact of HIV and AIDS on communities all over the world is far from uniform. More usually, those who are already marginalized and oppressed suffer most, demonstrating the capacity of the virus to exploit the fault lines of an already divided society. In Africa, where the impact of the epidemic has been particularly severe, women have found themselves not only especially vulnerable to infection, but required to shoulder the burden of responsibility for community education and care. (Aggleton, cited in Baylies & Burja, 2000, preface)

Given the ways in which gender inequality is thoroughly embedded in the social and economic fabric of sub-Saharan African societies, there is a sense that school cannot alone subvert the present order of domination. At the same time there are

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indigenous knowledges and indigenous leaders such as chiefs and healers that are potential allies in the fight against HIV/AIDS because African communities have great respect for their traditional leaders and their words are often listened to more than those of government personnel coming to the villages from the ministries. There is therefore a need to create a third space in which the contesting epistemologies meet to generate new knowledges based on a critique of the present models of interventions in the classroom and among the (I)NGOs.

THIRD SPACE

I see the “third space” in this context as a space (see Bhabha, 1990) where Western and indigenous epistemologies meet and coexist and are transformed into “something different, something new and unrecognizable” (Bhabha, 1990, p. 210). This means that indigenous leaders with their indigenous knowledges and cultures are included in the discussion on HIV/AIDS strategies and given space to question hegemonic epistemology, which may open up new avenues in combating the disease.

Such a conversation requires some sort of humility as to the potential capacities of Western science to provide a way out of the apparent deadlock in which the HIV/AIDS situation finds itself; it also requires an acknowledgement of the limitations of Eurocentric epistemology and biomedicine in “solving” the critical issues, even though ARVs have helped many people in sub-Saharan Africa. Conversely, indigenous culture, knowledges, and health practices must also simultaneously be critically examined.

The third space, as I define it, is a space that generates new possibilities by questioning entrenched categorizations of knowledge systems and cultural practices in order to prevent the perpetuation of imbalance and asymmetry between the knowledge systems within the third space.

Reminiscent of Freire’s (1970) concept of dialogue, in which critical consciousness is the fundamental aim and in which “banking” education is discarded, Freire’s concept is potentially the first step in providing the foundation for a new space in which both nostalgic and romantic perceptions of indigenous knowledges, Western pretensions of superiority, and the inherent contradictions in both knowledge systems can be interrogated.

In this regard, cultural-historical activity theory (CHAT) offers a useful analytical approach because “it allows for an understanding of how multiple contexts in which an individual operates work together to transform internal thought processes and behaviours” (Saka, Southerland, & Brooks, 2009, p. 1000). Louis Botha makes use of CHAT in his attempt to articulate a way of knowing beyond Western consciousness. He suggests:

[CHAT] as a conceptual framework within which mixed methods can be employed to negotiate more appropriate knowledge-making relations and practices between the epistemologically divergent ways of knowing of indigenous and Western knowledge communities. (Botha, 2011, p. 2)

Third-generation CHAT (Engeström, 1987, 2001) has the advantage of being able to analyze the inevitable contradictions within and between the frameworks that employ the activity systems of indigenous knowledges and Western knowledge. In CHAT, contradictions are viewed as central sources of change and development. Combatting HIV/AIDS is one example of a crucial object of activity in which Western knowledge systems and indigenous knowledge systems interact. Making use of CHAT is a way of operationalizing the third space, in which indigenous peoples can name their knowledge-making processes and health discourses and state where and how they would relate them to Western knowledge and biomedicine. This third space is then a potentially shared object of activity: that is, objects of activity or problems and contradictions that trigger collaboration between activity systems and contentious knowledges; in this case, between biomedical and indigenous health discourses.

The minimal model for cultural-historical activity theory is composed of two interacting systems (Engeström, 2001), wherein CHAT can trace the interactions between the two discourses or knowledges and at the same time keep track of how these knowledges are produced and how the interactions between them can produce new understandings and new solutions to problems and challenges (see Figure 1 below).

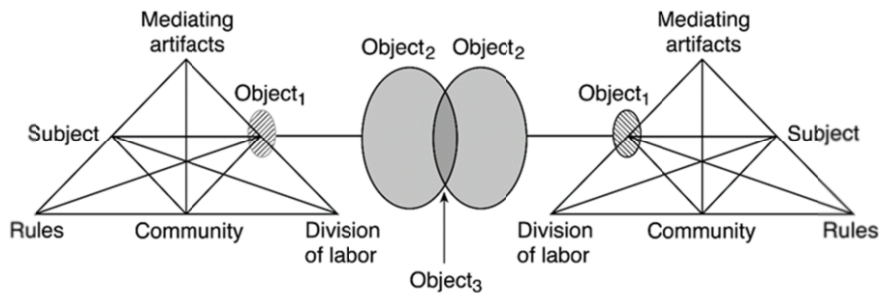


Figure 1. Two interacting activity systems as minimal model for third-generation activity theory. Adapted from Engeström (2001, cited in Botha, 2011, p. 136).

The point of departure for such a collaborative activity is the effort of the relevant participants and the institutions towards a shared activity, in this case a conversation or dialogue between the advocates of biomedicine and of indigenous medicine and healing in the fight against HIV/AIDS. This conversation or dialogue may produce “new” solutions based on initially contradictory and contested suggestions. Given the centrality of contradictions in CHAT, an analysis of the contradictions may aid the participants to focus on the fundamental reasons for

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contention and thus identify solutions to the challenges based on these contradictions (see also Breidlid, 2013).

Even though the Western architecture of health tries to impose an impression of the incompatibility of biomedicine and indigenous medicine, scholars (e.g., Decouteau, 2013) have shown that there are areas of commonality between the discourses, especially in places where indigenous healing and health practices are in constant flux and include biomedical knowledge in their practices. Such a hybrid, indigenous discourse is a good starting point for negotiation in the third space. However, it does necessitate a willingness of biomedicine to relinquish its hegemonic role and enter into negotiations with other knowledge systems.

Carm (2012) used CHAT and expansive learning as tools for analyzing processes that were manifested in transformations and changes at individual and institutional levels in a HIV/AIDS program in Zambia. Two activity systems were involved in the research: one was the public governmental and educational structure, the other was the traditional leadership structure. This opened up dialogue and reflection between the two systems. While the former system, based on “rational” Western epistemology, was not conducive in driving back the pandemic alone, the traditional leaders were employed to act as gate openers and role models openly discussing issues related to sexuality and HIV/AIDS prevention and the need for changing cultural practices:

[The] chiefs based their interventions upon the very immediate situation—the impact of HIV/AIDS as experienced among and within their villagers—and by working with others and gaining scientific knowledge, they took steps towards changing some aspects of their traditional cultural practices in order to promote cultural practices that were more gender sensitive and supportive of their aim of reducing the spread of HIV/AIDS. (Carm, 2012, p. 814)

The importance of identifying contradictions between Western knowledge and indigenous knowledges in the activity systems helped “practitioners and administrators to focus their efforts on the root causes of problems” (Carm, 2012, p. 799), thus creating a shared vision and resolution of the contradictions. Moreover, the HIV/AIDS messages reached the rural population because of the respect and authority that the chiefs inhabit.

According to Carm (2012, p. 809), “collaboration also improved the link between the schools, the parents and the wider community, thereby, creating a better learning environment”; teachers and students applied relevant indigenous knowledges in the discussion of the pandemic as well as issues related to safe sex. The coexistence of both western epistemology and science and indigenous knowledges linked to indigenous medicine and spiritual beliefs seems to have created what I call a third space, in which new solutions to combat the pandemic were found. Such a strategy requires many rounds of dialogue and temporary solutions (because of contradictions within and between the knowledge systems) in order to reach new solutions not previously tried in the battle against the HIV/AIDS pandemic. It shows that carriers of indigenous knowledges have something to contribute in effecting change and creating more sustainable

solutions. The program in Zambia is just one of many interventions where the local leaders and chiefs play an important part.

CONCLUSION

Even though the formal education system is still lagging behind in combining diverse knowledge systems in fighting the pandemic, there is hope that the growing realization that HIV/AIDS organizations and indigenous leaders have to work together with the authorities to fight the pandemic will eventually spill over into more formal education structures. The challenge of including this third space systematically in the curriculum in the sub-Saharan countries is, however, formidable, not only in relation to HIV/AIDS and sex education, but to other subjects as well. It is both an issue of implementation and economic constraints as well as an ingrained skepticism toward anything that smacks of indigenous or traditional among the educated elite in the ministry offices. Thus, the imposition of Western knowledge casts a long shadow on the school system in sub-Saharan Africa, and still contributes to preventing implementation of an effective strategy in fighting the deadly pandemic.

NOTES

- ¹ In this chapter I use Western epistemology in the singular to suggest and underline the role of a specific epistemology which is hegemonic globally while indigenous epistemologies are used in the plural to indicate the multiplicity of indigenous knowledges and knowledge systems.
- ² As a recent report from the World Economic Forum (2014) shows, South Africa is at the bottom in mathematical literacy in the world. This has sent shock waves through South African society. South Africa is also very close to the bottom in other topics, but other sub-Saharan African countries also scored poorly. The poor mathematics results in the South African schools can at least partly be ascribed to epistemological and linguistic alienation: there is hardly any ethno-mathematics in the syllabus in South African schools that is relevant in a black South African environment, despite the sophistication of non-Western forms of mathematical knowledges. As the Frankfurt school states: no knowledges are neutral, and the notion often reiterated in the Western, positivist climate that mathematical ideas are culture-free is simply not true. This misconception has meant a systematic suppression of ethno-mathematics around the world (Breidlid, 2013). Moreover, when the medium of instruction and exam questions are in a foreign tongue, there are poor end results. Basil Bernstein's (1971) exploration of working-class children's encounter with the middle-class English classroom is instructive in this context. Bernstein states that the working-class children employ a restricted language code, whereas middle-class children use an elaborate language code. Because the UK classroom is middle-class in a linguistic (and cultural) sense (using the elaborate language codes), the working-class children are exposed to an alien culture at school, which has a negative impact on their learning. It goes without saying that indigenous students in schools in sub-Saharan Africa are much worse off in a classroom where both the teacher and the students have a poor command of the alien medium of instruction. What a principal said about a schoolboy during our field work in Eastern Cape in South Africa is telling in this context: "he is the best in the class in maths, but he will fail the exam because the exam questions are in English."
- ³ As has been pointed out elsewhere, "indigenous" is commonly defined as "a group of people who are considered to have developed a long-term cultural relationship with an area of land, where such relationship pre-dates the colonial conquests from Europe. What should be emphasized when locating and historicizing indigenous communities is the significance of colonial domination by the

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West. Definitions of indigenous are shaped by historically initiated relations of dominance and subjugation which persist between western and indigenous communities” (Breidlid & Botha, 2015, p. 322). Indigenous knowledges are knowledges produced in specific historical and cultural contexts and are typically not “generated by a set of pre-specified procedures or rules and [are] orally passed down from one generation to the next” (Semali & Kincheloe, 1999, p. 40). Consequently, I argue that indigenous knowledge systems encompass “worldviews, cultural values and practices, and knowledge systems derived from these worldviews and practices, and they are related to metaphysical, ecological, economic, and scientific fields” (Breidlid, 2013, p. 34). Although the inclusion of indigenous culture and epistemology as well as community leaders is important in addressing the pandemic in schools, such inclusion is not a miracle cure because indigeneity is sometimes part of the problem rather than part of the solution and should be critiqued in school.

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3. THE ZAMBIAN BANTU¹ INDIGENOUS EXPLANATION OF HIV AND AIDS

INTRODUCTION

Zambians of all backgrounds know about HIV and AIDS. In the event of death, the Bantu—and not necessarily only those living in the rural areas—believe that a witch or sorcerer sent HIV. This chapter is based on information from people that believe in witchcraft and sorcery as well as those that do not. The latter are aware, however, of how witches and sorcerers are believed to kill people that manifest clinical symptoms of HIV and AIDS before they die. The chapter begins with a justification for the study and proposes that scholars of HIV and AIDS may have to go beyond analyses guided by factors of stigma, denial, and ignorance in their investigation of the connection between witchcraft and HIV and AIDS because witchcraft is a matter of faith that arguments of reason carry no weight against and do not seem to affect at all. This is because witchcraft is part of the traditional religious heritage of these indigenous people. Thus, the central argument of the chapter is that HIV and AIDS is a spiritual issue in Zambian Bantu communities. Some historical perspectives on HIV and AIDS in Zambia are given to show that, when HIV and AIDS first appeared on the Zambian scene, the Zambian Bantu did not have words to identify the nature of the disease in their local languages. Consequently, the disease was integrated into existing schemas or thought processes. AIDS came to be perceived as an old disease that had taken on a new English name. In reporting how witches kill their victims in the manner that HIV and AIDS kill, I have divided the “techniques” into “use of familiars” and “use of non-familiars.” I also report two testimonies, personal HIV and AIDS narratives of how the disease is “engineered” and inflicted on innocent people by witches. The conclusion argues that no campaign against HIV and AIDS can ignore or trivialize the mystical nature of the disease in Bantu thought.

METHODOLOGY

This study was purely qualitative and spanned 2 years in order to increase its validity. It is therefore interpretative, and the researcher was typically involved in a sustained and intensive experience with participants (Creswell, 2009). In other words, I employed interpretivism, which Bryman defines as “an epistemological position that requires the social scientist to grasp the subjective meaning of a social action” (2008, p. 694). My aim was to use in-depth face-to-face semi-structured interviews to understand how the Bantu, whom I am a member of in Zambia, made

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sense of HIV/AIDS. A qualitative method was used to interpret the findings because I explored human opinions, feelings, ideas, and beliefs, which cannot be quantified. Moreover, my research was also what Colin Robson would call “real life” research (Robson, 2009, p. 3).

Between 2007 and 2009 I carried out face-to-face in-depth interviews with people from various tribes in Zambia: my own undergraduate and graduate students, and ordinary villagers and townspeople. The purpose of the in-depth interviews was not to answer questions or test hypotheses, and not to “evaluate” as the term is normally used (Patton, 1989). At the root of in-depth interviewing was an interest in understanding the experience of other people and the meaning they make of the experience (Seidman, 1998) of HIV/AIDS. My respondents included six diviners and herbalists (*ng’anga*), commonly referred to in Zambia as “witchdoctors,” with professed expertise in issues of witchcraft. These were used as informants in my endeavor to triangulate my data. My questions focused on the experiences, beliefs, and feelings of the respondents concerning witchcraft and HIV and AIDS. My respondents told me what they had heard and what they had experienced in villages or compounds concerning witchcraft and HIV and AIDS. One of my correspondents, a teacher preparing for a bachelor’s degree in education, revealed to me that he had HIV sent by a witch, which was treated by a herbalist. Another student recounted for me how a witch had sent HIV to her niece and how she was cured by a herbalist.

ZAMBIAN BANTU RELIGIONS AS INDIGENOUS KNOWLEDGE

There is no such word as *religion* in Zambian languages. This is a foreign and western term, the definition of which is problematic. There is also no such concept as *religious* in Zambian tribes. As far as I understand traditional life as a Zambian of Bisa-Lala descent, it must be lived in a community, in a family of a certain clan under a headman in a chiefdom. In other words, although it is true that these Africans do not have a word equivalent to the term *religion* and, as Smith (1946) cautioned, the religion of these Africans is not the Westerners’ and missionaries’ religion, just as their morality, in some respects, is not Westerners’ and missionaries’ morality. However, there are a number of terms in Zambian languages that describe activities, practices, and a system of thought that correspond closely to what most Westerners mean by “religion.” For example, Ila *ubwanga* ‘dynamism,’ *muuya* ‘soul,’ *mizhimo* ‘divinities,’ and *Leza* ‘the Supreme Being’ (Young, 2002, p. 100). I draw on Rev. Edwin Smith’s (1876–1957) ethnography of the Ila people of Southern Province of Zambia in relation to what he came to regard as Ila religion at the time when his contemporaries thought that Africans had no religion (Van Rinsum, 2003). Smith observed the following about the Ila:

When they look out upon the world with all its contingencies and incalculabilities; when in their agriculture and other activities they are constantly face to face with the inexplicable, they become aware of power or

powers which excite wonder and awe. Some events may be traceable to the agency of personal spirits; others are not so traceable. ... They believe it possible also for those who have the eye and the wisdom to tap and put to work the other, the impersonal power. Cannot the doctor discover the medicinal virtue of leaves and roots? If he can do that, can he not also put the powers to other uses Men and women of evil disposition may also avail themselves of it to bring misfortune and death upon other people. This is dynamism. What name have Africans for the dunamis [*sic*]? Among the Ba-ila the word is *bwanga* (magical power). (Smith, 1946, pp. 111–112)

Smith (1946) therefore concluded that *bwanga* was the ultimate holy concept for the Ila. It is important to point out that today the word *bwanga* has acquired a largely pejorative meaning, which it may not formerly have had, not only in Ila society but throughout Zambia. It now refers to a charm, and therefore to a means of acquiring supernatural power, not to be used in the benevolent sense of white magic, but for harmful, illicit, and antisocial purposes. Arguing somewhat in terms of the academic stage theory—that cultures and religions follow different stages of development—Smith believed that missionaries would help the Ila develop from having a spiritual awareness to knowing God (the Supreme Being) and receiving the full light of His revelation in Jesus Christ. He said: “We have to make God real to the Africans and lead them to concentrate upon Him all the devotion they now give to ancestral spirits and charms” (1946, p. 120). This was a point that Smith argued persuasively in his book *Knowing the African* and other subsequent publications.

Knowing the African, the Bantu to be specific, helps in understanding that witchcraft forms are not only a part of Bantu culture but, more importantly, also of the people’s spiritual life. Ter Haar and Ellis (2004) have pointed out that the word *witchcraft*, in its classic use in English, designates a perception of spiritual power employed in an evil manner or for evil purposes. This is the way in which it was used by Evans-Pritchard, the founder of modern anthropological studies in this field, in his work on the Azande of Sudan. Accordingly, witchcraft may be defined as “a manifestation of evil believed to come from a human source” (Ter Haar & Ellis, 2004, p. 149). Mbiti (1972, p. 169) points out that “in Africa disease and misfortune are religious experiences and need a religious approach to deal with them.” This statement can best be understood, first of all, by understanding the definition of religion by Sir Edward Tylor as “belief in the existence of an invisible world, often thought to be inhabited by spirits that are believed to affect people’s lives in the material world” (Tylor, 1871, p. 385) In my view, Ter Haar and Ellis (2004) have convincingly argued why Tylor’s definition of religion fits the Zambian Bantu worldviews. First, many people in the world are religious inasmuch as they believe it is possible to communicate with a perceived world of spirits. Second, it incorporates practices often referred to as magic or superstitious or in similarly value-laden terms, the use of which often incorrectly excludes certain forms of religious expression from qualifying as religion at all. Third, it avoids attributing a moral value to any particular type of belief. Fourth, it implies that

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religion is not always in pursuit of what is noble or good; it may include both constructive and destructive practices. Finally, it does not define religion almost exclusively in terms of a search for meaning in life.

Beliefs in Bantu religions include witchcraft, nature spirits, lineage spirits, territorial spirits, and the unique spirit (God), among others. Clearly, Zambian Bantu religions cannot possibly be defined in the same way as Christianity, Islam or Hinduism. If HIV and AIDS education and prevention programs are to be successful in Zambia, it is important to understand and appreciate the traditional worldview. Moreover, there is a renewed interest in witchcraft by a number of scholars these days (e.g., Bond & Ciekawy 2001; Comaroff & Comaroff, 1993). There is a convincing reason behind belief in witches as agents of HIV/AIDS. Mbiti points out that:

There are always physical causes and circumstances surrounding every death. These include sickness, disease, old age, accident, lightning, earthquake, flood, drowning, animal attack, and many others. But African peoples believe that a particular person will only die from one of these physical causes because some human or other agent has brought it about by means of a curse, witchcraft, magic and so on. These are what we may call the mystical causes of death; it is not enough for them to find out only the physical causes. They take much trouble to establish the mystical causes as well, and this is done through consulting diviners and medicine men, or by suspicion and guesswork. (Mbiti, 1972, p. 169)

There are numerous ways in which some Bantu Zambians believe that witchcraft as mystical power is being used to cause HIV and AIDS-related illnesses. First, however, I give the etiology of HIV and AIDS according to traditional Zambian society.

ETIOLOGY OF DISEASE

In Zambian Bantu societies, the belief in witchcraft is central. Whether or not there are witches, this belief certainly has a great impact on the wellbeing of people holding such a belief. A witch or sorcerer “sends” sickness or illness that causes death. A bad spirit may also cause illness, but usually such illness is curable. Good spirits and God do not harm human beings. In this time of HIV and AIDS, witches and sorcerers are believed to infect people with the HIV virus, which causes AIDS. It is believed that witches and sorcerers (known as *baloi*, *indoshi*, or *abaloshi*) are taking advantage of the HIV and AIDS epidemic to kill their victims. They will cause a disease that kills like AIDS so that the family of the afflicted person will not suspect witchcraft although, after their family member has died, they will still consult a diviner. One respondent stated: “When witches want to kill someone, they will make sure that this person suffers from all diseases related to HIV and AIDS so that the community will believe that this person has died of AIDS.”

THE TAMING OF THE IRRATIONAL: WITCHCRAFT AND HIV AND AIDS

Since the beginning of the HIV and AIDS pandemic in Zambia, little attention has been paid to the way ordinary Zambians understand HIV and AIDS or the way they try to make meaning of it. What has happened is that the indigenous understanding of HIV and AIDS has been dismissed as unscientific and superstitious. However, as Magesa argues:

... the traditional African worldview requires personal explanations for misfortune and disease, and to this end employs the idea of witchcraft. It is essential to take witchcraft seriously and utilise it to help prevent the spread of HIV. The strategy is not to deny or deride witchcraft but to employ its ethical demands in the struggle against the disease. (Magesa, cited in Keenan, 2000, pp. 76–78)

Indeed, it is an acknowledged fact that it is important to understand indigenous meanings given to the pandemic. This is why some social scientists have asserted that there is a need to understand the worldviews of the people that the HIV and AIDS pandemic is ravaging. This “worldview,” unfortunately, has been reduced to cultural practices such as the ritual of widow or widower cleansing, polygamy, circumcision, traditional acupuncture, and other practices that may drive the infection. “Worldview” should be taken as the total package of people’s lives. I argue that the indigenous understanding of HIV and AIDS is spiritual. Thus, this chapter focuses on the religious understanding of the HIV and AIDS pandemic. Furthermore, I demonstrate that witchcraft is a part of the religion of any given ethnic Bantu group in Zambia.

What am I contesting? To date, studies of the relationship between witchcraft and HIV and AIDS in Zambia have focused on the psychological function of people’s witchcraft beliefs, ignorance, and lack of education. Van Dyk (2001, p. 116) summarizes it by saying that “witch-blaming may be a ‘healthy’ psychological move for the victim.” The argument by Van Dyk (2001) is that diseases such as AIDS are always believed to be of a moral dimension in most societies. Hence, to attribute AIDS to witchcraft may help make sense of the horrors and discomfort caused by AIDS and alleviate feelings of guilt and anxiety.

Furthermore Yamba (1997) argues that the traditional (Zambian) belief in malevolent witchcraft helps make sense of the horrors and disruptions caused by HIV and AIDS. Boahene (1996) and Yamba (1997) have said that witchcraft is believed to be the causal agent in HIV transmission, AIDS, and death in many African countries, especially among the rural poor and people with the least education. Another argument is advanced by Campbell and Kelly (1995), who say that attributing HIV infection to witchcraft may also help the bereaved family avoid feeling stigmatized by their community. Boahene (1996) went on to say that people that believe that AIDS is caused by witches were supportive of HIV and AIDS patients. This is because their understanding was that the patients had become infected with the virus through the agency of sources that are beyond their control. Ham (2004, p. 163) also adds his voice to this line of analysis by saying

that “The blame around HIV and AIDS can thrive in those traditions where sickness—explained or unexplained—is blamed on another person, either for wrongs they are alleged to have done, or only because traditional witchcraft has to find someone to blame.” Colson (2006) is also of the view that belief in witchcraft provides individuals with an explanation for personal failure because witchcraft is invoked to explain why people behave foolishly or do more poorly than others, as well as why they fall ill or die.

In general, therefore, scholars that have done studies on HIV and AIDS in Zambia would maintain that many Zambian people’s understanding of biomedicine is limited and synthesized with local ideas so that, when they are faced with the misfortunes of AIDS, those close to the infected person may generate alternative explanations just for reasons of hope, denial, and removing any stigma (Dova, 2001).

The above psychologizing of witchcraft and the blame placed on the lack of education require investigation. I argue that this intellectualist approach may not be completely helpful in assisting those directly involved in HIV and AIDS mitigation programs. Some scholars (e.g., Van Dyk, 2001) have reminded those engaged with HIV and AIDS in scholarship not to forget the worldviews of the caregivers and the infected. They are implored to be empathetic and critical. I would still argue that in matters of disease in Zambian Bantu societies there is a need to handle them in a more inclusive fashion; that is to say, the religious aspect should not be dismissed out of hand. To Bantu Zambians, the problem of HIV and AIDS is a religious one. In Bantu communities, illness and death are attributed to evil. The evil that people know all too well is not Satan, Lucifer, or *Iblis* (Islam’s equivalent of Lucifer), it is the witch or sorcerer. As Colson (2006, p. 203) puts it: “Until Christianity introduced the idea of Satan and demons, permanently at war with goodness, evil was a human attribute and it worked through human perversion of natural forces or control of ghosts and other creatures brought into being through the use of medicine.”

Evil is still a human attribute in Bantu communities in Zambia. Colson (2006, p. 227) asserts that “for many Christians [Bantu people that claim to have converted to Christianity], it is witchcraft rather than the will of God or the consequences of one’s own sin that explains why they suffer from illness or other difficulties.” Even when a person becomes promiscuous, the reason is that a witch has caused that because a witch works against good. Thus, the argument of scapegoat, denial, or lack of education cannot be taken as the cause for people’s belief in witchcraft as the causative agent of HIV and AIDS. In fact, people simultaneously believe that witches and sorcerers induce HIV and AIDS and that HIV and AIDS is caused by a virus that enters the human body through unprotected sexual intercourse.

HIV and AIDS is as much a social as a material problem in Zambia. It is social in the sense that it affects humans and their sex lives. It is material because sex is seen as something that is as essential to life as food. It is in this context that people will say that *Lesa alilufyanya sana pakubula ubulwele bwaAIDS nokububika pacakulya icawamisha nganshi* (God made a terrible mistake by locating AIDS in that part of the body—the penis or vagina—which is so nice). Interestingly, God

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comes into the HIV and AIDS discourse when it comes to the material aspect of it. What people are actually saying is that God should not have allowed AIDS to afflict His own creatures, and not that He sent the disease. In African traditional cosmologies, God is beyond blame for whatever happens to humans in contemporary life.

The reader should not be deceived by what I have said above and conclude that Zambian Bantu need substantial education about HIV and AIDS. Studies show high levels of awareness even in the most remote areas of the country (e.g., Colson, 2005). She argues that “by the end of the 20th century Zambians, including those living in Gwembe valley, were as well informed as people living in Europe and the Americas about the causes and much more informed than the majority of the latter about the consequences of AIDS” (Colson, 2005, p. 4). Yamba (1997, p. 210) equally asserts that “the presence and hegemony of a global knowledge, expressed in the discourse of HIV and AIDS prevention, exists and is known even in the remotest of villages.” Quite clearly, people are able to rationally explain how HIV is transmitted. What scholars of HIV and AIDS now need to do, if they have not, is to address reasons that make people behave as though they are not aware of the AIDS epidemic.

HISTORICAL PERSPECTIVES ON HIV AND AIDS IN ZAMBIA

In 1981, the Americans came to realize that a new disease had appeared. They called it Acquired Immune Deficiency Syndrome (AIDS). In Britain, the first case of AIDS was reported in December 1981 at St. Thomas’ Hospital. By 1983, AIDS had appeared in Zambia and the country has since suffered AIDS deaths and all the consequences of AIDS. As late as 1985, Zambians were being told that the first cases of AIDS in Zambian nationals were detected in two women, one in London, the other in Perth, Australia. The London case is reported to have occurred in 1984, when a 27-year-old nurse on a 3-year training course collapsed and died shortly after complaining of fatigue, night sweats, and loss of weight (Kalikiti, 2002/2003, p. 14). The Zambian government’s response was initially hampered by strong official denials. Finally the government admitted on January 14th, 1986 that the spread of AIDS in the country was on the increase. On October 4th, 1987, President Kenneth Kaunda revealed that his son, Masugzyo, had died of AIDS. He said: “In November 1986, we lost our son Masugzyo because of AIDS. He left six children. Two weeks after that, I announced to the whole world that my son had died of AIDS” (Kalikiti, 2002/2003, p. 15). That admission on the part of Kaunda destroyed the disastrous denial that had contributed so much to the spread of AIDS in Zambia (Isichei, 1995).

Government Response

The government’s failure to take the initiative in 1983 meant storing up problems for itself because it moved disastrously slowly on several important measures. Since Kaunda’s public acknowledgment of the threat of AIDS, the Zambian

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government has worked hard to reduce the infection rate. It has tried to address the effects of HIV and AIDS and recently to look after those living with the virus by introducing free antiretroviral drugs (ARVs). However, the government has not seriously utilized Bantu religious views about HIV and AIDS, which should be helpful in preventing infection. For example, claims by some traditional healers that their herbs can cure AIDS have not been seriously addressed. Let me therefore turn to the Zambian Bantu religions to illuminate the salience of the disease.

THE ZAMBIAN BANTU DEFINITION OF HIV AND AIDS

When HIV and AIDS first appeared on the Zambia scene, the Zambian Bantu did not have words to identify the nature of the disease in the local languages. Many Bantu Zambians perceived AIDS as an old disease that had taken on a new English name. In some ethnic groupings it was called *kaliondeonde*, or an illness “caused by a number of things.” For example, a person that stepped on the grave of a stillborn baby would contract the disease. Or a man that had sexual intercourse with a woman that was menstruating would also contract the disease. It was contracted by having sex with a widow or widower that was ritually unclean. A young man that had sex with a virgin or an older girl could also contract it.

In any event, in this chapter I show that there are now new ways by which the HIV virus is believed to be contracted—namely, via witches, who use an array of techniques to engineer the virus.

Killing Techniques Employed by Witches

Witchcraft techniques include poisoning with plants, and today with battery acid and pesticides, as well as techniques using invisible forces to cause harm (Colson, 2006). This section gives specific examples of how witches and sorcerers are making the “killer stuff” that kills like AIDS. In other words, the section shows how witches are engineering the HIV virus. The mere fact that people claim to know how witches are “concocting” substances that are killing people, just as the HIV virus does, is indicative of levels of belief. It is worth pointing out that some social scientists have indeed written about methods of bewitching in Zambia (e.g., Dova, 2001; Colson, 2006; Bond & Ciekway, 2001), but they have not mentioned the specific methods or techniques used by witches relating to HIV and AIDS except for Dova, who in passing mentions two techniques (chameleon and *ulusengo* ‘horn’). The substances used by witches or sorcerers are generically referred to, in most Bantu communities of Zambia, as *muti*. The ambivalence of the name *muti* is that it has multiple meanings and can be used to do either harm or good. *Muti* could be such things as baking powder, fertilizer, or pesticides. English speakers may clarify the meaning by saying that witchcraft medicine or “luck” medicines are charms or magic medicines (Colson, 2006).

Turning to the actual methods used, these are divided into use of familiars to cause harm and eventual death and non-familiars used to cause harm and eventual death. In both instances, the witch sends something, for example, *ulusengo* (horn)

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filled with *muti* to cause illness and death. A witch may also bury a charmed object in the path of wherever the victim is likely to pass in order to poison him or her. These are called *ifiposo* (plural) or *iciposo* (singular) or *ifitumwa* (plural) or *icitumwa* (singular). The term *iciposo* or *icitumwa* derives from the English term *to post*, and is said to be anything that can be posted (i.e., sent to) to the victim such as an “invisible” needle, like a syringe needle loaded with herbs or other medicines (Colson, 2006). It is difficult to find an accurate translation for *muti*; it derives from the same word that means ‘tree,’ and is apparently a widespread term in Bantu languages. Much of Bantu medicine is based on the roots, leaves, and bark of certain trees. In some communities, different words are used for *muti* that destroys; for example, among the Bemba-speaking people of the north, the word *bwanga* (charm) is used. It may refer to a charm used for harmful, illicit, and antisocial purposes.

FAMILIARS

What follows is epistemologically based on narratives from people that have been affected by or are infected with the HIV virus. It is knowledge worth recording and worth referring to in the quest to reduce HIV infection.

Witches may use familiars to harm their victims. Essentially, familiars are agents or animated weapons that witches employ to harm other people. One familiar used by witches in almost all ethnic groups in Zambia is the well-known *llomba*, which drains victims of their blood and causes death by slimming. It is often portrayed as a snake, resembling a python, although short. It is said that it has a human face and is clad in white beads.

Snails

A witch will obtain a snail shell and stuff it with some charms and leave it in the yard of the victim. As long as the shell remains in the yard, the person that has been targeted will die a slow and painful death of simply wasting away slowly but surely, in the manner that snails move.

Chameleon

There are two ways the chameleon is used. The first is when it is put in a bottle with a little opening on the lid for air, but no food in it. The chameleon starves to death, just as the victim is expected to die. Sometimes a witch or sorcerer may kill a chameleon, dry it, and pound it up, and then add it to the victim’s food. Upon eating it, the person will begin to waste away and eventually die. Another method is to mix a dead chameleon with some *muti* and bury it in the yard of the intended victim. The victim will step on it and will begin to suffer all kinds of illnesses until he or she dies. This death is painful because it is slow. Witches employ the slow movement of the chameleon to harm others.

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Earthworms

In other instances, an earthworm is dried and pounded up and then mixed with some kind of poison or *muti* and fed to the unsuspecting victim, who will fall ill and become thinner and thinner to the size of the earthworm until he or she dies.

Tadpoles

These are scooped out of the water by the witches, who then dry them in the sun until they have shrunk to unrecognizable sizes. The witch will pound them up and mix them with some *muti* and feed them to an unsuspecting victim, who will begin to shrink due to diarrhea and other illnesses until he or she dies. Again, the tadpole is a tiny creature and quite ugly to look at, and the victim ends up like that.

Crocodile's Brain

The crocodile's brain is believed to be just as destructive as sulfuric acid. A witch will get hold of the brain of a crocodile and mix it with the intended victim's hair or nails or any part of the victim's body and leave it for a while. The victim will begin to "dissolve" by way of becoming slimmer. The victim will also spend most of his or her time basking in the sun because he or she will constantly feel cold. During that time, he or she will develop scales on his or her body, resembling those of a crocodile. Eventually, the person dies. To the casual onlookers and to medical doctors, such a person would have died of an HIV-related illnesses. For example, he or she will have developed Kaposi's sarcoma.

NON-FAMILIARS

Kan'gonshya

Among the Shila people of Luapula province, witches inject the stem of a banana with *muti*, which causes *kan'gonshya* (slimming) while uttering the name of the intended victim. As the fluid dries out of the banana stem, it shrinks, dies, and rots. The human victim experiences the same fate. Body fluids are lost through diarrhea and vomiting, and the person dies.

Kapenta

A witch may collect soil from the footprints of a victim and mix it with a silver cyprinid (*kapenta*) and some *muti* and then cast a spell as he or she fries it. The victim will begin to lose weight and eventually die. The silver cyprinid is a very small type of fish and anyone who is said to be as thin as a silver cyprinid must surely be suffering from HIV and AIDS-related diseases.

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Ebu or Lifebuoy Soap

Some witches will collect sand or soil from the footprints of a potential victim and sometimes obtain his or her urine and hair. These will then be mixed with a charm and inserted with a sewing needle into a bar of Ebu or Lifebuoy soap. A death-wish sentence will be uttered to the soap. The soap will be left in a bowl of water, where it will dissolve, leaving behind the needle and the hair. During this time, as the soap dissolves, the victim will become very ill, waste away, and remain as thin as a needle with a little hair on the head. He or she will then die.

Mystical Sex

It is also believed that witches can engage in sexual intercourse with their victims during the night. An infected witch will transmit the virus in this mystical encounter without the victim's knowledge.

Corncob

It is also believed that the "slimming disease," as HIV and AIDS are often referred to, is caused by a witch's *muti* and a curse smeared on and uttered over a corncob representing the victim. The corncob is then left on a termite nest. As the termites eat away the cob, the victim of the witch begins to waste away as well, showing all the clinical symptoms of HIV and AIDS. When the corncob disintegrates completely, the person so bewitched will die.

MAKING SENSE OF WITCHCRAFT AND HIV AND AIDS

It is very difficult to make sense of what has been discussed above. Notions of association or inference are prominent. Behaviors of certain animals are associated with HIV and AIDS. However, it does not help to remain at this level of explanation. For some time now, HIV and AIDS campaigns have fallen into the paradigm of behavioral change (based on Pavlov, Thorndike, Watson, and others). The strategy has been to condition people to the message of condom use. I am uncertain how much of their cognitive aspect has been touched. In any case, what has been missing in the campaign is to acknowledge the fact that even traditional Zambian religions have a way of interpreting HIV and AIDS, which must be taken seriously because, as Anders Breidlid (2013) points out, many peoples and majority population groups in Africa adhere to cultures, belief systems, and epistemologies that differ from the hegemonic Western ones. Moreover, just as some Christians, Muslims, and Jews may believe that HIV and AIDS are punishment from God, some Zambians believe that HIV and AIDS are the work of sorcerers.

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TWO PERSONAL TESTIMONIES OF TWO WITCHCRAFT VICTIMS,
MUNDA AND TUMELO

Between 2007 and 2009, I asked various people from all walks of life to tell me about their experiences with HIV and AIDS and witchcraft. One person (with a bachelor's degree in education) gave me a personal testimony, which I reproduce below. Munda Muuya (not his real name) narrated how he was diagnosed with HIV which, according to him, had mysteriously entered his body as a result of witchcraft.

I'll give my own personal experience of being bewitched by my own aunt due to jealousy and how this disease turned out to be AIDS-related when diagnosed by the hospital. In October 2005, I discovered that I'd lost about ten percent of my body weight. My normal body weight was 83 kilograms. I lost about 13 kilograms and I started feeling tired whenever I did a small job. I couldn't walk a long distance without taking a rest. I started having general malaise and weakness. I had endless malaria-like fever and I developed chest pains. At night I spent about half my sleep time coughing, especially around four in the morning. I had night sweats and high temperatures. A chest X-ray showed that my heart was enlarged and was surrounded by fluids. Cough sputum turned out to be TB negative. However, the doctor concluded that I might have TB and so I was put on TB treatment. I completed the course of treatment, but my condition didn't improve. My blood count continued to drop and I was generally sick. It was at this point that doctors started persuading me to take an HIV test. I had only two options: to take the test and postpone my funeral by taking ARVs if I was positive, or to refuse to take the test and choose to die sooner. The doctors stopped giving me any medication except painkillers to ease my suffering. I decided to take the test, but I didn't have the courage to look at the results.

Muuya went on to explain how he came to the knowledge that his illness was a result of witchcraft after he consulted a diviner that was also an herbalist. Worth noting in Muuya's story is the witch's use of a chameleon in the charm to cause AIDS in humans. As already noted, the slow movement of the chameleon matches the slow death of an AIDS patient. In fact, the chameleon acts as *icishimba* (something that adds potency) to the charm. In any case, Muuya went on to say the following:

I went to consult several healers. On November 24th, 2005 I came across information about an herbalist who could cure HIV and AIDS-related illnesses. This man, Doctor Mukandauko, was from the Western Province of Zambia but lived in Chilanga. He told me that I was bewitched by my aunt because I didn't help her enough. He further disclosed that she'd gotten my blood and mixed it with certain charms and injected this solution into a live chameleon. Because the chameleon was getting sick, I was also getting sick and losing a lot of weight. If the chameleon had died before I went to the

herbalist, I also could have died the same day. My skin changed its color to black and I had sores all over my body.

The rest of the story had to do with the belief in the efficacy of *muti*, the traditional herbs prescribed by the diviner that Muuya consulted. Muuya explained:

The herbalist gave me some medicine [*muti*] in powder form and I was advised to take it three times a day in a cup of hot water. Three months later, I discovered that my body weight had increased to 80 kilograms and currently I weigh 84 kilograms. Then I went back to the [Western and modern trained] doctor and took the test. The results indicated I was HIV negative. I took another test and it came out negative too. I'm still taking this traditional medicine and I'm very well. The herbalist that gave me the medicine claims to be the person who taught Dr. Ludwig Sondashi the formula for HIV and AIDS herbal medicines. He told me that witches are even capable of physically injecting a person with HIV-infected blood at night after sending them into deep sleep using magic.

From Muuya's testimony, it is possible to see that witchcraft, like other religious beliefs, carries a compelling reality that affects people's decisions and choices (Bond & Ciekawy, 2001). One of the earliest anthropologists in Zambia, Max Gluckman, argued that:

The fundamental point is that the African is born into a society which believes in witchcraft and therefore the very texture of his thinking, from childhood on, is woven of magical and mystical ideas. More important still, since magic and witchcraft are lived, far more than they are reasoned about, his daily actions are conditioned by the threat of witchcraft and meets it with divination and magic. The weight of tradition, the actions and behaviour of his elders, the support which chiefs give to the system, all impress on the African the truth of the system, and since he cannot measure it against any other system, he is continually caught in the web of its making. (Gluckman, 1944, p. 67)

Muuya's testimony helps to rethink campaign strategies towards mitigating the effects of HIV and AIDS. I argue for serious considerations of Bantu worldviews. Moreover, Western education should not be taken for granted because many educated people are also subject to a fear of witchcraft, which they secretly believe in (Banda, 2006). In other words, Western education does not eradicate traditional beliefs.

Tumelo from Cimutu High School

Tumelo (not her real name), a teacher at a school I refer to as Cimutu High School, narrated the following story to me:

My tenth-grade niece fell seriously ill and I didn't know what to do because the hospital failed to help her. Tests at a general hospital revealed that my

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niece was infected with the HIV virus I shared what I was going through with a friend, and she asked me to return home and promised to take us to an herbalist that had helped her relative in a similar situation. So we returned and my friend took us to the herbalist. She turned out to be a diviner as well. The diviner told us that an aunt of mine had taken my niece's underwear with her when she came to visit and, when she got back to her home, she burned the underwear with *muti* and buried the ashes. The herbalist gave us all sorts of *muti* for my niece. She told us to return in 1 month. Within 1 week the girl was as fit as ever and gaining weight at an amazing rate. When we went to have her urine and blood checked at the hospital, we were told that the girl had no infection in either specimen at all. I still believe that there's *muti* out there that can cure HIV, especially if it's related to witchcraft.

Here is another case of a teacher preparing for a bachelor's degree employing indigenous "logic" to explain the problem of HIV and AIDS.

The Belief in Muti

The belief in the efficacy of *muti* is very strong and it is something one cannot blithely dismiss. Dahlin (2002, p. 99) argues that "it is reasonable to believe that considerable empirical knowledge evolved through the centuries as regards herbal medicines Even if we cannot verify it, there must have been an awareness of toxicity." The point I want to stress here is that when the *muti* is safe it will help those infected develop a more positive attitude towards their status because it is generally believed that diseases that are not cured by Western medicines are caused by witches and can only be cured by herbs. Moreover, traditional medicine is still widespread in Zambia and it is intimately associated with religion. The belief is that *ukwimba kati kusansha na Lesa* (with *muti*, God "joins" the healing process).

I am not suggesting that ARVs should be replaced by herbal *muti*; in fact, those on ARVs would object. My suggestion is that people should be assisted in accessing safer herbal *muti* in line with the National Drug Policy, which stipulates that scientific research on herbalists' medicines should "identify the active ingredients" and "standardize the usage of the identified active ingredients" so as to effect "rational and safe use of traditional medicine at all levels of the health care delivery system" (Republic of Zambia, 1999, p. 19). Moreover, there are many AIDS patients that are taking herbal *muti* alongside ARVs and do not see inconsistency of any kind in this—and not even a sense of incompatibility of the two. In part, my point is, as Peter Knox has asserted in a different context, "people afflicted with AIDS may derive benefits from traditional medicinal remedies as revealed by the ancestors" (Knox, 2008, p. 25).

CONCLUSION

This chapter argues in favor of giving serious attention to the indigenous religious understanding of HIV and AIDS. HIV and AIDS in Zambia is not only a health

problem, but a religious puzzle or a mystical issue. To be effective, campaigns designed to sensitize people to HIV and AIDS should acknowledge people's nocuous beliefs—and never ignore or trivialize the mystical nature of the disease in Bantu thought. It is also common knowledge that caution must be taken when deconstructing peoples' traditions in trying to deal with the HIV and AIDS problem. I would suggest that the Zambian government invest in establishing the medicinal potency of herbal *muti* for HIV and AIDS-related illnesses. By “investment” I also mean helping herbalists administer reasonable dosages of herbal *muti*.

A definitive cure of AIDS in the eyes of the Bantu peoples of Zambia can only be available when they know how HIV and AIDS come about. Currently, it is the work of sorcerers. It remains something of a “mystery” that has even troubled the Western world. In other words, because the *bazungu* ‘white people’ have not dealt with the source of HIV and AIDS, one cannot be sure of the cure, although *muti* may work. I come to one crucial point in Bantu cosmology; namely, the notion of causality. It is known, if not well enough, that African religious thought incorporates a very strong emphasis on what causes are likely to explain everyday events such as accident, illness, death, sterility, failure, and so on, for which there is no immediate and obvious explanation. The point is one made by Yamba (1997) in his research on the Goba people: when modern epistemologies fail, rural (and urban) Africans resort to traditional systems to make sense of their world. Stated differently, African traditional religion, medical culture, logic, and vocabulary provide the framework through which people make sense of HIV and AIDS.

NOTE

- ¹ The word *Bantu* in this chapter is used to refer to an ethnic and linguistic distinction within the Zambian population. The Bantu people of Zambia speak related languages known as Bantu and share a common origin in the Cameroon and Nigeria area in the Benue Valley. They are spread across central, eastern, and southern Africa.

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4. STIGMA AND THE PROCESS OF DECONSTRUCTING THE SOCIAL IDENTITY OF WOMEN LIVING WITH HIV/AIDS IN SUDAN¹

INTRODUCTION

This chapter shows how local values applied to women's lives affected by stigma are lived by women with HIV/AIDS in the context of the Sudanese community. The concept of stigma is derived from the work of Goffman, who refers to it as "an attribute that is deeply discrediting" and that reduces the discredited from a whole and usual person to a "tainted discounted one" (Goffman, 1963, p. 3). People discredit others based on differences, and the deviance so labeled results in a "spoiled identity." Scambler (1989) differentiates between forms of stigma, referring to personal experience of stigma as "enacted stigma" and to perception of stigma as "felt stigma."

Although Goffman's work has been widely applied to examine HIV/AIDS stigma, several inadequacies have been identified in his application, most notably by Parker and Aggleton (2003), who maintain that stigma and the resulting discrimination are not individualized processes in which some individuals do something to other individuals in a vacuum. Instead, stigma must be understood in relation to the structural dimensions of power and domination that underlie inequalities, whereby some groups are devalued and excluded in comparison to others that are more valued and more privileged (Parker & Aggleton, 2003). Most research on stigma has failed to address this central issue of power and domination in relation to stigma. In addition to psychological and macro-level social components, which have been thoroughly researched (Xiaobin et al., 2006; Bernard, 2007; Greeff, Phetlhu, & Makoae, 2008), understanding how the moral standing of individuals in local contexts is affected by the outcome of stigma is still lagging behind. Furthermore, the everyday lived experience in relation to problems of women living with HIV/AIDS in particular settings has not been addressed in the context in which it is lived.

This chapter seeks to qualitatively present the everyday experience of women living with HIV/AIDS from their viewpoint as revealed by researchers that studied the problem in the Sudanese context. Arguably, stigmatizing HIV/AIDS as a disease is a process that has its roots in the political context of Sudanese society. The intersection between these two aspects—the cultural and the political—is highlighted in this study. In Sudan many factors may intensify the stigmatization of some individuals and groups. However, HIV/AIDS-related stigma builds upon and fuels existing prejudices and inequities of class, gender, and sexualities (see [Figure](#)

2). The authors of this chapter assume that stigmatization is a social process inherently linked to the production and reproduction of systems, whether these systems are social, cultural, or political.

METHODS

The chapter presents research carried out between 2010 and 2014 on HIV-positive women of child-bearing age visiting the Anti-Retroviral Therapy Center at M-S Hospital in Omdurman as well as on HIV-positive women found in various parts of the country.² The authors of this chapter analyze the process of stigma creation within an HIV/AIDS context in the Sudanese community and discuss how stigmatization of HIV intersects with reshaping the identity of HIV-positive women. The chapter is divided into two parts. Each part analyzes two relevant aspects: the way Sudanese communities perceive the disease, including the labels they and policymakers assign to diseases, and the connotations of these labels. The communities' perspectives on diseases and how these shape patients' experiences is also considered. Part one is a general overview of HIV/AIDS and other diseases in the Sudanese social context, and part two focuses on the findings of the research with a group of targeted women.

The chapter also employs an intersectional method to reflect on how various components of the system (cultural, social, or political) interrelate to reshape the social identity of women suffering from HIV/AIDS in Sudan. Central to the study is the transformation of the infected women's social identity, which is presented by identifying the political and sociocultural intersectional levels. Each level is concerned with HIV-positive woman and the cultural processes within which those infected revolve, including family members and other associates.

WHY AN INTERSECTIONAL METHOD?

Collins argues that cultural patterns of oppression are not only interrelated, but are bound together and influenced by intersectional systems of society, such as race, gender, class, ethnicity, and the political system as a whole (Collins, 2000), which may result in multiple dimensions of disadvantages (Macionis & Gerber, 2011). HIV/AIDS infection in conservative societies in which culture, patriarchal ideologies, and religion dominate and shape the rights and obligations of women must be understood by employing comprehensive methods pertinent to include all these processes.

An intersectional approach elucidates the intersectional ways in which power, social, economic, and political processes shape the lives of women diagnosed with HIV in Sudan and how these processes intersect to shape the social identity of these women. Pseudonyms have been assigned or names withheld for the women interviewed, policymakers, and research sites relevant to this study.

THEORETICAL FRAMEWORK

This work is underpinned by social constructionism theory and applies it to how women's social identity is constructed in the context of Sudanese culture and deconstructed in the context of HIV/AIDS (Berger & Luckmann, 1966; Goffman, 1969; Burr 2003; Mungwini, 2008.). Social constructionism may be defined as a perspective that postulates that a great deal of human life exists as it does due to social and interpersonal influences (Gergen, 1985).

"In the constructionism theory the social world and the personal cognitive world of the individual continuously evolve in a reflexive fashion" (Carley, 1986, p. 386). Social constructionism is applicable in the sense that it explains that the individual's identity is integral with cultural, political, and historical evolution, in specific times and places (Norton, 2006).

Apart from the inherited and developmental aspects of humanity, social constructionism hypothesizes that other aspects of humanity are created, maintained, and destroyed in interactions with others through time. Constructionism theory suggests that the subject under investigation draws on multiple discourses. It refers to the individual within the society as the "divided subject" (Henriques et al., 1984). Accordingly, identity is both continuous and discontinuous. In addition, people acquire beliefs about themselves that do not form a unified whole. They shift from one manner of thinking to another as the discourse shifts and their positions are taken up within different contexts. In the circumstances enforced by the reality of the HIV/AIDS pandemic, women are faced with a situation that imposes discontinuity. Women interviewed in these studies found themselves to be "located in conflicting positions in social space, so that each of the possible selves can be internally contradictory with other possible selves located in different story lines" (Davies & Harre, 1990, pp. 58–59). The social identity in such contexts is deconstructed as a result of the new interactional processes dictated by the rules of the new reality of the stigma associated with the disease. Part one provides patterns of how the social identity of HIV-infected patients is influenced by the social context. The discussion is organized around patterns of related sociocultural processes connected with deconstructing the AIDS patient's social identity as revealed by field narratives.

PART ONE

The Sudanese Community's Experience of Disease

In Sudan, diseases are perceived and labeled in relation to the various stigma they cause for the ill person, for relatives and caretakers, or for the community as a whole. As a result, stigma in itself is given different labels depending on the community perception of the intensity and seriousness of the disease under consideration. Consequently, poor mental health, for example, is considered serious enough to be labeled *marad aaghli* 'the disease of the mind' (Abu Baker, 2002). Its seriousness emerges from the fact that the stigma associated with the

disease steps out of the patient's reality to involve stigmatizing other family members.

In the context of the Sudanese community, where marriage and family constitute a value, mental illness is often believed to run in the family. In such a context, all family members of the diseased person are stigmatized and are considered by the layperson to be potentially predisposed to manifesting symptoms of the disease. This perception by indigenous people of the etiology of the disease and the consequence of such concepts are well documented (see Bawaskar, 2006; Avison, Ali, & Walters, 2007; Abu Baker, 2010; Ostman & Kjellin, 2002).

Leprosy and tuberculosis are labeled the *marad alwasakh* 'dirty diseases' (Abu Baker, 2010; Mohamed et al., 2011) because their causes are associated with dirt such as eating wild pork,³ as in the case of leprosy (El Hassan, Khalil, & El Hassan, 2002), or with carelessness with personal hygiene, as in the case of tuberculosis (Mohamed et al., 2011). In both cases, stigma is considered to affect the diseased, the caretaker,⁴ and family members to a lesser degree than the *marad alagul* 'disease of the mind.' In these two cases, the diseases are likely to create social barriers between the diseased and the society, but not with the family of the diseased and the society. The causes of both diseases are perceived by the community to be socio-culturally embedded rather than genetically inherited (El Hassan et al., 2002); hence the manifestation of the disease within the family does not weaken the social fabric between the other members of the family and the society as a whole.⁵

Stigmatization is to a lesser extent manifested in the case of cancer compared to HIV/AIDS. Cancer is labeled by the community as the *marad al kaab* 'bad disease' (Abu Baker, 2010; pp. 21–22) and is perceived to jeopardize the life of the diseased; however, its causes are not known to the patient and they cannot attribute it to a definite origin. Consequently, family members and caretakers are not guilty of transmitting the disease⁶ to the family or others (Daher, 2012, p. 69). Cancer is called the 'bad disease' because of "the social, emotional, and financial devastation that all too often accompanies its diagnosis, in large part, due to the cultural myths and taboos surrounding the disease" (Daher, 2012, p. 67). Cancer is perceived to be a 'bad disease' in the sense that in many cases its manifestation is associated with the last stages of the disease, when it progresses to the terminal stage and the patient is no longer able to withstand it (Attree, 2001).

Denial and Demoralization of HIV/AIDS in Sudan: The Politicization of the Disease

Compared to other diseases, HIV/AIDS is portrayed by policymakers and health providers in the Sudanese community as "a moral disease," whereby the stigma associated with HIV/AIDS differs from the stigma associated with other health problems such as cancer or mental health. In HIV/AIDS, the stigma of the disease stigmatizes the disease carrier (the woman in this case; El Rasheed, 2014). This is a crossing point that relates directly to the way in which the social world shapes and sets the context for the construction of HIV and thus the social identity of the

carrier, which are central to the ways in which stigma is created (Stuart et al., 2005).

The next section of part one contains an in-depth analysis of HIV/AIDS-associated stigma using an intersectionality approach. In this case, stigmatization of HIV/AIDS is analyzed in the context of the political system and its manifestation in the Sudanese community.

The Culture of Denial

Knowledge about HIV/AIDS in the Sudanese community is usually associated with shame and doubt. Among ordinary people in Sudanese society, there is a widely held belief that the main cause of HIV/AIDS is often immoral risk-related behavior. Thus, stigmatization of the disease becomes a part of a conservative reassertion on the part of the moral authority to control sexuality. In such a situation, sexual behaviors outside the normative accepted channels are the first to be blamed (El Rasheed, 2014). Sudan is a generally conservative and highly religious society (Nordenstam, 1968; Fadlalla, 2007) in which sexuality is not openly discussed and a disease such as HIV/AIDS is shrouded in myth and taboo, and even ignored in official circles.

In reviewing the literature, the researchers found that no previous studies have addressed HIV/AIDS because of the lack of political support for such research in Sudan (Badreldin & Mahfouz, 2013). In a television program on the Sudanese Blue Nile Channel, aired on August 9th, 2012, with authorized government personnel and some concerned citizens, a heated discussion revolved around the high incidence of HIV/AIDS cases in the country (0.67 percent) at that time. The cases of HIV/AIDS were considered to have been introduced by South Sudanese that were repatriated after the peace agreement at that time (Hassan & Gabrielle, 2011). The main subject of the TV program was the question of distributing condoms to young people at universities by some non-governmental organizations in Khartoum. The initiative ignited a moral debate with calls to stop the distribution. In the TV program, the participants in the show concluded that HIV/AIDS is a moral problem and distributing condoms would encourage immoral behaviors rather than inhibiting them.

For many of the public interventions that target HIV/AIDS eradication, the main concern to be reinforced is that the disease did not originate in Sudan. It was imported into the country by the continuous influx of migrants and foreigners. In the introduction to “Sudan National Strategic Plan and Sectoral Plan on HIV/AIDS” (2004–2009), the president of Sudan asserted that “since HIV/AIDS is internationally regarded as a cause of morbidity and high rate of mortality, Sudan will join forces to act against the disease” (p. 3). Moreover, the president further stated that the concern of Sudan with HIV/AIDS arises from the fact that “HIV/AIDS is anticipated to be initiated with the advent of peace and the expected return of Sudanese refugees from diaspora and neighboring countries” (p. 3).

The president’s view underlined the belief that HIV/AIDS is a disease that was introduced into Sudan as the result of population mobility and did not originate

there. This standpoint even dominated the formulation of policies and strategies to assess the epidemiological situation of the country. When the Sudan National AIDS Control Program (SNAP) was established in 1987, one year after the first case of HIV/AIDS was discovered in Sudan in 1986 (SNAP, 2012, p. 4), three priority regions were mainly targeted that were the regions most affected by the civil war and population mobility (Darfur, Kurdufan, and South Sudan as a whole).

The SNAP (2012) report estimated that 98,922 people were living with HIV in Sudan (SNAP, 2012) without identifying this estimate across gender, locating most cases in high-mobility areas and displaced person camps. The estimate was a result of a joint effort between the United Nations Program on HIV/AIDS (UNAID) and SNAP (SNAP, 2012). The report did not forget to mention that, “[i]n spite of remaining below 1 percent for quite some time, the prevalence of the disease is prone to rise due to the large scale population movement (refugees, returnees and internally displaced persons—IDPs) and changing livelihoods which are reflected in high rates of urbanization and changing community structures” (SNAP, 2012, p. 6). This understanding affects even the outlook and interpretation of recent research done on HIV/AIDS, in which refugees from neighboring countries and displacement due to war and other disasters seem to be singled out as a central contributing factor in the increase of HIV/AIDS in Sudan (Badreldin & Mahfouz, 2013).

By attributing the HIV/AIDS problem in Sudan to one external factor—the repatriation of Sudanese returnees following the Comprehensive Peace Agreement between Sudan and South Sudan and the influx of refugees escaping turmoil from neighboring countries—there is a tendency to portray the cause of the problem as an invader in the culture. The denial attitude was even linked to the way in which various social agents attempted to respond to the challenge of the epidemic whereby the policies of the country direct research into the way in which they have interpreted and situated it. Social science researchers interested in carrying out research on HIV/AIDS in Sudan are asked to provide different licenses if they study the social dynamics of HIV/AIDS. These documents include a questionnaire to administer to the participants (even if the research to be carried out is qualitative in nature), and the participants and their identities (if possible), as well the audiences of the research, are to be mentioned before the authorities finally allow the researchers to carry out any study (Abdalkheir, 2012; El Tilib, 2013; El Rasheed, 2014).

In her study, El Tilib (2013) demonstrates that interventions by the authorities in directing research in one specific way were intended to avoid exposing unfavorable data. In her analysis of the content of the secondary school curriculum in relation to available data on HIV/AIDS, she asserted that the authorities even chose the research participants. She reported:

I have been instructed to conduct the research with teachers only and not with the students in schools and in [name withheld] school not in other schools ... and the justification for this was that, the topic was so sensitive and the students are still teenagers, they should not be exposed to such experiences

(HIV as a sexually transmitted disease), and we should not introduce them to such immoral issues to them. All these led me to construct and reconstruct the research method several times to fit into the Ministry of Education Policies so as to get the necessary permission to conduct the research. (El Tilib 2013, p. 8)

It is therefore through this systematic procedure of denying and demoralizing the disease that the space for researching it in the Sudanese context is restricted. Thus, during the early 1990s, data on HIV/AIDS on Sudan were mainly available from non-governmental organizations' reports, such as USAIDS.

It was not until recently that some cases from various clinical centers in Khartoum and Omdurman, through personal initiatives of health workers in those centers, revealed to the public that cultural practices were potential risk factors in contracting the disease. In 2012, a case of HIV/AIDS was unintentionally revealed when a 32-year-old Sudanese man was having a routine employment checkup. The only reason for the infection was revealed to be a traditional *botana* practice he underwent in one of the ceremonies he attended (health practitioner observation,⁷ 2012).⁸

Consequently, HIV/AIDS-related stigma in Sudan is a process reinforced by the act of problematizing HIV/AIDS and exclusively describing it as an ethical disease.



Figure 1. This figure reflects how HIV was portrayed as an ethical disease and was intensively portrayed in the media at that time.

As Badreldin and Mahfouz (2013) state: “In a very conservative Muslim community like Sudan, people with AIDS are seen as ignominious. ... Stigma towards people with HIV is prevalent due to ignorance, lack of awareness, and misconception about transmission of the disease” (p. 4).

In many situations, the stigmatization process is first initiated during the involuntary disclosure of a person's HIV status in the health setting by the health staff. Such activity is reported to be the beginning of the stigmatization experience for most HIV-positive people (Elamon, 2005; Paxton et al., 2005; Mahendra et al., 2007). In Sudan the infected victim is trapped into an environment potentially loaded with a predisposed judgment: that an unethical behavior was conducted in the dark and the HIV is the punishment manifested for this deed (Abu Baker, 2010; El Tilib, 2013).

PART TWO

Social Identity and HIV/AIDS

This section presents the narratives of women diagnosed with HIV. The context in which these women survive the disease and how they were denied and demoralized by their social and political systems is discussed. It also presents the processes of reshaping their identities as a result of their being HIV-positive.

Women found to be HIV-positive are associated with stigmatized conditions within which they are unable to meet the socially ascribed requirements of the ideal citizen assigned by the political system. This section further reveals the everyday experience of women in the context of HIV/AIDS as they problematically experience life in their community. Emphasis is placed on patterns of how social identity is transformed by the experience of the disease and how the infected women are forced to cultivate new ways of conceptualizing their identity. To describe how social identity changes, this section starts by describing the ideal female character in the Sudanese context and the relation of their current situation to these attributes imposed by the political system.

The Myth of an Ideal Woman

In the Sudanese community, women's social recognition and sense of womanhood are maintained by reinforcing the three roles of the woman through the process of socialization and formal education; namely, the productive, reproductive, and social roles. Marriage and motherhood are highly valued and constitute the basis for how to define an ideal woman (Cloudsley, 1985; Boddy, 1989). Marriage is the legal and normative accepted channel for motherhood. Women's fidelity (but not men's) is expected to be proved in marriage through the first intercourse, and through this process individuals and families acquire social status and respect. Anyone departing from these societal norms is excluded and ostracized (Boddy, 1989; Kenyon, 1991).

When fidelity, which is ranked high in terms of the favorable conditions of a woman, is proven, it is associated with the honor of the entire family and extended relatives; this in turn is shouldered by women in the community. Thus, when it comes to marriage, both religious and social institutions encourage choosing a wife whose character is considered ideal by the social system. Consequently, she is a

good wife who will supposedly be a good mother, and thus a representative of the ideal family (Cloudsley, 1985; Kenyon, 1991; Boddy, 1989).

Being a married woman—and therefore being somebody's wife—gives a woman respectability (Cloudsley, 1985; Kenyon, 1991; Boddy, 1989) because of the natural processes imposed by the onset of her reproductive role and making a family. Through marriage, a woman's identity plays a crucial role in reinforcing the patriarchal hegemony.

In the construction of the ideal woman, social identity takes many forms through informal and formal channels such as childhood ceremonies—including female genital mutilation (FGM), a traditional practice that is still widely practiced in most parts of Sudan—social orientation throughout the upbringing process, ceremonies associated with marriage and childbirth, and religious socialization at home and in schools. Encouraging the *hijab*, particularly in public, is meant to ensure that women conform to the code of ethics and reduce the chances of being seduced.

Many social institutions reinforce the construction of the ideal woman's social code. Within this framework, women are not allowed to question their identity, which is often taken for granted. Thus, the stigmatization of the disease and its consequences is a tremendous shock to women infected by HIV/AIDS.

In the context of the denial and demoralization process imposed by the political system in Sudan, the HIV-positive women interviewed by the researchers are married women of reproductive age. They all blame their husbands for having infected them and they label HIV as *almarad dah* 'this disease,' implying no labeling. This coded talk is a reflection of the creation of the estrangement—an intruder—for the body as verbally manifested by female victims of HIV/AIDS. The act demonstrates the first reaction to the disease and an indication of attempts to preserve social identity from the effect of stigmatization. 'This disease' is, thus, a euphemism for the disease the women are suffering from. In a search to heal the demoralized ego, the infected victims are inspired by the systematic alienation from the disease pronounced by policymakers (the denial and demoralizing process) and the community. Coded language is used to preserve their identity from the stigma associated with HIV.

The HIV-positive women interviewed referred to the pandemic as 'this disease' to euphemize the problem to protect their self-identity or reduce the negative effect of stigma. This way of denying the disease by disguising its distinct name is also a way of reinforcing that HIV/AIDS is a disease of others not of the self. Identifying HIV/AIDS with the outside world is a technique of preserving one's self-integrity, as has been reported by South African HIV patients (Petros, et al., 2006) and is one of the ways HIV-positive women react to this intolerable pandemic (Glimore, 1994; Somerville, 1994).

Most Sudanese HIV-positive women are unaware of the risk factor of the disease on health, to the extent they have not even heard of it before they are told that they are infected⁹ (El Tilib, 2013). Some interviewees revealed little understanding of how they were infected by such a disease (El Rasheed, 2014). One 35-year-old woman, from the [name withheld] tribe, who traced her original occupation to the village of [name withheld] on the east bank of the [name

withheld] River, was diagnosed when she came to the health center for a routine blood check during pregnancy, and was then referred to the M-S retroviral hospital for medication and advice. She was living in a camp near Khartoum and stated:

Through my relative who works as a nurse in the health center in our compound, the family and people in the camp came to know that I am sick with the [this disease]. Although I did not do anything wrong. I think it is Ali [husband] who is having the disease. I was then fired from the house nearby the compound where I was employed to clean, wash and cook. My other four children were not allowed to play with the other children and the elder son (7 years old) did not want to go to school any more. (Thirty-five-year-old woman interviewed by El Tilib, 2013)

The idea that this HIV-positive woman had lost her dignity due to the negative reaction she perceives from others during social interaction was very hurtful for her. Stigma in this context is the socially victimized immoral act the woman had supposedly conducted, and she thereby became an agent of transmitting the contagious disease to others. The stigma associated with the pandemic threatened the interviewee's reproductive role. In this case, stigma acted to demoralize other family members and may have deprived them of income¹⁰ and defamed the interviewee's reputation. By jeopardizing the reputation of the infected woman and the relatives by perceiving HIV as an ethical disease, the stigmatization is destroying the image of a "good woman, a good mother and a good wife" (El Tilib, 2013).

Another pattern in the process of deconstructing social identity is when victims reveal through counseling sessions that the only source of infection they could think of was their husbands. The husband as the source of the victim's infection is repeated in many cases addressed by the research. In such cases, the women in the interviews also blame their husbands for disclosing family matters that are expected to be kept within the household walls. In some cases, the husband himself may return the blame to the wife, reinforcing the perception of immorality, defaming her, and aiding in deconstructing her social identity among others.

Sakina got divorced when she discovered that she was infected. She was pregnant with twins, which was a wish that she, her husband, and the other family members had had:

I got divorced when my husband knew that I told the family that I did not conduct any risk behavior that might have been the cause of infection. The counsellor asked me to convince my husband to be checked and since that time he acted as a crazy He sent me to my father's house ... and instead of becoming happy about the pregnancy he had been living up for; he is now telling all the community that he even doubts that these are his babies! (Thirty-one-year-old woman interviewed by El Tilib, 2013)

Thus, the HIV/AIDS stigma constitutes a double burden for the woman: the burden of the disease and the burden of the immoral stigma with which she has to face the community.

Therefore, she is no longer the ideal woman capable of preserving the fabric of society. The HIV-positive woman shoulders the consequences of being responsible for the pandemic in this case and the image of patriarchy remains intact and dominates the scenario. Campbell, Nair, and Nicholson (2007) argue that the link between HIV/AIDS and (bad sexual) behavior is still a concern for people living with HIV/AIDS, which usually causes shame and embarrassment.

Another issue that is revealed by Sakina's narrative is the fact that medical examination before marriage is unfavorable in the context of the Sudanese culture and community. The act of denial and demoralizing is also relevant here. Premarital medical checkups are often avoided. Future or potential couples fear that a checkup might reveal unfavorable news that would jeopardize the reputation of both and may lead to abandoning the idea of marriage altogether. Moreover, what is revealed by the premarital medical examination may create an atmosphere of suspicion between the prospective couple. The mutual trust between couples is, thus, broken (Nordenstam, 1968). Consequently, health centers are not used to accommodating such checkups and the social security system does not cover premarital checkups for couples. Furthermore, not having a checkup leaves space open for diffusing the responsibility between couples in relation to who might have engaged in the risky behavior and transmitted the disease to the other partner. The idea damages the image of the ideal woman and breaks the solidarity of manhood. In Sakina's narrative, she could not prove her claim and was divorced when she blamed her husband for having infected her.

The process of denial and demoralizing even extends to where these women seek medication. As explained by El Rasheed:

... it took me time and efforts to try to locate the exact place where I could find the HIV/AIDS centre targeted by the study. Dragged by a pre-thought expectation that I might find some marks and arrows that might lead me easily to the place without exerting much effort to look around, I was told that it is a part of the hospital, and I recognized that when I ask people about it whom I assume might know the place; they started looking at me with suspicion and doubt. In the end I found a dark lane with no identifying remark to lead to a small room with modest furniture to act as a clinic, and it turned to be the Anti-Retroviral Therapy Centre. (El Rasheed, 2014)

The same denial of place is displayed in Thuraya's narrative when interviewed by El Rasheed:

... when I come here ... [referring to the clinic where she receives medicine], I tell my family that I am going for the routine pregnancy check-up. I am then very alert that nobody whom I know may accidentally be around in the hospital and recognize me. (Thirty-one-year-old woman interviewed by El Rasheed, 2014)

Spatial stigma¹¹ signifies the place where women receiving medication are stigmatized. The response to HIV infection also differs from the response to other diseases. Instead of seeking and living the sick role¹² when suffering from other

diseases such as cancer (Klein & Spichtgir, 2013), women infected with HIV preferred to isolate themselves from the community. They deprive themselves of communal Sudanese life, which, like other cultures (Gilmore & Somerville, 1994; Campbell et al., 2007; Greef et al., 2008), ensures help and care for sick people (Kumaresan & Maganu, 1994; Campbell et al., 2007; Ponka, 2008). Isolation means a gradual alienation from the norm of how to endure suffering in the social context of Sudan, where women seek to find peace by living with their suffering alone—an initial symptom of identity transformation observed in all women interviewed. Not only are HIV-positive women subject to negative recognition by attending a stigmatized place, but they are also alienated (discriminated against) mostly due to a perceived demoralization process they might have undergone. One interviewee reflected:

After I knew that I was sick, I went to Mekka. I did not realize that I grew to be unacceptable to the neighbors till I organized the come-back celebration. I nearly invited all women in the compound and I was surprised that none of them came to attend. We have *khatah*¹³ it is my turn to take the money but they sent it with a child, and the child gave it to my child on the outlet door and vanished ... before anybody knew that I am sick with the [this disease] the day I used to get the *khatah* is a celebration I prepare tea and coffee and women come to my house the same they do to the other women in the area. This time they did not even tell me about the date of starting the new *khatah* to contribute with them. (Forty-year-old woman interviewed by El Tilib, 2013)

Food is regarded as an expression of support and acceptance. It is used to symbolize, represent, and communicate social and political life from the perspective of various actors (Delanty, Giorgi, & Sassatelli, 2011). It is a favorable way of sharing and coming together. The issue of participating in making food and the associated sociocultural aspect of food preparation or sharing with HIV-infected interviewees is manifested in most of the interviewees' texts. Ihsan reported:

I am not allowed to make food now, my husband and myself are infected but not the children. The children eat with the in-laws. One day I had a knife cut in my finger while making food and when my husband saw the blood he was horrified and threw all the food away. Since then I was not allowed to make food in my house or to contribute in making food during social occasions. (Twenty-seven-year-old interviewed by El Rasheed, 2014)

The above is an example of the false conception of HIV/AIDS. Discarding food and depriving women of their prescribed role of serving the family is another form of the process of reshaping the social identity that was reported by the interviewees.

Studies show that in many cultures the act of deliberately, knowingly, or willfully¹⁴ transmitting HIV/AIDS is criminalized (Marks, Crepaz, & Janssen,

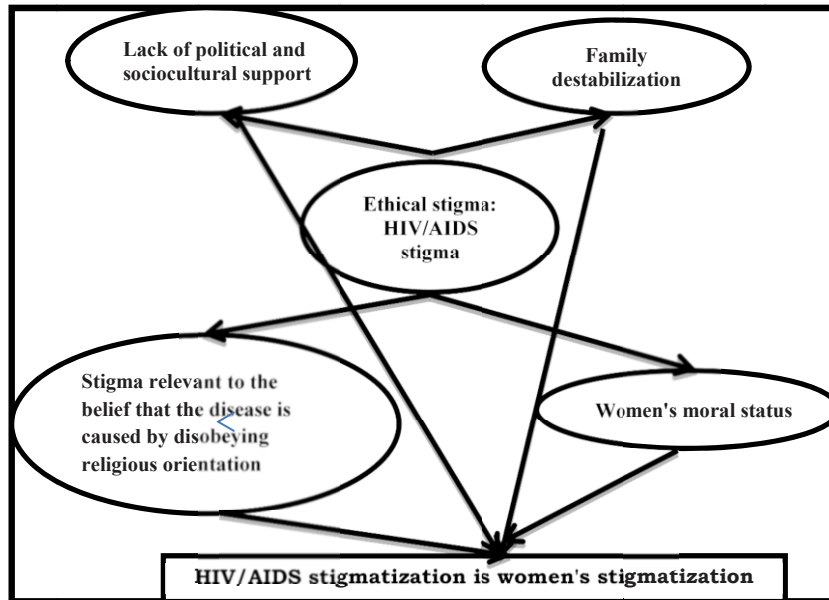


Figure 2. This figure shows how a number of intersecting factors contribute to HIV/AIDS stigmatization process, creating the grounds for deconstruction of women's social identity.

2006; Bernard, 2007; UNAIDS, 2008). In Sudan the mere fact of being infected is a potential crime due to the perception by the state and the community that the disease is a result of an immoral deed. The infected person is perceived as having broken the moral codes dictated by Sharia law unless proven to be infected through morally acceptable channels (such as blood transfusion). Samira narrated her experience:

I will not tell them that I am infected. My in-laws are suspecting that I am hiding something serious ... may be a disease, but I will not tell them anything. It is when I did not breast-feed my child that they started to suspect that I might be hiding something to do with—health and the rumors began, sometimes they talked in front of me purposely that I would hear; let alone that they know that I am sick with such a [this disease]. (Twenty-six-year-old woman interviewed by El Rasheed, 2014)

There are particular expectations of behavior linked to the mother's role, such as breastfeeding and other aspects of care. Failure to fulfill such obligations is seen as an indicator of a shortcoming on the part of the mother towards the newly born. But HIV infection is also used as an excuse to get rid of an unwanted partner/wife by the family, as Samira stated:

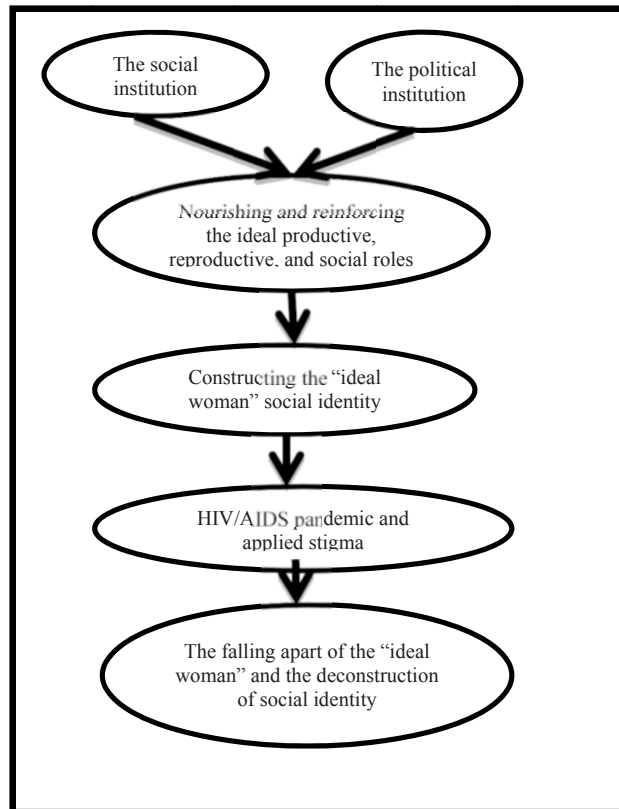


Figure 3. A model explaining the construction of identity in the Sudanese context and the deconstruction of social identity in the context of HIV/AIDS infection.

I know that my in-laws will use the issue of “this disease” against me ... and will start nagging my husband to get married. From the beginning they did not like me. They wanted my husband to marry his cousin [This disease] is an opportunity for them! (Thirty-four-year-old woman interviewed by Abdalkheir, 2012)

HIV thus becomes the center of a wider context destabilizing the lives of victims, in which other members of the community or family make life difficult for the victims under the guise of the disease.

When the HIV victim did not breastfeed her child, she hoped that the community would not recognize that the act was associated with the disease. However, the in-laws exerted pressure on her using language as a tool, by denigrating the victim herself as not being able to fulfill proper motherhood. In this

case, language is used as a tool to exert pressure on Samira, who did not reveal her disease to protect her family and herself.

The model in [Figure 3](#) explains and summarizes the process of deconstructing the social identity of HIV-positive women as manifested by the narratives reviewed.

CONCLUSION

The sociocultural context of the everyday life experiences of women living with HIV/AIDS in the sociocultural context of Sudan provides an example of how illness, apart from the biological component and symptoms, always carries a second reality. This second reality is expressed in the cultural images and metaphors that policymakers associate with the pandemic and with the community outlook on the infected.

The social constructionism theory was applied to understand the intersection of various components in the Sudanese conservative sociocultural context with a publicly pronounced “immoral” disease: HIV/AIDS.

A review of field research revealed that in most cases women discover that they are infected when they undergo routine pregnancy checkups and in all cases they relate the cause of the infection to the husband’s risky behavior.

In the Sudanese community, attributes of the “ideal woman” revolve around the productive, reproductive, and social roles of women, which are reinforced through various community channels shaping Sudanese women’s social identity. These constructed standards tend to be deconstructed by various channels of the community, leading to depriving women of the privilege of enjoying their productive, reproductive, and social roles, and thus reshaping the social identity of women living with HIV/AIDS. The coping mechanism for how these women reconstruct identity within the context of HIV/AIDS is beyond the scope of this chapter.

NOTES

- ¹ In this chapter, *Sudan* refers to the Republic of Sudan.
- ² This chapter is based on the findings of student research for partial fulfilment of the requirements for a master’s degree in international and multicultural education at Ahfad University for Women in Sudan. Three theses were used: El Rasheed, H. (2014): “Coping with HIV/AIDS stigma among women in childbearing age in X centre at Omdurman”; El Tilib, H. (2013): “Living with HIV/AIDS in Sudan: A study on the perception of risk of HIV/AIDS amongst young adults (age 25 to 40) in Al Taif, Khartoum”; and Abdalkheir, I. (2012): “Study on intersection between culture, context and sexual behavior in HIV/AIDS control intervention among young Eritrean refugees in Sharagab camps.” The three authors of these theses were contacted and they gave their consent to contribute to the work presented in this chapter.
- ³ Pork is considered unclean by the Muslim community because pork is forbidden to be eaten and its products are not to be used, according to Islamic doctrine.
- ⁴ *Caretaker* is used here to mean a relative close to the mentally ill person that takes care of him or her and provides for his or her needs; this is a social obligation.

- ⁵ In the case of mental illness as a “mind disease,” stigmatization involves the tendency toward attributing causes of the “ill health” to genetic inheritance. Therefore, stigmatization is attributed to the family, society, and membership of the castigated group, fueling a vicious cycle of societal rebuff and personal internalization of the rejecting messages. The effect of the disease has a less severe impact on members of the community when a disease is not attributed to heredity.
- ⁶ In the case of cancer, because heredity is only one potential cause among other possible causes, the relationship is not a direct relation, and so the family is not considered the most important cause of the disease. In such cases, because the relationship between cause and effect is vague, the family members are not accused of transmitting the disease to each other.
- ⁷ The health practitioner, who was working in the Police Hospital at Khartoum, reported that the 32-year-old was very surprised when he came to the routine checkup for employment to discover that he was HIV-positive. He then started to check off all the risk factors and behaviors that might have been the direct cause. In the end, it was concluded that the only possibility might be the *botana* practice he underwent in a relative’s marriage ceremony, in which he was whipped until he bled, and he remembered that others were also whipped with the same lash.
- ⁸ The *botana* practice is a sociocultural activity that voluntarily takes place during ceremonies whereby, in the process of reinforcing their manhood, the male youth of the community are whipped with a lash made of camel skin to test their courage. Lashes are applied to their bare backs until the victim bleeds in a joyful atmosphere among the tribe’s members. Attributes of manhood are displayed through the courage the victim demonstrates in the procedure.
- ⁹ These women asserted that they lacked knowledge of the disease and consequently did not know about the risk factors of its consequences.
- ¹⁰ El Tilib reported that sometimes the social pressure associated with a member of a family known to be HIV-positive may force other members of the family to change their jobs to avoid being stigmatized themselves.
- ¹¹ Processes related to how the blemish of place impacts identity formation and identity management of those that spend time in the blemished space in particular.
- ¹² This relates to the social aspects of becoming ill and the privileges and obligations that come with it. Parsons (1975) argues that a sick individual is not a productive member of society and therefore this type of deviance needs to be policed by the medical profession. Parsons argues that the best way to understand illness sociologically is to view it as a form of deviance, which disturbs the social function of the society. The general idea is that the individual that has fallen ill is not only physically sick, but now adheres to the specifically patterned social role of being sick.
- ¹³ The practice of the inhabitants of poor communities is to assist each other through the *khatah*—that is, paying a prescribed amount of money that goes from one woman to another on a circular basis. This manner of payment differs, but in most cases one woman takes on her shoulders the responsibility of collecting and distributing the money each month.
- ¹⁴ Many European countries criminalize the act of willfully infecting another with the disease, particularly through sexual relations or other behaviors when the perpetrator knows that he or she is HIV-positive.

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TRINITY CHIKWANDA

5. HIV AND AIDS AND TEACHER EDUCATION IN ZAMBIA

INTRODUCTION

The identification of education as the single most important weapon to fight the spread of HIV and AIDS by the United Nations General Assembly Special Session on HIV/AIDS (UNGASS, 2001) and World Bank (2002) prompted the Ministry of Education in Zambia to make HIV education an integral part of the education curriculum at all institutions of learning in general and at colleges of education in particular.

This chapter examines the factors influencing education instructors' understanding and delivery of HIV information to education students and how education students internalize and value this information. HIV education has proved to be necessary and beneficial in providing the requisite knowledge and skills required by education students to manage their vulnerability to the pandemic. However, I argue that the HIV education offered at the college of education studied in this chapter, especially in classroom teaching, is inadequate and has thus failed to adequately prepare teachers to teach about HIV/AIDS. This failure is a result of the interaction of sociocultural, institutional, and multiple identity factors.

This study was carried out at one of the ten government-run boarding colleges of education located in a peri-urban setting in the northern part of the country. The college is located in the provincial headquarters, about 2.2 kilometers from the central business zone. The college is therefore advantageously positioned with easy access.

CONTEXT

Zambia is one of the countries in southern Africa with a high HIV prevalence rate, 13.3 percent (Ministry of Health, 2015). The negative impact such a situation has on the development of the country led the Zambian government to look for more cost-effective measures to address the pandemic. It adopted a multi-sectoral and multi-faceted approach to mitigating the pandemic (Ministry of Education, 2003). To this end, the institution of the National HIV/AIDS, Malaria, and Tuberculosis Council and the introduction of workplace framework policies in all line ministries provided information on how the pandemic has been addressed at all levels of society (Ministry of Education, 2003, 2006, 2008).

Apart from this, the Zambian government in general and the Ministry of Education in particular embraced the notion of education as a "social vaccine"

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(World Bank, 2002) and responded by making HIV education an integral part of the school curriculum. This was followed by introducing many HIV prevention programs in all institutions of learning.

The backdrop to this action was the understanding that education offered either in or outside schools is likely to equip young people with knowledge about HIV and AIDS and skills essential for HIV prevention (UNESCO, 2007; Ministry of Education, 2008). It was also envisaged that, with increased information, knowledge, and awareness, educated young people's behavior will change faster in terms of delaying their sexual debut, reducing the number of partners, increasing condom use, and any other action that may lessen the risk of infection (Vandermoortele & Delamonica, 2000; Kelly & Bain, 2005). This chapter demonstrates that, in order for behavior change to take place, HIV/AIDS knowledge has to include factors that explain why it is difficult for people to change their behavior (Jackson, 2002; Baxen & Breidlid, 2004).

HIV education was initially introduced and implemented in basic schools, where children under 14 (considered the "window of hope") were located. The description was premised on the assumption that the group seemed to give hope of an "HIV-free generation" (World Bank, 2002; Ministry of Education, 2008), and was not yet infected—thus, if provided with requisite knowledge and skills, they would learn to protect themselves from HIV infection (UNESCO, 2004) and live AIDS-free lives, thereby giving hope to the nation.

The inclusion of HIV education in colleges of education came after the realization that teachers' implementation of HIV education was inadequate and superficial, arising from teachers' lack of knowledge and skills due to inappropriate training in HIV education (Salmi, Kanyika, & Malambo, 2000). It was presumed that provision of knowledge and skills, and inculcation of positive attitudes and values in those graduating from colleges, would enable them to convey the same attitudes and skills to their learners upon becoming teachers (Kelly & Bain, 2005). In addition, consideration was made of pre-service teachers as a vulnerable group between 20 and 24 years old—the age globally regarded as susceptible to HIV and needing HIV education themselves (Bennell, 2003a). With the experience of premature deaths among newly graduated teachers in their productive years, when their services were in high demand, as evidenced by the statistics—from 680 deaths in 1996 to 2000 in 2001 (Ministry of Education, 2003; Kelly, 2008)—HIV education in colleges was made mandatory. The proliferation of teachers' deaths, which had never occurred in such numbers before the advent of AIDS, was attributed to AIDS (Kelly, 2000).

The measures taken by the Ministry of Education were laudable in that it was envisaged that adequately trained teachers can be instrumental in enhancing HIV and AIDS awareness and in addressing sociocultural practices that promote unsafe behaviors, thereby influencing appropriate transmission of life skills (Nzioka & Ramos, 2008; Ramos, 2006). The college studied thus embarked on transmitting HIV information through sports, drama, debates, seminars and workshops, talks by guest speakers, weekly campaigns featuring T-shirts (with slogans about HIV and AIDS), and weekly discussions with peer educators from Student Partnership

Worldwide (an NGO working with the Ministry of Education to provide HIV education in institutions of learning). These activities were carried out in tandem with classroom teaching.

Given the background to the study, how effective is the teaching of HIV content to students? Moreover, how effective are HIV programs outside the classroom in equipping education students with appropriate knowledge and skills to minimize their own vulnerability as well as to equip those they will be teaching after graduation with the skills, positive attitudes, and values to avoid contracting HIV?

METHODOLOGY

The nature of this study required understanding and interpreting what was being said and done, and so the research was carried out in a qualitative paradigm. This paradigm was favored based on the critical analysis that the research question required: understanding the phenomenon from the participants' experiences and in a natural setting (Bryman, 2004). As one type of qualitative approach, an exploratory case study design was also favored. According to Yin (1989, p. 12), a case study is "an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used." An exploratory case study here refers to a research procedure aimed at developing a working hypothesis from an operational point of view (Kothari & Garg, 2014). This type of design offers room for flexibility in discovering ideas and insights for considering various aspects of the problem studied. The choice of case study design allowed an in-depth and fairly long-term examination within a real-life context (Yin, 1994; Cohen et al., 2007). The exploratory case study was preferred because of its flexibility and adaptability to change as situations arise (Robson, 1993). Most importantly, however, the design was purposely adopted because it allows multiple data-collection techniques in order to fully understand what was taking place (Yin, 1989).

The choice of the college was prompted by the impression given by the Ministry of Education that the college was doing well in HIV education, based on the survey conducted by CHANGES 2, a non-governmental organization (NGO) working in partnership with the Ministry of Education to strengthen HIV education at colleges of education. Moreover, although the college is in a peri-urban setting, it is located in one of the rural provinces of the country. The college examined is similar to the college where I teach in terms of its size and the composition of ethnic groups, and this made it familiar to me as a researcher and suitable for research. At the time of the study, the college had 116 students (and an enrollment capacity of 300), or 49 women and 67 men with 38 staff members (32 men and six women).

Sampling was mainly done using purposeful sampling. Research participants were selected from education instructors themselves, education students, and administrators from both the college and Ministry of Education headquarters. Thus, the study engaged 25 education instructors (21 men and four women), 50 students (25 women and 25 men), two top management leaders in the college, one senior

education officer, who was a focal point person at the Ministry of Education headquarters in charge of HIV education in colleges, and one Student Partnership Worldwide peer educator that was at the college at the time of study. The participants were involved in the research at various levels using various data-collection methods: some were engaged in interviews, others in answering open-ended questionnaires, and some in focus group discussions. The choice of participants was made with the help of the college's HIV focal point person. The selection of participants was based on the positions, status, and roles they had in relation to HIV prevention programs at the college. Hence, both education instructors and education students were purposely included in the research as members of the HIV committee. Others were members of the Education Study Area and Social, Spiritual, and Moral Education members with HIV and AIDS topics in their syllabus. The two top leaders were involved because their positions meant they were expected to be the focal point persons for HIV programs at the college, although the position was given to one lecturer. Other members were also HIV-related personnel in their individual capacities at various places of work.

The data were collected using five kinds of data-collection instruments: 1) open-ended questionnaires, 2) one-on-one interviews, 3) focus group discussions, 4) observations, and 5) document analysis. Questionnaires were distributed to education instructors and education students. No names were recorded on them, although age was recorded. The use of questionnaires as the first strategy offered random insight into what education instructors thought about how they were conducting HIV education at the college. The method gave lecturers a chance to evaluate their own classroom teaching of HIV-related content as well as other extracurricular HIV programs at the college. The in-depth interviews were also conducted at various times of the 3-month research period, from July to October 2008, while I was on site. The use of in-depth interviews allowed me to probe, illuminate, and confirm what was being said there and then. By noting respondents' comments, facial and body expressions, tone of voice, gestures, and level of cooperation, I was able to obtain information not gathered in the questionnaires (Sidhu, 2003).

Three focus group discussions were also conducted with students: one for men only, another for women, and a third comprising both men and women. A fourth focus group discussion was conducted with education instructors, both men and women. This method was favored because it is a powerful means of investigating complex issues that cannot be discussed in face-to-face interviews or on questionnaires. The method permitted multiple and contrasting perspectives to be contested, and it encouraged participants to defend and clarify their views (Bryman, 2004). During the study I assumed the role of a participant observer for 3 months while I was engaged in teaching. Observation was thus performed using the prepared predetermined observation guide. Observation was advantageous as a data-collection strategy for understanding critical issues that could not be verbalized (Ogula, 2003). The strategy supplemented and consolidated data already collected through other strategies.

While on site, I observed classroom teaching in some study areas and sensitization programs conducted by Student Partnership Worldwide peer educators, who carried out many of the class programs. Other areas of attention included everyday events such as how both lecturers and students talked about HIV and AIDS, how they treated those known and suspected to be HIV-positive, and the behavior of both students and lecturers. I was also on the lookout for the availability of HIV and AIDS posters and reproductive health posters at the college. Finally, in document analysis, the college HIV and AIDS workplace policy was analyzed as well as other HIV and AIDS literature available at the college.

Data analysis took place simultaneously with data collection using an iterative approach (Yin, 1994). Responses were categorized according to keywords; concepts emerged and were then analyzed manually. The ethical principles of research were upheld. The research was authorized by Oslo University College and cleared by the University of Zambia Ethics Committee. Permission was also sought from the school principal where the research was conducted. Moreover, the elements of confidentiality and privacy of participants were strictly followed, and anonymity was guaranteed by not disclosing the name of the institution or using any names to refer to respondents.

The research was framed in socialization theory because much of what was being sought had to do with how both education instructors and education students had been socialized, as highlighted by the theoretical framework in the next section.

THEORETICAL FRAMEWORK

The critical analysis of how HIV education was being conducted at the college studied required locating the study in socialization theory. Socialization is the process of transforming people into social beings through interaction with each other in a particular environment (Fulcher & Scott, 2007). This transformation occurs through mastering skills, acquiring knowledge and values, and assuming roles appropriate to ones' position in a particular group or society (Michner & Delamater, 1999). Socialization in general terms encompasses learning culture, which is no longer restricted to a geographical setting, but extends to embrace various discursive fields and common interests (Baxen, 2006). Culture involves learning beliefs, behavior, knowledge, sanctions, values, norms, and goals that act as benchmarks in the life of a particular group of people (Tanner, 1997). The definition implies that culture is not inherited, but is learned and constituted by members of a particular group through their actions and networking with others. Culture is not exclusive of others; it borrows from and is influenced by other cultural practices and beliefs (Shorter & Onyanacha, 1998).

More central to cultural socialization and significant to the study is sex and gender socialization, which orients members in their sex and gender roles. Through gender socialization, people acquire behavior and attitudes appropriate for each sex, with each sex learning what it means to be either a boy or girl and a man or

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woman (Henslin, 1996). Gender socialization conveys masculine and feminine discourse content to members, leading to gender identities appropriate to each group. The thrust of gender socialization in relation to the study lies in the two phases of socialization (i.e., primary and secondary), which continue to create a culture of silence on sex issues and pose challenges regarding who should provide sex education, even in the college context (Shtarkshal, Santelli, & Hirsch, 2007).

Most important to the study is the development of identities. As people socialize with others, they create their own personal identities. Through their interaction and networking with others, education instructors come to define and understand who they are in relation to others, which has culminated in the development of their personal identities, or self-identities (Giddens, 2001, 2006; Fulcher & Scott, 2003, 2007). The discussion of identity formation in this study followed the sociological perspective, which discusses identity formation as a product of socialization. Identity formation occurs as one interacts with the environment and the structures one finds oneself in (Stryker, 1980). Through daily interpersonal networks within a distinct structure, in this case the college environment, lecturers enact their social identities. Social identity is the characteristics or labels that are attributable to an individual by others to indicate who that person is in relation to others that share the same attributes (Giddens, 2001; Fulcher & Scott, 2007). This explanation depicts social identity as placing people in cohorts based on common characteristics of members, such as age, gender, religion, or culture. The implication is that education instructors do not belong to one group of social identities, but instead have multiple identities and hence oscillate from one identity to another based on the roles attached to the identity and the context. As Fulcher and Scott put it:

We can behave as one kind of person at work, another at home and yet another at a party because we interact with different people in each setting. In each setting we present a self that conforms to the expectations of the particular audience and of which we think the audience will approve. (Fulcher & Scott, 2003, p. 134)

The situation has repercussions on how education instructors negotiate within the multiple identities while conducting their duties as HIV educators because often their personal identities conflict with their social identities, hence affecting the effective delivery of HIV content. This scenario is clarified by the findings and discussion presented in the next section.

FINDINGS AND DISCUSSION

The education students' and education instructors' understanding of HIV and AIDS centered on the unprecedented social problems of the disease, which negatively impacted society and thus imposed social and economic burdens on the lives of the infected and affected. Such an understanding compelled the college management to initiate HIV education prevention programs aimed at equipping education students with knowledge, skills, positive attitudes, and values to help

them cope and avoid contracting HIV, as well as to mitigate the impact of the epidemic on the college community.

The examination of the HIV education programs conducted at the college in general and in classroom teaching in particular highlighted the lack of proficiency by education instructors in transmitting HIV education to their students. Investigations into the causes of this lack of proficiency revealed myriad factors, answering the main question of the study, which was to determine which factors shaped education instructors' delivery of HIV education to their students. The factors highlighted, and themes including sociocultural factors, multiple identity factors, and institutional factors as impediments to effective delivery of HIV education, are discussed below.

Sociocultural Factors and HIV Education

This study understands culture as a way of life of a given society consisting of beliefs, customs, values, norms, traditions, and overall social organization (Tanner, 1997). The findings on cultural teachings and practices highlighted both positive and negative consequences on how education instructors reacted to HIV information. Cultural practices that encouraged abstinence and faithfulness to one's partner, and that discouraged premarital and extramarital sex, were appreciated as good tools in enhancing HIV prevention education. Cultural practices that condoned polygamy, sexual cleansing (i.e., the requirement for a widow to have sexual relations with a relative of the dead spouse to exorcise his ghost), multiple extramarital relationships, and cross-generational and transactional relationships, which some lecturers in the college subscribed to, were reported by lecturers as contributing to more HIV infections and thus compromising the efficacy of culture in HIV prevention education (Ramos, 2006).

Nonetheless, the role of culture in HIV education was contested. It was argued that moral decay and Western culture, which has been embraced by the Zambian people, has more of a negative impact than cultural practices that, it was pointed out, happened once in a while and are not dangerous if the people concerned were HIV-free. These ideas were expressed by one male lecturer as follows:

The exposure to television, Western dress, and the idea of having boyfriends and girlfriends where premarital sex is taking place, which is a Western phenomenon, is worse than polygamy or sexual cleansing. Besides, polygamy where all parties are faithful is not dangerous. And sexual cleansing, if the couple is not infected, is also not dangerous.

The lecturers' ideas were in line with Gausset's (2001) ideas that underpinned the Tonga practice of polygamy: that whether people practice polygamy or monogamy does not matter; what is important is fidelity or the practice of safer sex in an extramarital relationship. Ignoring traditional moral codes through enticing dress by young people, indulging in premarital sex, and cohabiting with women with Western cultural orientations were considered to make young people more susceptible to HIV infection than cultural practices (Dyk, 2001; Bennell, 2004).

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The scenario affected and shaped the way lecturers and students responded to HIV education.

In addition, the cultural teaching that still considered discussion of sex issues between adults and young people and parents and children as taboo (Simpson, 2000; Chiwele & Mwape, 1999) continued to pose challenges on who should provide sex education between parents and teachers (Shtarkshall, Santelli, & Hirsch, 2007). Both lecturers and students repeatedly echoed that “sex issues were not discussed between elders and young people.” The culture of silence perpetuated by such teaching, it was noted, made lecturers feel uncomfortable discussing HIV issues with students, thus hampering effective communication of HIV information to education students. Therefore, conflict between traditional and modernity discourses, in which HIV education is framed, predisposed and restricted lecturers when delivering HIV education. Lecturers reacted by practicing selective teaching or glossing over pertinent content of the topic, as other studies have noted (Nzioka, Korongo, & Njiru, 2007; Ramos, 2006; Bennell 2003a). Nonetheless, the unprecedented devastating impact of HIV and AIDS on lecturers’ families and the operations of the institution have led to some changes, although at a slow pace, in abandoning some practices and teachings to embrace modernity, which required a change in the manner of addressing the pandemic, as other researchers have noted (Bennell, 2003a, 2003b; Kelly, 2008; Ramos, 2006).

Moreover, the notion that sex issues are not discussed between adults (lecturers) and young people (students) based on the age difference can be contested. It was noted that students’ ages ranged between 19 and 24 years, a period when all students had reached puberty. Puberty is an entry point to adulthood and the commencement of sex education in the Zambian context. Shunning such teaching based on age differences by lecturers was simply a weakness on their part and thus affected HIV education at the college. Correspondingly, the same cultural teaching was also contested by students, who questioned how similar information about sex and reproductive health was delivered in other subjects, such as science and home economics: “How do they [lecturers] teach about reproductive organs in science? They mention everything, what’s the difference with HIV and AIDS?” This was a perplexing paradox that can only be explained when one looks at how multiple identities within one person allows him or her to act and behave differently in various discursive spaces (Fulcher & Scott, 2003). This is discussed below.

Education Instructors’ Multiple Identities and HIV Education

The exploration of how gender identity impacted education instructors’ delivery of HIV education indicated that sexual socialization of both lecturers and students was at work and had repercussions on their roles as HIV educators. The socialization in masculinity and femininity roles that both groups received shaped how information was transmitted by lecturers and reacted to by students. The masculinity discourse conditioned men to be more knowledgeable and experienced in sexual matters and dominant sexual actors (Moerschbacher et al., 2008), whereas the femininity discourse conditioned women to be submissive, passive,

and ignorant sexual actors (UNAIDS, 2008; Jackson, 2002). Regarding HIV education, such orientation shaped the way information was relayed and reacted to, with male students being somewhat free to discuss sexual matters in class and the opposite with females. The situation made HIV education bleak.

It was also argued by both students and lecturers that the disparity between sexual socialization given in the home and at school negatively impacted both education instructors' and students' creation of self-identities and adversely affected the lecturers' transmission and students' reception of sex information. The clash between home and school discourses inhibited open and in-depth discussion of HIV education, thereby working against the intended purpose of HIV education. Most important was the issue of gender and how it affected HIV education. The findings of this study on how gender influenced HIV education elicited discordant responses, with some education instructors claiming to be comfortable and open when conducting education on HIV-related topics. However, many responses illuminated the challenges that both men and women experienced when performing their work as HIV educators and inadequacies in the way that HIV education was being conducted. The following observation by one female lecturer (other lecturers were in agreement) during a focus group discussion illustrates the point:

In the past sexual issues were not discussed in public in a mixed group; there was a time when young people were taught about sex issues. Some adults of the same sex were appointed to teach the new initiates and the teaching was done in seclusion. The idea of mixing males and females when discussing sex issues in public makes HIV education difficult.

The teaching of HIV education content to a mixed group in a public forum like a classroom by education instructors ignored the cultural dimension, which prohibits discussion of sex issues between adults and young people of the opposite sex openly. The situation, it was observed, created discomfort in both education instructors and education students. It was reported that female students reacted passively during HIV education, especially by male lecturers. This situation was attributed to their feminine socialization, which taught women to be ignorant about sexual matters (Jackson, 2002; Ratele & Duncan, 2003). The sexual and gender socialization of lecturers and students and the classroom environment, which did not take into account the social context in which HIV information is negotiated, contested, and reconstructed, therefore undermined the significance of HIV education offered.

Subsequently, the marital status of lecturers and their roles as mothers and fathers as well as identities they held negatively affected HIV lessons. Male students' responses on questionnaires pointed out that "it was culturally wrong for HIV issues to be discussed with female lecturers considered to be our mothers." HIV education included topics such as reproductive organs and methods in which HIV is acquired, which are not traditionally suitable for discussion with a lecturer of the opposite sex because of their roles as parents. Schools are reproductions of community teachings and practices, and are thus affected by community expectations. The cultural teaching that lecturers have internalized and subscribe

to, which prohibits parents of the opposite sex from discussing sexual issues with children, thus tended to inhibit lecturers' efforts to openly and freely discuss HIV issues with education students (Ramos, 2006; Salmi et al., 2000)

Moreover, the married lifestyle of education instructors was seen as more of a hindrance than the marital status itself. Some education instructors, it was reported, were polygamous and had multiple relationships, a situation that appeared to compromise their roles as HIV educators. Their indulgence in such practices created a guilty conscience, which constrained them from speaking out against HIV and AIDS. One male lecturer in a focus group discussion pointed out that "if you're not guilty of what spreads HIV, you find it easy to discuss such issues with students but, when you're in it, it becomes difficult." Therefore the married lifestyle of lecturers seemed to determine how effectively a lecturer could articulate issues of HIV and AIDS. However, the credibility and trustworthiness of the one passing on the HIV information mattered more than the marital status and roles one held at the college and in society (Boler, 2003).

In terms of religious discourse at the college, all participants claimed to be Christians. The religious groups and churches that the college lecturers and their students belonged to advocated abstinence, being faithful to one's partner, and monogamy as important values in preventing and mitigating HIV and AIDS. Contrary to this view, lecturers produced discordant responses on condom use. The discussions highlighted negativity on teaching about condom use as a prevention strategy, which they claimed promoted promiscuity. One male lecturer argued that:

Allowing condom use will increase promiscuity. The fact that somebody is hungry doesn't mean that he should look for food anywhere, even in rubbish pits. So we can't say that, since promiscuity is there, people should be encouraged to indulge in it by allowing them to use condoms.

The lecturers' ideas blended with Jackson's (2002) assertion that condoms, whether used by men or women, were associated with distrust and suited for casual or commercial sex rather than steady loving relationships.

Despite working in a secular institution where they are obliged to present the government curriculum, the lecturers' subscription to their church's teaching, which favors abstinence as opposed to condom use, conflicted with the government's stance on condom use as one strategy for HIV prevention and management. Many lecturers expressed discomfort talking about and demonstrating how to put on condoms despite students already being sexually active and in need of such information to save themselves from infection. It was also noted that promiscuity was there even when lecturers were reluctant to teach students to use condoms, as one male education instructor alluded:

If churches condemn condoms premised on the argument that they promote promiscuity, the fact is that promiscuity is already there even when church members are not using condoms, so why not open up so that people can be spared from contracting HIV by using condoms.

In view of such sentiments, one can agree with Baxen and Breidlid (2009), who argue that use of condoms is not a liberation ideology but rather a facilitation based on the understanding that sexual behavior change takes a long time and is difficult to achieve for those already sexually active.

The findings further highlighted double standards of lecturers in behavior and teaching. It was reported during lecturers' focus group discussions that some lecturers used condoms in their extramarital relationships whereas at the college they encouraged students to abstain. The situation was a serious obstacle to management of the pandemic and HIV education in general. The discussion also pointed out the double standards of lecturers in performing their roles as HIV prevention facilitators. It came to light that in their churches some lecturers had HIV education responsibilities toward their youth, which they performed very well, including talking about condoms and sex issues, and yet they were failing to do the same at the college. This scenario reflected the multiple identities lecturers had, which enabled them to act in a particular way in one context and restricted the same activity in another context (McNamara, 1997).

In addition, lecturers as professionals understood themselves as people endowed with knowledge and skills acquired from training, which gave them a certain status and prestige above other people in society. Nevertheless, the professionalism of lecturers was contrary to the expectations of the college due to their failure to offer HIV education adequately and competently (Nzioka et al., 2007). Their epistemological and pedagogical deficiency prompted them to avoid offering HIV education, thereby downplaying the essence of HIV education. As reported by students, lecturers avoided teaching HIV topics under the pretext that students' knowledge of the topic was high and that students were suffering from knowledge fatigue. The point to remember, however, is that information was being delivered to different cohorts of students. Moreover, education instructors felt constrained in handling HIV issues due to their perception that HIV and AIDS are moral issues that have nothing to do with them as professionals. Observations of HIV lessons revealed that some lecturers did not provide coherent information of appropriate depth. There was also selective teaching of HIV and AIDS content in their areas of specialization, as other researchers have alluded to (Ramos, 2006; Boler et al., 2003; Nzioka & Lucinda, 2008). This is attributable to reasons mentioned earlier: religion, culture, lack of a capacity to teach about HIV and AIDS, and so on.

Furthermore, the lecturers' engagement in sexual relationships with female students, as reported by some students, compromised their status as role models for students and disqualified them from offering effective HIV education (Chiwele & Mwape, 1999; Munachaka, 2006; Nzioka et al., 2007). One female student respondent argued that:

We can't consider our tutors to be role models. When they fail to discuss such issues with us and indulge in what spreads HIV, that means they're not role models. We've come here to learn from them, how we should go and teach, but they're not showing us how we should go and present to our pupils in the field and how to behave.

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The picture portrayed in this quote shows negativity and the inability among such lecturers to offer HIV education in the classroom. It also creates apathy among students, who do not take lecturers seriously when such topics are discussed.

It was also noted that HIV-positive status as an identity of some lecturers restricted them from discussing HIV topics. They felt inhibited and embarrassed to talk about such topics because of the general association of HIV and AIDS with promiscuous behavior. One male lecturer wrote “How can I talk about what is affecting me?” This statement elicited the challenges infected lecturers went through when called upon to integrate HIV education into their lecturing. The findings indicated that three to four lecturers were HIV-positive and yet none had openly declared their status, as other researchers have pointed out in other contexts (Nzioka et al., 2007; Ramos, 2006). Stigmatization and discrimination were reported by both students and education instructors to have hindered these lecturers from declaring their status, although the extent of stigmatization and discrimination could not be established. Lecturers’ non-disclosure of their HIV status deprived the college of potential role models of people living with HIV and AIDS, who can be instrumental in mitigating and preventing the spread of HIV and AIDS (Kelly, 2008, UNAIDS, 2008).

The foregoing discussions show that the influence of sociocultural and multiple identities of education instructors shaped how lecturers conducted their HIV education lessons in class, which was weak and did not help education students a great deal. These factors interacted with institutional factors, as discussed below.

Institutional Factors and HIV Education

The analysis of what has been put in place to facilitate effective classroom HIV education showed that the college enjoyed full financial and material support from the top management and had put adequate structures in place to facilitate effective HIV education. However, inefficiency and lack of planning by those responsible hampered effective transmission of HIV information to education students. The head of the college alleged that “none of those with responsibility are planning or organizing anything for the college.” These sentiments depicted the shortcomings of the committee tasked with running HIV and AIDS matters at the college. Moreover, lack of a proper curriculum design for this type of education and treatment of HIV education as a crosscutting issue that can be integrated into study areas (Ramos, 2006) deprived HIV education of the status and importance of standalone subjects, and made its integration optional for many lecturers. One female education instructor said during an interview: “I only introduce HIV information in the last five to ten minutes of the end of the lesson.” This underrates the importance of HIV education in the institution.

The refusal by the Ministry of Education to give HIV education a slot on the timetable due to a congested curriculum and the idea of making it non-examinable except for a few questions that are part of standalone subjects rendered the subject insignificant, as Ramos (2006) also observed in her study of another college in Zambia. The argument is that the broad syllabuses for various study areas pose

challenges for completing them and thus leave no room for integrating HIV and AIDS lessons. The Ministry of Education (1992, p. 27) postulated that “the curriculum suffers from being overloaded, new materials or areas of learning are being added periodically, but are not fully integrated into the curriculum.” This scenario, it was observed, had increasingly encouraged lecturers and students not to give HIV education the attention it deserved, thereby undermining the intended purpose of this aspect of education. Moreover, lack of knowledge of how to integrate HIV topics had adversely perpetuated ineffective delivery of the HIV materials to students (Nzioka et al., 2007; Ramos, 2006).

The Ministry of Education nonetheless responded to the challenge of integration by introducing the Teaching in the Window of Hope (TWP) program initiated by Community Health and Nutrition, Gender and Education Support 2 (CHANGES 2) a non-governmental organization that partnered with the Ministry of Education to improve integration of HIV content into normal lessons. CHANGES 2 did not achieve much. Lecturers condemned its donor-driven tag, which, it was noted, aroused negativity in them based on their experiences of the non-sustainability of donor-driven programs. The analysis of CHANGES 2 activities highlighted failure to equip lecturers with skills and knowledge of how integration should be performed and in what topics due to inadequate training, as observed in other studies (Nzioka et al., 2007; Boler, 2003; Ramos, 2006). The “casket model” of training that CHANGES 2 used, which involved training a small group of lecturers and then tasking them to go and train others, was rudimentary and inadequate (Ramos, 2006). The situation attracted negativity from lecturers, especially when those trained were ineffective in training others. Lecturers ignored the program because they were not involved in designing it, but were only asked to implement it. These ideas reflected the Ministry of Education’s cultures, which always treat teachers as implementers of programs already planned (Baxen, 2006) with no need to decide what could be best for them, and this made the programs fruitless.

On the one hand, the lecturers’ lack of in-depth training in interactive methodologies appropriate for effective HIV education (Nzioka et al., 2007) had negative repercussions on HIV education at the college. Interactive methodologies allowed students to be engaged with the material presented and freely discuss and express their views without reservation. This encouraged students to be fully involved in the learning process. The insufficient training lecturers received in interactive participatory methodologies, which is premised on the understanding that people learn well when they participate (Dyk, 2001), made the lecturers use the “banking system” of teaching as opposed to a practice (Freire, 1978) in which education students engage in dialogue and reflections, and can take action accordingly. It is therefore evident that the lack of training in interactive methodologies resulted in haphazard presentations of material, leading to the failure to deliver HIV information adequately (Nzioka & Ramos, 2008). Observations of lessons conducted by lecturers and Student Partnership Worldwide sessions revealed that both were using the banking system (i.e., giving information using question-and-answer, lecture, or group-work methods). These methods bored

students, who participated less and often avoided such lessons, leading to poor preparation.

On the other hand, the lack of training in HIV interactive methodologies worsened when there was insufficient material with HIV information (Bennell, 2004; Nzioka et al., 2007). The findings exposed a lack of books and other related materials such as posters and brochures in strategic areas, such as the staff room, classrooms, and assembly hall. The few available books were kept in the focal point person's office and not available to others. However, although there were few books, the college had some resources where such materials could be accessed. The head of the school argued that there were other sources where information could be found. He mentioned places in town that were networking with the college, the Student Partnership Worldwide resource center, and internet services that had been installed in the college as sources of information on HIV and AIDS that could be accessed by education instructors. Lack of initiative to look for materials on HIV and AIDS on the part of lecturers exacerbated their lack of knowledge on the topic and thus affected how HIV education was delivered.

Furthermore, haphazard monitoring and evaluation mechanisms as quality-control measures at the college overshadowed the transmission of HIV education (Ramos, 2006; Nzioka & Ramos, 2008). The findings brought to light the inability by the HIV committee to coordinate and monitor HIV activities at the college. The situation contributed to ineffective provision of quality-control of HIV education, thus rendering HIV education ineffectual. In addition, the intermittent visits by external monitors, including people from the Ministry of Education headquarters, Student Partnership Worldwide, and CHANGES 2, did not have a serious impact on the college. The discussions with lecturers and the principal highlighted that each monitoring group had its own agenda and purpose and hence their findings did not trickle down to improve the college's operations. Members of the committee also expressed ignorance of having been given this task. This situation had led to the ad hoc delivery of HIV education and thus contributed to its ineffectiveness.

CONCLUSION

The study foregrounded education instructors' and education students' understanding of HIV and AIDS. Clearly, the enormous challenges related to the pandemic have not been seriously addressed and the multiple factors discussed above weaken the efficacy of HIV education offered at the college.

The research established that internalized sociocultural teachings and practices that lecturers and students both subscribed to have repercussions on education instructors and thus influence their performance of duties as HIV educators. These practices and teachings interact with education instructors' self-identities and social identities, which condition them to behave in a particular way in one context and differently in another context. Such conditionings constrain them from offering open and in-depth HIV information at the college context, whereas they are able to do so in other contexts, such as the church. The situation compromises and makes

HIV education offered at the college weak, not addressing the HIV pandemic seriously.

The study has therefore added to the knowledge about college teaching of HIV/AIDS by confirming that it is not only sociocultural teachings and practices, multiple identities, or institutional aspects, but a combination of all these factors (Boler, 2003; Kelly, 2008; Bennell, 2004), that contribute to the ineffective transmission of HIV information to education students.

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6. SCHOOL AND HOME SEXUALITY DISCOURSES IN SELECTED GIRLS' SECONDARY SCHOOLS IN LUSAKA

INTRODUCTION

This chapter examines how discourses on sex and sexuality that girls are exposed to in school and at home shape their understanding of what is perceived as accepted sexual behavior. Home and school discourses also have an impact on girls' perceptions of the risk of HIV/AIDS infection. This chapter is based on a study carried out in 2008 at two secondary schools in Lusaka, Zambia. The core issue studied was sexuality in relation to sexual intimacy and HIV/AIDS.

Although research conducted on HIV/AIDS in Zambia is extensive (Kalikiti, 2002; Malambo, 2000; Salmi, Kanyika, & Malambo, 2000), very few studies have explored and compared how discourses at home and at school are related to girls' sexual education and upbringing. This study therefore responds to this gap regarding girls and sex as well as its consequences for HIV/AIDS education in Zambia. The home discourse on sex and sexuality plays a dominant role in shaping girls' response to sex and HIV/AIDS, and is similar to the school discourse, which preaches abstinence. However, I argue that immersing girls in a discourse of abstinence without equipping them with the skills necessary to negotiate for safe sex when faced with compromising situations increases the chances of girls indulging in unsafe sex.

METHODOLOGY

The study took place in Lusaka. The home discourse was explored through interviews with parents as well as with traditional initiation rite "teachers" from the Nsenga people, who originally come from Nyimba, a district in the eastern part of Zambia, but now live in the city of Lusaka. Initiation rites were observed in order to inform the study of the home discourse. The school discourses were examined at two girls' public secondary schools: one solely run by government and another that is grant-aided and run by the Catholic Church. The study was limited to two schools. More importantly, the identified sites, girls-only schools, were selected due to feasibility and appropriateness for investigation of the research problem (Hammersley & Atkinson, 1995). The sample comprised eight parents and six traditional initiation rite teachers, who are commonly referred to as *alangizi*¹ (home

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discourse), as well as 40 schoolgirls and six teachers (school discourse), giving a total number of 60 informants.

Data collection was carried out between July and October 2008 in Lusaka. These data were collected through focus group discussions with girls at the two schools and *alangizi*. In order to elicit detailed information that could not be divulged in any other way, in-depth interviews were conducted with parents, girls, teachers, and *alangizi*. To investigate the discourses on sexuality that exist in the home, some parents were randomly sampled as sources of data during a parent-teacher day at the schools. In addition, *alangizi*, girls, and some teachers in their capacity as parents were sources of data for the home discourses. The use of a variety of data collection methods served the purpose of triangulation and validation of data.

The initiation rites were observed to understand how sex, sexuality, HIV, and AIDS discourses were discussed, and to identify and describe the discourses used and how they were constructed. The distinctive feature and strength of observation is that it offers an investigator the opportunity to gather live data from natural social situations, which provides the potential to yield more valid and authentic data than would be the case with mediated methods (Cohen, Manion, & Morrison, 2007). The rites lasted a month and observations were made weekly. Half of the group of *alangizi* observed experienced initiation rites in a village in rural Nyimba. Therefore their initiation rites follow the practice of the Nsenga people of Nyimba, in the eastern part of Zambia. The initiation rites in the traditional context provide an opportunity to teach girls about womanhood and how they are expected to conduct themselves in society. Even though the Nsenga girls observed during the rites do not come from the same ethnic group as girls in the two schools studied, the findings (which were similar) offered a general picture of how sex and sexual behavior is perceived before marriage in traditional home settings.

In addition, observations were conducted in the school, particularly in biology and religious education, as well as in some club activities where issues related to sexuality and HIV/AIDS were discussed. Moreover, peer discussions among girls on sexuality issues were observed. Finally, we observed how the discourse of sexuality is propagated at school assemblies, where all pupils gather for weekly information from the school management.

Secondary data were obtained from documents. Documents analyzed included the HIV/AIDS Workplace Policy from the Ministry of Education, religious education textbooks, and biology text books.

THEORETICAL FRAMEWORK

A Foucauldian perspective on discourse is used to provide an analytical lens and enhance the relevance of the findings. The term *discourse* is embedded in various theories and is applied to various fields and analysis. The rationale for contextualizing the study in Foucault's perspective on discourse is an assumption (or acknowledgement) that meanings and meaningful practices are largely anchored in discourse. Foucault defines discourse as a system of knowledge that

makes true and false statements possible and acceptable. Discourse therefore refers to the way a subject is talked about and perceived (Foucault, 1970). Premised on Foucault's idea of discourse, Knights and Morgan (1991, p. 253) see discourse as "a set of ideas and practices which condition our ways of relating and acting upon a particular phenomenon." This definition is relevant to this chapter because the focus is on how matters pertaining to sex and HIV/AIDS are talked about and perceived both in school and at home, and what it does to the subject as well as what the subject does to discourse.

Foucault (1972) asserts that there are discourses that constrain the production of "new" knowledge, dissent, and difference, and some that enable new knowledge and difference. He further contends that discourse constructs the object it speaks about. Thus, our understanding of phenomena is constructed by discourse. Therefore, a subject is both produced within discourse and is subjected to discourse (Foucault, 1972).

Consequently, the way discourse constructs a subject and what individuals do with the discourse determine their identity and to a large extent the choices they make to either comply with or subvert the dominant norms. In addition to making use of discourse as an important theoretical concept, socialization theory supplements discourse because girls experience discourses in socialization processes. Home and school are agents of primary socialization that are important sites of identity construction, also in terms of sexual identity. The family is the main agent of socialization in infancy and childhood, and children learn the cultural norms of the society they are born into. The socialization of girls at home primarily takes place through the mother as a role model as well as through girls' observations and interaction with family members. School is another important socializing agency in more subtle respects (Giddens, 2006).

Socialization theory's role-learning and symbolic interactionism (Fulcher & Scott, 2003) gives depth to girls' socialization because it explains how girls are able to construct meaning, define and redefine meaning, and evaluate situations through interaction with significant others. Socialization is thus a process through which children develop awareness of social norms and values, and achieve a distinct sense of self (Giddens, 2006). Primarily, socialization is a process by which children learn to become members of society, both by internalizing the norms and values of home and other primary institutions and also by learning to perform their social roles (Feigelman, 1980).

Socialization thus gives people knowledge of the particular cluster of roles that define them as individuals and give them identity (Fulcher & Scott, 2003). Although deviation from expected social roles does happen, more often—through its cultural definitions and expectations—the socialization process determines people's perceptions and behavior, also in terms of sexuality. In this way socialization is significant in accounting for girls' responses to sexuality because girls' concepts about sexuality and HIV/AIDS are formed and shaped through socialization. Thus, socialization processes tend to reproduce existing social identities and relations that maintain the status quo.

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Traditional Socialization of Girls in Zambia

Although social roles may be changing, Rasing (1996) points out that in Zambia girls are traditionally mentored by their mothers, from whom they learn the household chores. Girls learn issues of sexuality from other members of the family such as aunts or grandmothers, as well as *alangizi*. Older women keep an eye on the girl while she is growing up and tell her how to behave, to obey older people, and to dress properly or decently. For Van Genep (1965), initiation rites incorporate girls or boys into the world of sexuality, into a group confined to persons of one sex or the other. Rasing (1996) further reveals that during initiation the subject has to submit to an authority that represents the entire community, or the repository of cultures, values, norms, attitudes, sentiments, and relationships.

Discussing some of the precautionary measures against premarital sex among the Tonga of Southern Zambia, Colson (1958) observes that girls used to sleep in the main house with their parents or grandparents because parents did not approve of girls escaping from family supervision. Cultural scenarios are the norms that guide sexual behavior at the societal, cultural, or sub-cultural level and help determine the details (who, what, where, why, and how) of sexual interactions (Simon & Gagnon, 1984). The following section discusses the major findings.

FINDINGS AND DISCUSSION

This section discusses the discourses found in the home; namely, parental discourses and discourses related to initiation rites.

The Parental Discourse on Sex and Sexual Behavior

According to the parental informants, abstinence is emphasized in the home. Some mothers and fathers remind girls not to play with boys. One mother had this to say:

Avoid men wherever you go. I'm not always there as your mother to guard you, so you must exercise self-control at all times. These men just want to destroy your future. Besides, it isn't necessary for you to have a boyfriend now because it may divert your attention. Men will just distract you from schoolwork. Remember that these days there is HIV.

The kind of socialization by the mother is one in which the parent endeavors to create what Coleman (1990) refers to as the internal policing system, which is a broader part of socialization. In line with Coleman's idea, a girl in a focus group discussion stated: "What my mother tells me about sex and men rings a bell in my mind wherever I go." Therefore successfully socialized individuals follow the parental discourse despite the physical absence of the socializing agent (Coleman, 1990). This is closely linked to Foucault's idea of discursive power and the self-disciplining of the body, in which the individual engages in self-regulation without the imposition of extrinsic power to discipline the body (Foucault, 1977). This openness of a mother to a daughter has been accelerated by the HIV pandemic. As

observed by Stromsquist and Monkman (2000), local groups often reshape their identities when they meet challenges of globalization processes, but they do not abandon these identities to become entirely globally oriented. In the era of HIV, some mothers have been influenced by globalization processes and do discuss issues of sexuality with their daughters, but they have not abandoned their culture because they still hire *alangizi* to train their daughters in the ways of tradition when the time is ripe.

Thus the phrase “do not play with boys” is used by some mothers as a cautionary note to girls not to indulge in sex or any risky behavior that could result in HIV infection and/or pregnancy. Even a few fathers discuss issues of sexuality with their daughters, as stated by a father in one in-depth interview:

I take time to discuss issues pertaining to sex and HIV with my children, how to prevent oneself from falling prey to sexual desires, and when the right time for sex is. It isn't easy for me to start the topic, but when an opportunity presents itself, such as a kissing scene on television, I use it as an entry point for discussing sexuality issues. However, my wife works hard to preserve the precepts of tradition, which I'm against. As a result, my children always listen and don't make any contributions, even when I give them an opportunity to talk. One thing I've told them is that if one indulges in sex and gets pregnant or contracts HIV then she leaves my home.

Clearly discouraging girls from becoming pregnant is one way of inculcating moral values in girls because the one that becomes pregnant is seen as deviant or not morally upright. If she becomes pregnant, she therefore deserves to be expelled from the parents' home, and fear of rejection or being disowned induces restraint from indulging in sexual activities. In addition, girls may abstain for fear of being perceived as rebellious when chased from the parents' home. More importantly, discouraging girls from becoming pregnant in this manner implicitly suggests that the discourse of abstinence is socially and culturally reproduced. It is not surprising therefore that instilling fear of rejection in girls if one becomes pregnant functions to reinforce the discourse of abstinence, a discourse that seems dominant and is either implicitly or explicitly reproduced. One girl had this to say:

If you abstain, you'll enjoy peace of mind because you can't contract sexually transmitted diseases such as HIV or get pregnant. Lost virginity can't be regained after sex and virginity is considered a woman's pride on her wedding night. It's better to make right choices now than to make mistakes that may bring misery in future.

It was clear from the observations in school that the discourse of abstinence is constructed during discussions among girls; it is usually reinforced by parents in the home as well as by the traditional initiation rite teachers. Fear of the repercussions of indulging in sex equally acts as a tool that reinforces the discourse of abstinence.

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Culture of Silence

Generally, however, the majority of male parents are silent on any discussion regarding sexuality. Silence is mainly a result of parents' cultural orientation, as evidenced in one father's remark:

Discussing sex with my daughter presupposes that she's indulging in sex. Besides, tradition doesn't allow men to discuss such issues with their daughters. Just because I'm a university graduate doesn't mean I have to do away with these cultural values. Discussing sexuality with a girl is a feminine issue to be addressed by mothers.

It is important to note from the excerpt above that gender discourse here plays an important role in defining what is considered feminine and with whom it is appropriate to discuss sexual issues.

However, in some cases neither the mother nor father discusses the issue of sex with their children because it is traditionally considered taboo (Simpson, 2005). Tradition here demands that a female parent, relative, or community member, who is a repository of feminine traditions and customs, dutifully discuss issues of sex and sexuality with girls, whereas men take care of sons. In this context, grandparents and aunts are responsible for such discussions in a family, relegating the responsibility of shaping a child from the parent to the grandparent. This approach of grandparents discussing sexuality issues works to the detriment of some girls that either do not have grandparents or those whose grandparents live far away.

Although some parents use media such as television as a catalyst to start discussions on sexuality, others perpetuate the discourse of silence, as one father stated:

I don't want my children to be exposed to any sex discussion because that's insinuating they're free to indulge in it. All I do is that whenever there's a suggestive scene on the television where a couple is kissing and mentioning the word *sex*, I simply switch off the television and tell my daughter to go to her room and sleep.

It is evident that the power of socializing girls in silence is reproduced and manifests itself in some girls' reluctance to discuss matters pertaining to sexuality. In this way, this augments Foucault's (1972) assertion that there are some discourses that are hegemonic and constrain the production of "new" knowledge, dissent, and difference. The fact that socialization in the home is primary and therefore has a bearing on later life cannot be overemphasized. Therefore girls tend to learn a lot from what their parents say—and do not say—about sexuality. As one girl revealed:

What our mothers say about sex greatly influences the choices we make daily and parents can either be stepping stones or stumbling blocks. Those who are stepping stones are proactive and discuss issues of sex and HIV in a warm

manner, but stumbling blocks are parents who wait for something to happen and then become reactive to the situation.

Based on my findings, it seems as though girls' learning with regard to sexuality is more acceptable if it is from mothers, but there is passive reception of information from fathers partly because traditionally fathers do not discuss issues of sexuality with daughters and girls are aware of that through the unspoken discourse or silence exhibited on the matter.

Because of the silence or the ambiguity in the messages that parents communicate regarding sex and HIV and AIDS, many questions are left unanswered. Parental discourse perpetuates the discourse of silence in relation to sex and HIV/AIDS because in the home girls are encouraged to retain a strong identification with their mothers and to emulate their behavior (Fulcher & Scott, 2003). Because many parents are silent about sex, it leaves many girls with the alternative of peers to fall back on in discussing sexuality issues, as stated by one girl in a focus group discussion: "Because our parents don't talk about sex and HIV, we mostly turn to our friends, books, television, and magazines for information," suggesting that girls acquire more information from influential friends. Evidently, although the parental discourse on sexuality seems hegemonic, it encounters competition from peer discourse regarding the provision of information to girls on sexuality issues. In addition, the media discourse equally poses a threat to parental discourse because girls learn a lot from the media, as alluded to by the informants.

The Discourse of Initiation Rites

The observations from the initiation rites referred to above signaled similar perceptions of sex and sexual behavior before marriage to those of parents. Dominant teachings of the *alangizi* contained issues of abstinence, respect, and submissiveness. These findings from the observation of the initiation rites reflected the cultural orientation of this ethnic group, in which not even mothers discuss sexuality matters with their daughters but instead an aunt or grandmother engages the girls in such discussions, either when the girl starts menstruating or before she gets married. The initiate that was observed in this study had been secluded for initiation rites because, according to the *alangizi*, the girl's mother had taken her to them to be inducted in the ways of womanhood as well as to be disciplined.

La Fontaine (1986) points out that initiation rites that go together with biological changes for girls, such as the onset of menstruation, are dramatic reinforcements of sexual differentiation designed to underscore the separation between genders. This implies that the initiation rites provide a platform for the reinforcement of gender differences because girls are socialized into particular feminine values. Although the term *alangizi* is used, the particular group of women involved in the initiation rites observed maintained the use of the term *apungu*, referring to a woman within the community that is approached by the girl's mother to teach the girl how a woman is supposed to behave. The *apungu*, as the girl's principal counsellor and

teacher, is to be alerted in the future to take action if the girl behaves in an unacceptable manner. Moreover, when the girl is getting married she assumes the role of chief advisor on marital issues. This is in line with Giddens' (1991) suggestion that communal rites provide a focus of group solidarity at major transitions as well as allocating definite tasks for those involved. As noted, however, there are unequal power relations entrenched in this sort of gendered identity.

Initiation rites may last from one week to three months. The *apungu* claim that, because most girls in Lusaka go to school, they usually teach during holidays in the months of April, August, and December. All of the teachings are presented in the form of songs, dances, and role-plays depicting the situations the women are talking about.

Abstinence is also mentioned by the *alangizi* during the initiation rites, and they openly condemn and discourage premarital sex as bad. Therefore the discourse of abstinence in relation to sexual intimacy is emphasized with a view of shaping a girl that will abstain from intimate relationships with boys or men until marriage. According to the *alangizi* interviewed, it is dignifying for a girl to keep her virginity until marriage. Cautioning an initiate, the *alangizi* emphasized:

Don't play with boys now that you're a woman and never sleep with a boy until you're married lest you get pregnant while still under your father's roof or contract HIV.

To scare the girl from indulging in premarital sex, she was given a concoction of traditional herbs to drink, and the *alangizi* cautioned her:

If you sleep with a boy before marriage, you'll die unless you tell me immediately so that I can avert the impending death.

In most traditional societies, premarital sex, pregnancy out of wedlock, homosexuality, and other forms of sexual deviance are considered abhorrent behaviors and are rarely encouraged (Kalipeni, Graddock, Oppong, & Ghoshi, 2004). Fear of sexuality is traditionally instilled in women (Foucault, 1970). Unlike parents that fail to openly discuss sexuality issues, the *alangizi* openly tells initiates not to sleep with boys and discuss issues pertaining to sexuality in detail. Contracting HIV or becoming pregnant is tied to the discussion on sex to instill fear in girls and works as a deterrent from indulging in sex. As Colman (1990) postulates, the idea is to socialize individuals to internalize norms for intrinsic self-policing. Therefore this teaching on avoiding pregnancy and HIV infection is meant to create a self-policing mechanism in the girls undergoing initiation. Worth noting here is the manifestation of the patriarchal system and discourse in the self-policing mechanism. This self-policing is meant for girls to discipline themselves in ways that boys or men are not asked to, and arguably places responsibility and blame for these things onto girls/women. This is a manifestation of the patriarchal system and discourse. A frequent reminder to the initiate was:

Refrain from any sexual contact with men because getting pregnant outside marriage brings shame not only to your parents but also to the *alangizi* because they may be judged as having failed in their duties to guiding you responsibly.

The other level of abstinence that is generally espoused by the *alangizi* is to be exercised by a girl in later life, when she is married. This abstinence is to be observed when the woman is menstruating. According to the observations during the initiation rites, the woman communicates this abstinence in marriage by hanging a red string of beads on the wall for the husband to be aware. During initiation, the initiate is taught to preserve the skills learned regarding sex for future use (Rasing, 1995, 2001). The indigenous, traditional knowledge that this teaching entails is quite a safe way of avoiding contracting HIV infection in the case of unprotected sex, where there is bound to be some exchange of blood between the couple. In this way, it complements the scientific modes of preventing HIV infection.

During initiation, emphasis is placed on how girls should behave like women. This message is resonant with the message girls receive from their parents. As asserted by the *alangizi*, “Our duty is to teach girls how to conduct themselves in the home and community, and the role of a woman in the home.” Rasing (1996) observes that initiation rites are dominant kinship rites concerned with socialization and gender identity. Thus, telling girls to behave like a woman suggests that the patriarchic discourse that sees a man as superior to a woman reflects the structures of power in their context. Consequently, girls’ behavior to a large extent and their roles are prescribed by those around them. Therefore inculcation of the expected feminine values results in normative, subordinate feminine behavior. The *alangizi*’s prescription of roles and behavior for girls sits well in Gagnon and Simon’s (1973) assertion, which posits that historical-cultural scripts exist within a wider culture and provide information on a person’s role and the sexual expectations that exist within the culture (Gagnon & Simon, 1973). Thus, discourse shapes girls’ understanding of their gender identity as well as their response to issues of sexuality.

Parents and *alangizi* tend to tie issues of sexuality and abstinence to morality. It is believed that a morally upright girl will not indulge in sex outside marriage. According to the mothers in the study, morality issues are often linked to lifestyle in the form of fashion such as miniskirts, or clothing exposing certain parts of the body, thus portraying failure by parents to mold a girl into a responsible person. Revealing parts of the body such as thighs that ordinarily would be covered is presented or constructed as trying to seduce men. The initiation ceremony emphasized decency of behavior and of dress.

Don’t move like a foul woman who can leave home in the morning and only comes back at night to sleep. A decent girl stays home. Don’t wear miniskirts or dresses or tight-fitting clothes because it’s immoral for you to expose your underwear to men.

Moreover, the discourse embodies virtues such as decency, obedience, politeness, and hard work, which girls ought to uphold. Morality and gendered discourses on female sexuality thus reinforce prescriptions of virginity and sexual naïveté (Bassett & Sherman, cited in Ratele & Duncan, 2003). This implies that, when such gendered morality discourses are perpetuated, it may inhibit open discussions on sex and HIV/AIDS. Spronk (2005) points out that women are usually the primary focus of moralizing discourses because the description and management of gender and female sexuality is necessary in maintaining and reproducing gender inequality. Therefore the prescription of what is considered right and wrong for girls falls within the confines of discourse that shapes girls into beings that thrive on perpetuating gender inequality through such teachings. Furthermore, the moralist approach perpetuated in this case positions girls as subjects that should comply with the norms of a particular community at all times in relation to issues of sexuality and HIV and AIDS. However, some girls may reposition themselves into what is deemed deviant, as in the case of fashion, where some girls make a choice to dress in miniskirts despite the morality discourse that they are expected to adhere to. To consolidate this thought, during a focus group discussion, one girl strongly pointed out:

Even if parents tell you things about sexuality, an individual has the power within to decide what to keep and to discard what is not relevant. Much as one can get varied viewpoints from peers, parents, and teachers, the individual decides who they want to be and what they want to achieve.

This remark clearly shows that, however much discourse may define a subject, the subject potentially has the power to subvert the dominant norm even though there are complexities in subverting the hegemonic construction of femaleness. The individual's choice in this case is likely to face resistance. Likewise, any attempt to dismantle the hegemonic discourse will face resistance.

In addition, the initiation teachings emphasize the need for a girl to respect a man because men are superior. According to a girl that went through initiation:

A woman should be obedient to men and elders. Kneeling down before men, parents, and elders is a sign of respect. Talking back to men, elders, or parents is a sign of lack of respect.

This discourse reinforces the subservience of women and is closely linked to the submissive attitude. Therefore respect and submissiveness are intertwined in this case. Such socialization promotes submissiveness disguised as respect. This is in keeping with Rasing's (2001) finding that an initiated girl has to subscribe to submissiveness and silence, and the knowledge that girls are introduced to is a secret meant only for those that are initiated. Submissiveness, however, in this case promotes social understandings that are inimical to HIV education and prevention. When a girl is socialized into submissiveness, it entails that even if the man, for instance, is HIV positive, she must give in to his sexual demands. In this way, submissiveness results in girls failing to negotiate for safe sex in later life when married. This failure would merely be seen as fulfilling her conjugal responsibility

without taking into consideration the risky repercussions. It is clear that the social structure as well as institutions such as the initiation “school” do not prepare a girl to be able to challenge a man or negotiate for safer sex, but instead reinforce compliance. Thus, the discourse of respect functions to reinforce silence, submissiveness, and subservience. In this way, the discourse of respect functions as the central argument for the findings on the dominant home discourses.

If the discourse of respect is not countered, it has the potential to destabilize girls’ agency and self-esteem. Some girls may see themselves as subservient beings that should respect others without receiving the reciprocal gesture of respect. Others may deviate from the norm and not express the gestures associated with respect. Respect is understood in various ways in this context. One way of showing respect as a girl is by not answering back or standing up to elders or men despite not being at fault. A man or elder can scold a girl or woman but, as a sign of respect, she is expected not to talk back. This functions to train girls to harbor pains and sorrows without expressing themselves, thereby perpetuating the discourse of silence. Gradually girls fail to express themselves and they begin to look down on themselves as lower or subordinate beings. Kneeling down before men and elders is another sign of respect. Kneeling down before superiors is a sign of respect by subordinates and therefore kneeling before men and elders functions to shape girls into subservience. During initiation rites, respecting oneself is emphasized. Respecting oneself in this case implicitly refers to abstinence, whereby one is seen to respect the body by not indulging in sex before marriage. Such practices tend to reduce the self-esteem of a woman and may allow her to resign herself to fate and fail to be assertive and stand up to men in the context of HIV/AIDS.

Worth noting is the fact that the abstinence discourse cuts across all discourses from parents, initiation rites, and school. Whichever way sex is portrayed at home and school, it is considered a preserve for marriage. Having discussed home discourses, I now turn to the school, where discourses on sexuality are learned after the primary socialization has taken place at home.

School Discourse on Sex, Sexuality, and HIV/AIDS

This section discusses official, semi-official, and informal discourses in school premises concerning sexuality. The official discourse includes material taught in the classroom on sexuality and HIV/AIDS, as well as messages articulated by the school management at assembly as part of the Ministry of Education policy. In addition, there are Ministry of Education documents, such as the HIV Policy, that contribute to the official discourse.

The semi-official discourse is referred to as such because girls are exposed to this discourse under the tutelage of a teacher in a school outside the official learning hours to discuss matters related to sexuality. In addition, some of the girls discussing HIV/AIDS issues with their peers in the school have been officially trained to be peer educators. This program is included as part of extracurricular activities. The informal discourse refers to the discourse that girls—independent of any official documents, teachers, or parents—espouse among themselves. The first

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discourse I discuss is the official discourse in school. Information used in these activities is mainly obtained from documents produced by the Ministry of Education as well as some international NGOs.

Official Discourse

The prominent message during assembly from the school management was that of abstinence as a preventive measure from HIV infection as well as pregnancy. The following was a message from the school management at one school:

Refrain from indulging in immoral activities that will result in unwanted pregnancies or HIV. Abstinence is the best for you and you should avoid playing with boys. Always remember that messing around with boys is a sign of lack of self-esteem.

From observations in school, it was evident that an abstinence discourse is prominent, but is not discussed in detail. Girls are hardly told how to abstain, and as a result they do not have the necessary skills they need to uphold abstinence. It is worth noting that a lack of detailed information on abstinence may arouse curiosity for experimentation. When prohibited from indulging in sex without being given satisfactory reasons, some girls may be tempted to find out what they are being prevented from doing and indulge in unprotected sex as an experiment.

Observations of lessons revealed that the medical discourse is dominant in the science-related subjects. The medical discourse, which is more pronounced in biology lessons than any other school subject, neglects the social and emotional aspects of sexuality. It was evident from the questions that girls asked during lessons that they lacked accurate and detailed information that they needed on sexuality. For instance, a very telling question that a number of girls in various classes asked in the biology lessons was “Is it true that one can become pregnant if she ‘sleeps’ with a man only once?” This implicitly suggests that girls do not have accurate information regarding the topic of sex and how one can conceive a baby or become pregnant. Instead, the use of euphemisms such as “don’t play with boys” to refer to sexual intimacy is reproduced by girls as the acceptable norm for referring to sexual intimacy.

More importantly, sex was also discussed from the sexual and reproductive health perspective. “Sex may eventually lead to death if one indulges in it at an early age when the cervix is still raw, which could result in cervical cancer in later years,” explained one teacher to his class as he was discussing the topic of reproduction.

Review of the official documents showed that the “ABC” model was to be used whenever possible, but the majority of teachers interviewed had not accessed the documents. According to the “Guidelines for Educators,” the Ministry of Education (2003) postulates that the official policy encourages ABC messages, in which A stands for abstinence, B for being faithful, and C for correct and consistent condom use. Of interest is the selective presentation of the ABC model to learners by the Ministry of Education, which encourages only abstinence, but is

officially silent on the use of condoms. A critical look at the ABC message reveals the patriarchal inclinations of subordinating women, as discussed earlier. An obedient woman must be faithful to her husband regardless of her husband's promiscuity. Therefore, one could infer that the messages on condoms that girls uphold are mostly obtained from public discourse outside school. According to one teacher, "The thought of discussing the use of condoms should not even be entertained because it is a way of encouraging teenagers to have sex." Clearly the lack of information on the condom works to the peril of some girls' lives because they may indulge in risky sexual behavior.

However, the way the message from the ABC model is propagated in this case provides conflicting messages. Arguably, telling a girl to be faithful to one partner is not consistent with abstinence. The two messages are contradictory because being faithful to one partner may embrace having sex as long as it is with one partner, yet the abstinence discourse does not condone indulgence in sex, even if it is with one partner. Notably, the official discourse on abstinence in the school complements the already established one from home.

Semi-Official Discourse

Learners in the two schools belong to various clubs, where they meet in the afternoon once a week. Through the clubs, some learners have been trained as peer educators on HIV/AIDS and in some cases reproductive health, which includes sexuality. A peer educator had this to say to her club-mates:

Assertiveness is a value that can dominate passiveness and submissiveness, virtues that are dangerous in a sexual relationship. Assertiveness should help us to protect ourselves from being trampled on and deceived by men who want to satisfy their selfish sexual desires. Therefore, wake up girls and be assertive!

From this assertion, it appears that responsibility is completely shifted onto girls and away from men's behavior. The clubs under the tutelage of a teacher that is the patron or matron teach life skills to girls, which equip them with assertiveness and self-worth, giving them ammunition to confront discourses such as submissiveness. One girl stated that:

information about sex, sexuality, and gender helps us appreciate who we are, make informed decisions, and develop a way of living each day that includes choices and decisions based on healthy attributes such as assertiveness and self-esteem.

As a result of their exposure to information acquired in the clubs, girls in some clubs realize that they have sexual rights that allow them to make decisions. According to girls, "sexual rights go with responsibilities, so you have a responsibility to tell the other person what you don't want." From the observations made, it is clear that peers equally serve as a mediating tool for subverting home discourse in relation to sexuality and HIV and AIDS. Among themselves, the girls

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exhaustively discuss issues of sexuality to a point where most gradually develop assertiveness skills.

Informal Discourse

Interviews and focus group discussions revealed that there was an informal discourse among girls in relation to sexuality and HIV/AIDS. This informal discourse occurs outside the official and semi-official discourses and mainly revolves around informal interaction of peers without a teacher or any adult. This is also referred to as peer discourse because, unlike the semi-formal discourse, which involves the teacher and official documents in addition to peers, this informal discourse reflects some of the peer discussions pertaining to sexuality.

According to the informants, sex is mainly understood to imply sexual intercourse, although some understand it to mean the biological state of being male or female. The religious discourse, for instance, such as in orthodox Christianity, decrees the purpose of sex as procreation in holy matrimony (Segal, 1997), thus embedding the subject of sex within the discourse of abstinence before marriage (Giddens, 2006). Foucault (1990) perceives institutions such as religion to be strong in influencing sexual behavior through socialization and surveillance. For instance, the mention of the word *sex* in the Catholic school was viewed as immoral, as one girl stated:

The problem at this school is that there are unspoken rules of what you can say and what you can't. The truth is that, in this school, being a missionary school, discussing sex anyhow isn't allowed. If you just mention the word *sex* to the class, some girls feel uncomfortable and perceive you as an immoral person, bad, naughty, one who's indecent and not brought up well, and they label you a bad influence.

Because of this attitude in this school, some girls evidently do not discuss issues of sex for fear of being labelled deviant or a bad influence. In this case, the silence discourse that the majority of girls have been socialized in from home is augmented by the religious discourse in the school.

For other girls, the main purpose of sex was understood to be procreation and to express love, affection, and intimacy between two people in a relationship. Unwanted pregnancies and HIV infection were seen as direct consequences of unprotected sex.

On the rationale behind discussing sex issues with peers, the girls interviewed stated that the majority of girls mainly discuss issues of sex and sexuality with peers because the majority of parents are silent on the issue of sex. It can be inferred that the peer discourse on sex and HIV competes with the home discourse. Kelly (2008) points out that young people have a powerful socializing influence on each other because peers not only understand each other but also listen to one another, unlike a parent. Thus, messages from peers are readily assimilated into peer culture and norms, meaning that the first socialization in the home is

sometimes overridden by the sexual socialization of the peer group (Fulcher & Scott, 1999).

A focus group discussion held with girls revealed that abstinence is viewed by some girls as a source of peace of mind because one can neither contract sexually transmitted diseases such as HIV nor become pregnant. Others felt that virginity is a woman's pride on her wedding night. In part, some girls view sex as bad before marriage and think that one earns respect from a man if she does not give in to his sexual advances. "Sex is good in marriage, but bad before marriage," was a common interpretation of messages girls received from both school and parents.

As alluded to earlier, the discourse of abstinence was prominent in the school from the official discourse as well as in the semi-official and informal discourses on sexuality and HIV and AIDS.

At the government school, the school manager announced to girls at a school gathering, "Abstinence is the best! Refrain from indulging in immoral activities that will result in unwanted pregnancies or HIV. Avoid playing with boys as it is not the right time."

Indulging in sex is considered an immoral activity before marriage, yet it becomes a moral one when one gets married. According to informants in the school, the understanding of abstinence by girls was at different levels. Some girls at both schools thought that abstinence referred only to penile penetration, whereas others were of the opinion that abstinence meant refraining completely from all sexual activities, including cuddling and kissing. It follows therefore that even the response to the message of abstinence is not uniform. For Baxen and Breidlid (2004, p. 16) "the cultural embeddedness of behavior makes youth construct their sexual identity in discursive contexts that produce and reproduce messages that are confusing and conflicting to them." The views of girls' understanding on how they respond to the abstinence discourse fall into three categories. The first category consists of girls that abstain completely from sexual activities and intercourse. "Abstinence is rewarding because it lets you achieve your goals without derailment and you can't contract sexually transmitted diseases or get pregnant," explained one girl in a focus group discussion, and others agreed that it was a crucial point. The abstinence discourse espoused both in school and at home is crucial in the prevention of risky behavior, but indoctrination in a particular discourse creates a fog that some girls cannot see through, resulting in an inability to negotiate for safe sex when faced by a compromising situation. Discourse thus becomes a tool to restrict ways of thinking (Foucault, 1972), with material consequences.

For some girls and a teacher interviewed at one school, one way of ensuring abstinence is by having a relationship with fellow girls, which involves kissing but not penile penetration because they are of the same sex. In this case, the girls give their own meaning to abstinence discourse and act according to the meaning they attach to it.

Others reportedly abstain for fear not only of being neglected or stigmatized by peers if they become pregnant or contract HIV but also of being disowned by their parents if they become pregnant. Successfully socialized individuals experience little conflict between their desires and their culturally constituted standards

because they desire to do what they are actually expected to do (Spiro, 1997). The choice to abstain largely emanates from successful socialization in the discourse of abstinence at home or school.

The second category comprises girls that decide to indulge in sex. “In this modern world, practice makes perfect, so having sex means that one is training for perfect sexual acts in marriage,” was a thought from an in-depth interview. This is akin to Izugbara (2007), who asserts that such girls may view abstinence as unhealthy, imposed, and signifying backwardness. Therefore socialization in abstinence is not accepted by some girls, who may subvert the dominant norm of abstinence. According to girl informants, some girls fail to abstain despite being socialized in the abstinence discourse because they fear losing their boyfriends if they deny them sexual pleasure. This was confirmed by some boys from a neighboring school during discussions in a club where the boys join girls to discuss issues of sexuality in order to understand both feminine and masculine perspectives. Discourses of love and romance play a significant role in sexual coercion and appear particularly salient for girls, who speak of giving in to male pressure for sex because of love, commitment, and fear of loss of the relationship (Ratele & Duncan, 2003). It is evident here that socializing activities are attempts to create a new self or sexual identity, which decides what is right and what is wrong (Coleman, 1990). The third group constitutes girls that are undecided whether to indulge in sex or abstain. Girls’ meanings of sex may be actively produced and defined through a range of social processes that shape the extent to which girls experience sexuality within the discourses of fear and pleasure (Izugbara, 2007).

The next section discusses how discourse shapes girls’ response to HIV and AIDS on the basis of the discourses that exist at home and in school.

How Discourse Shapes Girls’ Response to Sex and HIV and AIDS

The interviews and focus group discussions held with girls revealed that discourses shape girls differently in terms of sexual behavior and identity. It either confirms their identities from home or provides an opportunity to create new identities.

In the context of HIV/AIDS, the concept of vulnerability is inevitable and is emphasized at home: “Sometimes the way things are emphasized at home makes you feel like you’re helpless as a woman,” reflected one informant. One can deduce from this thought that gendered messages when overemphasized instill a sense of vulnerability and helplessness in girls. At school, according to some teachers interviewed, girls are taught to behave; to walk and talk like ladies, giving them gender orientation. “You should walk and talk like ladies,” was a common reminder to girls in one school by both school management and teachers. Clearly, gendered discourses influence how people understand themselves (Spronk, 2005) and social relations provide the framing and reference points for girls’ construction of meanings related, for example, to HIV (Izugbara, 2007). In this way, gender discourse here is perpetuated by the school, thus complementing how the home discourse is already defining a girl.

However, as discussed earlier, specific discourses at school (semi-official and peer discourses) seem to bring some girls to a realization that they are not inferior to men, but have the same status. Some girls, although socialized completely into the discourse of vulnerability, may have the agency to subvert the norm. One girl said, "Thanks to our club I've learned a lot about myself and that I can challenge a man as long as I choose to." This fits well with symbolic interactionism, which is a reminder that, although people socially interact with others, they do not act in an automatic manner, but have active minds that can construct, define, and redefine meaning, and can evaluate situations through interaction (Denzin, 1992; Prus, 1996). It is clear therefore that although girls are exposed to discourses such as submissiveness, which perpetuate vulnerability, some girls exposed to spoken or written discourses at school that espouse values of gender equality may be in a position to counter such discourses through the discourses of assertiveness and self-esteem that they are socialized in.

Thus, when girls are exposed to the alternative discourse of agency and self-assertion, the discourse works as a catalyst for them to begin to question the norm and become assertive in creating new identities other than that of "vulnerable."

CONCLUSION

The discussion above shows that, among the discourses in the home, the discourse of respect shapes some girls into submissiveness, silence, and subservience. This discourse emphasizes girls respecting men and elders, which perpetuates the femaleness construction of gender and promotes patriarchal power relations. It is interesting that, although these discourses may be dominant, they are not hegemonic because they face competition from alternatives in multiple ways. Agency is at play in some girls' response to sexuality and HIV and AIDS, although this does not come without consequences. Therefore, instead of the discourse defining the subject, it may provide space for the creation of new identities because some girls may deviate from the acceptable norm. More importantly, the way discourse influences girls is not constant, but depends on what other factors are at play, thereby leading to varied responses to issues of sexuality and HIV/AIDS. In support of this argument, Hall (1997) points out that discourses are bearers of various subject positions, specific positions of agency, and identity in relation to particular forms of knowledge and practice. It is therefore evident that girls respond differently to the dominant discourses, despite their prominence at school and at home. Thus, although the dominant discourses may be powerful in defining the subject, some girls have the agency to make individual choices or may subvert the dominant norm. This agrees with Foucault (1971), who sees discourse as a fluid element that could either define a subject or that the subject can use to reconstruct or redefine the self.

Cutting across home and school is the discourse of abstinence. Although in some isolated cases the discourse of abstinence leads girls to resort to girl-to-girl intimate relationships in a bid to avoid unprotected risky sexual behavior, the discourse of abstinence has been instrumental in preventing HIV. However,

messages on abstinence without giving girls skills to negotiate for safe sex or refuse unwanted sex have negative consequences, because girls fail to negotiate for safe sex when faced with compromising situations.

NOTE

- ¹ According to Rasing (2001), *alangizi* is a modern term that means “modern initiators,” which separates these teachers from traditional teachers in Chewa, who are called *apungu*. Chewa is a language in eastern Zambia.

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7. THE *SIKENGE* FEMALE INITIATION RITE AS A MEANS OF COMBATTING HIV/AIDS

INTRODUCTION

This chapter describes and analyzes a female initiation rite called *sikenge* that is practiced by the Lozi-speaking people of Western Province, Zambia in sub-Saharan Africa. Initiation rites are not usually perceived as a channel of disseminating HIV and AIDS information because most health campaigns in Zambia as well as the whole of sub-Saharan Africa promote Western biomedicine (see Breidlid's chapter in this book) and are usually conducted using modern means of communication such as television, radio, internet, and many other channels. In this chapter, however, I explain how the teachings of the initiation rite can be used to disseminate HIV-prevention messages to pubescent girls, but may at the same time put future wives at risk of contracting the disease. The chapter also indicates that the practice of this initiation rite is a matter of social identity for the Lozi-speaking people.

In this rite, the girls are normally secluded at the onset of their first menstruation. Obedient girls will willingly participate in the initiation rite, and stubborn ones are either tricked or forced into it with much pinching and whipping (Mundumuko, 1990; see also Munachonga's chapter in this book). The initiate or novice is called a *mwalyanjo*. The initiate is given a *kashambeli*, a young girl, who acts not only as a mediator between the initiate and the outside world, but also as a chaperon for the initiate. The use of a chaperon is cardinal because a novice is considered a ghost and as such should not directly communicate with the outside world. On the 2nd day of her seclusion, she will not be expected to do any chores but to just keep entirely indoors (*kufutama*) until the next day, when she will be ritually oriented to household chores by making her touch places where many chores are usually carried out *mwa lapa laba bashemi bahae* (in the parents' yard).

The lessons are in the form of verbal instructions, demonstrations, and song and dance (Chama, 2006). These teachings include sex education as well as general teachings that are meant to make a girl a capable wife in the future, and these are sequentially presented to the novice. On the day that follows the no-work day, lessons will begin, but the girl will be regarded as a blank slate that needs to be filled with knowledge (Freire, 1970; Rasing, 2001; Richards, 1956). To expose her ignorance, the women will dance to various songs without explaining the meanings to the novice. Before the coming-out ceremony is arranged, the novice will be expected to list what she has been taught in sequential order, beginning with the

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verbal lessons before proceeding to the demonstrations. Should she fail to put the lessons in the correct order, she will be declared not ready to come out.

During the initiation rite, all the Lozi women that have already been initiated in that particular village or compound where a girl has been secluded become responsible for instructing the initiate. However, there is usually one that is in charge of them all, who is referred to as a *chilombola* (initiator, or guardian mother), as explained by a mother. This is usually a female relative of the girl. However, with the changing times, it is increasingly common to find hired initiators. The seclusion period varies from one initiate to the other, depending on how fast she grasps the lessons taught and how materially prepared the parents are. The material aspect comes into play because the seclusion period usually culminates in a coming-out ceremony called the *siyemboka*, which is usually expensive. Apart from making sure that the initiate is well adorned in the finest clothing, the coming-out ceremony is mostly characterized by a lot of eating and drinking (Mundumuko, 1990).

THEORETICAL FRAMEWORK

The theoretical framework that provides the analytical and interpretive lens for analyzing the findings includes socialization theory, script theory, and social identity theory. These are discussed below.

Socialization Theory

Socialization is the process whereby the helpless infant gradually becomes a self-aware, knowledgeable person, skilled in the ways of the culture into which he or she was born. Socialization among the young allows for the more general phenomenon of social reproduction—the process whereby societies have structural continuity over time. (Giddens, 2006, p. 163)

Socialization is a process that occurs over a span of time. During their early years, young people learn values and norms from older people (Giddens, 2006). During the socialization process, individuals are assisted in becoming part of a social group (Grusec & Hastings, 2007). They are assisted in the sense that members being socialized are not passive recipients of the characteristics of the social group, but are active individuals that are also selective in what they accept from the older generation (Grusec & Hastings, 2007).

The issue of selectivity can be compared to what Butler (1997) refers to as agency. Selectivity refers to people's ability to choose what is applicable to their lives and neglect what is not. For example, in the initiation rite teachings, initiates are socialized into the norm of postpartum abstinence, and yet some individuals may not passively assimilate such a teaching even though, at the same time, they may choose to make use of other teachings they are comfortable with from the same practice of the initiation rite. Although some outcomes are intended by the agents of socialization, others are not, but are rather the result or a side effect of

some socialization practices. For example, a study carried by the Ministry of Education in Zambia (2006) seems to suggest that some initiated girls may practice sex after they have been taught about it out of curiosity. This obviously was not intended by the initiators, who are the agents of socialization, and this is also confirmed by Munachonga's chapter.

When socialization takes place, it tends to be gender-specific and the script theory helps in understanding what happens during gender socialization.

Script Theory

The script theory "provides a useful framework to analyze and understand the social construction of gender roles. The great variety of sexual expression is learned and internalized through social processes" (Baxen & Breidlid, 2009, p. 103). Therefore, in understanding human sexuality, the script theory is cardinal because sexual scripts can be classified into categories such as personal, interactive, and historical-cultural scripts. Each of these categories guides sexual behavior at an individual level and between partners as well as within the culture (Gagnon & Parker, 1995). At the individual level, personal scripts guide individuals on issues of their own sexual desires. The interactive scripts entail negotiations and explanations of sexual roles between partners. However, because sexuality issues are tied to the question of unequal power relations (Mills, 2003), it is not surprising to find females failing to make good use of the interactive scripts.

In addition, the subaltern role that women are usually socialized and scripted into (Spivak, 2006) makes it difficult to negotiate safe sexual practices with their partners. Segal (cited in Woodward, 1997) attests that sexual scripts are gendered such that females are expected to be responsible and passive, whereas the male gender is supposed to be assertive and dominant. Scripts exist where women are expected to be faithful in marriage whereas the menfolk are not held to the same standards. Men are known for their "playing" and when tired will eventually come back home to their wives. Historical-cultural scripts exist within a culture, and these unconsciously shape the sexuality of the members in line with what society expects and also inform individuals what their role is in society. These scripts can also be said to be those that are contained in initiation rites because the initiation rites expose how a certain culture perceives the issue of sexuality and the rituals of how sex should be acted out. Van Gennep (1960) also confirms the sexual nature of initiation rites, which are also a departure from an asexual world to a world of sexuality into which initiates have to be incorporated by means of rites.

The script theory further allows for modification within the three scripts discussed and allows for exploration of "construction of personal safe-sex scripts" (Maticka-Tyndale et al., 2005, p. 28). This study shows that individuals construct their own personal safe-sex scripts by opting to use condoms while breastfeeding rather than resorting to post-partum abstinence, which is a dominant norm and script. Further, according to Aggleton and Parker (1999, p. 35), "conceptualization of heterosexual behavior has been organized in terms of marital status: sexual careers are subsumed under the heading of premarital, marital, extramarital, or

post-marital experiences.” In a similar vein, the cultural scripts of the initiation rites prescribe marital sexual behavior as the best and desirable. Novices are instructed not to engage in premarital sex or extramarital sex when they are married.

Furthermore, Giddens (2006, p. 478) states that “there are elaborate rules, rituals and a metaphorical script to tell us the ‘who’, ‘what’, ‘where’ and ‘when’, and even ‘why’ we have sex.” Although these elaborate rules exist, individuals can choose to follow them or not. By following dominant historical-cultural scripts that are rooted in patriarchy, for example, there is an element of producing what can be referred to as “closed sexual scripts” (LeClerc-Madlala, 2002a).

The script theory is therefore relevant to this study of an institution that teaches issues of sex. Apart from teaching sexual issues, the initiation rite is also related to social identity formation, which is explored below.

SOCIAL IDENTITY THEORY

Social identity theory is concerned with placing people into categories. “The categorization process produces stereotypical perceptions, that is the perception or judgment of all members of a social category or group as showing some characteristic which distinguishes them from some other social groups” (Hogg, 1988, p. 20). The self is cardinal to the categorization because classification or categorization can be made based on similarities to and differences from one’s self. The self can help one to have a sense of social identity with a certain category (Hogg, 1988). Lending strength to this assertion, Giddens (1991) explains that an individual can understand the self when he or she relates to a social network.

Social categories tend to compare each other on the perceived differences and similarities between them. Those that share the same beliefs, passions, and ideas tend to identify with each other and, at the same time, distance themselves from those that are perceived as different. These comparisons are important for Jenkins (2004), who argues that without these frameworks of comparison it would be difficult to relate to other members of society in a “consistent and meaningful manner.” Thus, social identity is crucial in creating a human world.

Social identity calls for one to recognize or perceive that he or she belongs to a social group; that is, two or more people who share a common identification and that the concept of social identity is a psychological phenomenon (Hogg, 1988; Stets & Burke, 2000). Hogg’s writing on social identity is relevant to this study because rites of passage are usually a matter of social identity. The informants believe that the initiation rite is a social group unique from other ethnic groups. The continuation of the rite ensures the preservation of a social identity of a Lozi kinship group. The women that have been initiated tend to identify with others that have been initiated and to marginalize those that have not been initiated. The initiated women perceive themselves as having a common social identity. They share the same values and beliefs, which they can always draw on in their lives.

Finally, when exploring the theme of identity, Maalouf (2000) states that groups usually influence other people by trying to make them into who they are and also

socially exclude others. The “apprenticeship” begins in childhood, when people are molded (Maalouf, 2000). Those that are initiated tend to exclude those that are not initiated, as was evidenced by the former’s refusal to allow the latter to attend initiation sessions, thus socially excluding the uninitiated. Even in day-to-day activities it is unlikely for initiated girls to have a close relationship with uninitiated ones.

METHODOLOGY

This section provides details of some of the methods used in the study, such as issues of inclusion criteria, selection of site, sampling strategy, and data collection methods.

Inclusion Criteria and Site Selection

The study was conducted in 2009 in the Kapulanga compound in the Mongu District, which is a provincial capital in the Western Province of Zambia. The age range of the selected participants was from 13 to 80 years.

Sampling Strategy

I employed both purposeful and snowball sampling (Huysamen, 2001; Bryman, 2008). With the help of my gatekeeper, I purposely selected those women that the gatekeeper knew were in the practice of initiating girls (i.e., the *chilombolas*) and those that had been initiated themselves. Having identified the initial initiators and mothers, others were also included on the basis of recommendations from those selected earlier. As for the male parents, only those that were known to be Lozis and had daughters were selected for inclusion in the study. Furthermore, the recently initiated girls were selected by asking the initiators and the mothers if they knew of any girls that had recently been initiated and had since come out of their seclusion. These two ways of sampling (purposively and snowball) are appropriate to the nature of the study, which focuses on a particular tribe. Other types of sampling may not have worked because knowledgeable informants could have been left out. However, these strategies do not allow me to generalize my findings to a larger population other than the one I dealt with during my fieldwork.

In addition, I also carried out opportunistic sampling (Patton, 2002). For example, one male informant was interviewed because he was available at the coming-out ceremony for his niece.

I carried out a total of 23 interviews with six recently initiated girls, five initiators, five male parents, and seven that I refer to as women or mothers. A *mother* is a term that I generally use to signify women that have been initiated, but have not yet helped in initiating any person. The focus group discussions were carried out with only the initiators and mothers.

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The participants' educational attainment varied, in that some of them had never had formal education whereas others had completed primary or secondary school. Others, however, were either college- or university-educated.

For triangulation purposes and also to allow a more detailed picture to emerge, I employed three different methods of data collection: individual interviews, participant observation, and focus group discussions (Bryman, 2008).

FINDINGS AND DISCUSSION

HIV and AIDS was not a factor when the institution of *sikenge* came into being, or in the first decades of its existence. However, the rite now exists in the shadow of HIV and AIDS, and it is therefore inevitable that it should adapt or re-invent itself to suit the changing times. The research focused on determining whether HIV and AIDS education is being addressed in the initiation rite and, even without such inclusion, to determine whether there are any teachings inherent in the rite that could be used to benefit HIV and AIDS education.

HIV and AIDS Education as New Content in the Sikenge Rite

HIV and AIDS education is vital if the scourge is to be halted, especially because it represents both risk and deviance in a context in which heterosexual sexuality has been constructed and affirmed as the norm. However, "without frank discussion of what exactly people are doing in bed and behind bushes, it will be impossible to curb the epidemic" (Guest 2004, p. 17). Because the idea of school-based HIV-prevention messages being the most effective is highly contested (Kelly, 2000; Finger, Lapetina, & Pribila, 2002; Baxen & Breidlid, 2009), it is imperative that a frank discussion of the challenges of HIV be embraced by all sectors of society, including the domain of initiation rites, so that schools are not left on their own to disseminate HIV-prevention strategies. It is critically important that other sectors such as initiation rites be included to complement what schools are perceived to be doing.

In this complementary role, the findings indicate that HIV and AIDS education is now included in the teachings of the initiation rite. A number of initiators said that they have started to include HIV and AIDS education in their teachings. One initiator said the following during an in-depth interview:

These days we do teach about HIV and the importance of not sleeping around so as to protect oneself from HIV. We emphasize that since you now have been taught how to sleep with a man, you should not now go and "have your eyes stand" [referring to misbehaving sexually]. We also encourage novices to go for VCT [voluntary counseling and testing] and do it again before getting married. The other day I had escorted my initiate to the clinic because she wasn't feeling well. While there, I found that my sister-in-law who is a nurse was conducting VCT sessions, so I encouraged the initiate to get tested.

Yet another initiator said the following:

We tell them that this world is now tough; you shouldn't sleep with men anyhow because of AIDS. So, you need to behave so that your days can lengthen, even the Bible says that. We also tell them that they should not only consider how well-dressed someone is, maybe a suit and glasses but maybe that is where HIV is, so when you touch, then your death is near. And when you contract the disease, you trouble your mother because while you're in hospital you demand nice foods that your parents may not afford.

As mentioned above, some recently initiated girls were also interviewed and, out of these, a good number of them said issues of HIV and AIDS were discussed with them. An example is when one of the recently initiated girls recollected being taught about the pandemic and also on the importance of being on the lookout for HIV-infected men who want to sleep with virgins in the hope of getting themselves cured.

The HIV and AIDS education in this rite specifically addresses the issues of abstinence, faithfulness in marriage, and, to some extent, the use of condoms (see also Munachonga's chapter in this book). The teachings include abstinence during menstruation and the avoidance of "dry sex" (explained below) for would-be wives. This kind of strategy is more or less like the one the Zambian government is promoting, which is called the ABC approach to prevention, which advocates "abstinence for youth and the unmarried, being faithful to one uninfected partner, for the married segment of the population, and correct and consistent use of condoms for sexually active youths and adults" (NAC, 2009, p. 17). The only difference, however, is that the teachings of the initiation rite do not include condom use for sexually active youth but for married people while breastfeeding and for family-planning purposes. The inclusion of HIV-prevention messages in the initiation rite is timely, especially when looking at the devastating effects of HIV and AIDS and the importance of catching youth early because they tend to be more receptive to HIV-prevention messages than adults because they are not yet sexually active.

Abstinence before Marriage

Abstinence is emphasized in a number of ways during the instructional period. Novices are instructed not to experiment with sex before marriage because all the expertise taught is meant for future use when one is married. This is also in harmony with the conclusions of various studies conducted by Rasing in Zambia (1995, 2001) in Copperbelt Province and those by Chama (2006) and Mundumuko (1990) in the Mongu District. It is viewed as a lack of respect and an insult to the initiator if the initiated starts having sex before marriage, let alone reveals sex skills to a man one is not married to. A girl that was interviewed attested to that teaching when she said: "I was taught that I should not be having sex, actually to have sex only when married because sex before marriage is bad, for you can contract the virus while still young and lose dignity or you can get pregnant and miss out the chances of getting married."

Further, when the girls take into consideration the teachings they were socialized into, regardless of the context in which they may find themselves, they exhibit characteristics of a successfully socialized person that is careful with what action to take even if that particular person that socialized them is absent (Coleman, 1990). However, the abstinence teaching advocated in the initiation rite runs contrary to health campaigns by some sections of society, such as non-governmental organizations that advocate condom use by sexually active members of the population. This can cause tension among youth that undergo initiation rites because the initiation rite scripts guide them into abstinence, whereas some sections of society tell them they can have sex as long as they use condoms. The youth then have to choose whom to believe and follow. Culturally, they are expected to enter marriage as virgins and remain faithful while married.

Faithfulness in Marriage

Heterosexual behavior is usually conceptualized into sexual patterns and the marital pattern is the one that is usually prescribed by the historical-cultural scripts of initiation rites as opposed to the premarital sex pattern. However, regardless of the state of entering marriage, virgin or not, faithfulness in marriage is expected to be the norm. The teaching on faithfulness is inculcated verbally as well as through song and dance in the initiation rite. One initiator said the following:

We tell them that, when you get married, you shouldn't start looking at other men, however wealthy or handsome they are when compared to the man that will marry you. You must know that you accepted one man only and that's all, you must be faithful. Unfaithfulness in marriage shows you don't have respect for your initiator and your parents.

Because sexual scripts are gendered, females are usually expected to be responsible and passive whereas males are supposed to be assertive and dominant. In this way, sexuality for women is treated differently from sexuality for men.

Furthermore, not only are the novices warned against committing adultery with non-relatives of their future husbands, but also relatives of the same future husbands. Relatives such as brothers and cousins were cited as ones that could easily sleep with a woman if she is not careful and, should that happen, the blame is usually put on the woman for not having kept a respectful distance. The song "Lelo njipolola nyali" (Today I am going to have sex with my brother-in-law) is meant to warn would-be wives against having sexual relations with their future in-laws. According to the initiators and some male informants, having a sexual relationship with an in-law can bring bad consequences such as destroying other people's families and villages to an extent where brothers can kill each other.

The findings above then stand in contrast with the essentialist study by Caldwell, Caldwell, and Quiggin (1989), in which they concluded that African society is inherently permissive when it comes to sexual matters. These authors were "looking at sexuality in Africa from Western points of view, inadvertently biased by the whole load of cultural baggage, which determines what they see and

don't see, as well as the ways they describe their findings" (Arnfred, 2004, p. 62). All in all, if faithfulness as a norm is observed and valued by both genders (but of course there are deviations from the norm), the spread of HIV infections can be reduced because the risk of contracting HIV increases with the number of sexual partners and the kind of sexual networking they are involved in.

Use of Condoms for Nursing Mothers

HIV and AIDS education seems to be taught when some initiators encourage some novices to use condoms during the time they will be breastfeeding. As mentioned above, the traditional (cultural) scripts of the initiation rite prescribe abstinence for a nursing mother. The novices are verbally told that, when they get married and have a child, they should abstain from sexual relations with their husbands for a period of time to avoid becoming pregnant while the baby is still young. Or, conversely, sexual intercourse too early without the use of effective modern contraception may affect fertility. The Central Statistical Office (CSO) (2009, p. 102) confirms that "postpartum abstinence is particularly long for mothers in western province (10 months)." Although this teaching has always been there, it seems that almost all the respondents exercise their own agency by using contraceptives. One mother had this to say:

Why should I abstain when there are contraceptives to prevent pregnancies?
This teaching, I think, for me, was there because a long time ago, there were no contraceptives. That's why our parents abstained. And you see; men of nowadays, you can't play with them, when you refuse, he will go to girlfriends or prostitutes and bring diseases.

In rejecting this teaching, some informants showed that they are active agents that selectively choose what to follow, and not simply models that have been presented to them (Grusec & Hastings, 2007). They further make use of personal scripts as compared to cultural scripts (Gagnon & Simon, 1973). Because the script theory allows for a modification and exploration within all categories of scripts, these women tend to construct what can be referred to as personal safe-sex scripts by opting to use condoms when nursing babies, thus discarding the teaching of abstinence (Maticka-Tyndale et al., 2005). Abstinence during a period after childbirth served its purpose when contraceptives were not available in a period when women "were at the continual mercy of their biology-menstruation, menopause and 'female ills', constant child birth, wet nursing and care of infants" (Jackson et al., 1993, p. 5). However, with the availability of various birth-control measures, one wonders whether it is still in the best interests of the women it is purported to protect.

However, the findings indicate that some initiators are now modifying the teaching of post-partum abstinence to suit the times. One initiator said: "These days we do not teach the way we used to when there were no condoms, we now include the use of condoms." However, the use of condoms should only come into play when the novices are married and breastfeeding. The women, then, can rely

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on the condoms to prevent unwanted pregnancies, and not for fornication purposes because they are supposed to abstain. In adhering to this teaching, the girls that grow into women will protect themselves not only from unwanted pregnancies, but also from HIV.

Abstinence during Menstruation

Another norm when initiates are instructed is that, after they are married, they should not engage in sex while menstruating. This teaching could be used to the advantage of HIV education, especially because “the transmission of HIV is also more likely to occur just before, during or immediately after menstruation because of the large uterine lining that is exposed” (Van Dyk, 2001, p. 20). Hence, by socializing the initiates into this norm, the initiators are inadvertently protecting them from HIV in the future.

A teaching that encourages the initiates to shun the practice of “dry sex” is yet another way that addresses HIV and AIDS education.

Dry Sex as a Discouraged Practice

Dry sex involves the use of herbal medicines or other solvents either inserted into the vagina or put in porridge with the sole purpose of drying the vagina (Kalipeni Craddock, Oppong, & Ghosh, 2004; Simpson, 2009). It is generally believed that dry and tight sex is the most pleasurable way to have sexual intercourse and women will usually go to lengths to make their private parts dry and tight. However, although this practice seems to be desirable among some Zambian men and women, the findings indicate that initiators of the Lozi girls discourage would-be wives from the practice of dry sex because of the possibility of bruising for both the man and wife, which could be an entry point for the HIV virus. An initiator said this in a focus group discussion: “I personally tell them not to insert herbal medicines purported to dry the womanhood into the vagina because they can end up being bruised and that can be an entry point for the HIV virus.” When this particular initiator voiced her stance against the practice of dry sex, the other initiators seemed to be in agreement. Dry sex, then, is a risk factor that is discouraged during the lessons of the initiation rite. It is suggested that this kind of sensitization is also contributing to the decline of dry sex, as reported by a sexual survey that was conducted in Zambia (CSO, 2009).

The findings reported and discussed above indicate that the initiation rite has important teachings that are useful in HIV and AIDS education. However, there are some risks involved as well. The risks associated with the rite are discussed below.

Risk Factors Surrounding the Sikenge Rite

The findings indicate that risk factors inherent in this rite include factors such as the young age at seclusion, abstinence for the initiators, post-partum abstinence,

the view of marital sexual intercourse, and activities surrounding the coming-out ceremony.

The perceived first risk factor is the issue of initiating girls that are still very young. As already discussed, some girls are initiated as soon as they see their first menstrual blood around age 13. Some informants pointed out that the young age at which most modern girls experience their first menstrual flow is not the right age for subsequent seclusion because some girls may want to put into practice what they have been taught just after coming out of seclusion. In agreeing with this, a male parent said the following:

For me, I see that the teachings need to be regulated because a girl may reach menarche and she is taught on how to handle a man sexually, yet she may still be too young and not ready for marriage and sex. So she can practice what she's been taught and get pregnant or not concentrate in school.

A mother that is against the idea of initiating the girls just after the first menses said the following:

Me, I've seen it happen with my own eyes. A cousin of mine got pregnant just after she came out of seclusion. When asked, she said that she wanted to practice what she was taught. So, teaching a young girl "bed issues" is like awakening her curiosity, especially those girls who have no hearts [i.e., girls that have no self-control].

This echoes the situation in Kenya, where "it is believed that sexual education would lead to sexual experimentation" (Ahlberg et al., 2001, p. 26). Interestingly, although sex education is not given to youth in Kenya, the same study indicates that youth still engage in premarital sex (Ahlberg et al., 2001).

According to a number of both male and female informants (mothers), a number of girls that were usually between 16 and 18 were betrothed, such that, once they were initiated and came out, they were immediately married off. However, with the changing times and emphasis on girls' education the current scenario is different because the girls mature early but marry at a later age. This could be the reason why these informants are rightly concerned about the importance of regulating the teaching. Arguably, there is nothing wrong with sex education, but it is also important to look at the age of a child before any sexual material is presented to such a child. Even those that advocate that parents teach their children about sex advise that such an education should take into account the age of the child. Chama (2006) recommends that the age at which the girls are secluded be changed to avoid teaching issues of how to handle a man in bed to very young girls because some of them may want to practice what they have been taught out of curiosity (MoE, 2006).

However, my findings also disclosed that some informants did not agree with the assertion above and claimed that, if a girl experiments with sex, it is not because she was initiated but perhaps because she was already doing it. A mother that was interviewed said: "You find that girls aged nine or 10 are already pregnant. Who taught them how to sleep with men? If it's prostitution, it's theirs, it

doesn't emanate from initiation lessons." Interestingly, an informant during an interview alleged that girls nowadays start their monthly periods early because they have sexual intercourse with men at a young age.

To the initiators, however, age did not matter and, when asked their opinion on the allegations of sexual experimentation by those that are initiated at a young age, they vehemently refuted such allegations. According to them, the youth of today receive what they called immoral information from the media, where the common view reflected and condoned is that premarital sex is not wrong when two parties love each other. Television programs include talk about sex and sexual conduct, which are usually presented as risk-free and spontaneous and involve unmarried couples.

The second risk is a taboo that prohibits the initiators from having conjugal relations the entire period they have a novice in seclusion. In confirming this taboo, an initiator complained:

Being an initiator isn't easy because you also have to observe some taboos. For myself, I'll soon stop taking up the responsibility of being an initiator because it calls for a lot of work and sacrifice, you know you're not even supposed to sleep with your husband [i.e., have sexual intercourse] during the whole period you have a novice. For now, it's even better when compared to the past when the initiation rite took a long period, oh, it was trouble.

It is believed that, if an initiator abrogates this taboo that prevents her from having sex with her husband when she has a girl in seclusion, the girl will become a prostitute in the future. These women are unselfishly willing to be celibate for as long as it takes for the sake of carrying out a process of inducting these already socialized novices into the rubrics of womanhood (Berger & Luckmann, 1966). But what about their spouses: will they abstain or will they look elsewhere for sexual satisfaction that can also carry the risk of contracting the HIV virus? The picture seems grim because some men in Zambia, according to a study carried out by Simpson (2009), are performers of masculinity, in which conquering and subduing women is the general order.

The Zambia Demographic and Health Survey indicates that 19.2% of all men in Western Province had more than two sexual partners in the 12 months preceding the survey, and that 42.3% engaged in higher-risk intercourse in the same period. What is particularly noteworthy about the latter figure is that it is the highest percentage when compared to the other provinces in Zambia (CSO et al., 2009). Based on these figures, one may surmise that the husbands of some of these initiators contribute to such statistics, although there is no way of verifying it.

The third risk factor linked to the initiation rite is the teaching that a future wife should not to refuse sex from the man she will be married to regardless of circumstances that may put her at risk of contracting the virus. For example, even if she suspects cheating by the husband, she should still not deny him sex. In recounting what she was taught during her seclusion period, a girl said: "I was taught that, when I am married and discover that my husband is having an affair with another woman, I should not refuse him sex because as my husband he has a

right to be given whatever he wants at any given time.” Thus, in asserting that a husband has a “right” to be given sex is to somehow indicate that the wife is devoid of those rights.

Once subjects are formed, they internalize the social norms that produced them because subject formation calls for inculcation of social norms that have to be repeated by the subject (Butler, 1997). Although subject formation calls for a repetition of the norms, there are instances in which the subject may choose to employ agency. The mothers never questioned the teaching at the time they were taught during their initiation rites, but they later felt no compulsion to practice it because they clearly saw the risk involved. One recently initiated girl said: “I don’t agree with the teaching because if you discover that he’s cheating on you, you have to sit with him and discuss how you can protect one another from this deadly pandemic.” However, it was clear that some followed the teaching to the letter and were thus at greater risk of contracting the HIV virus. For example, when some mothers were asked whether they agreed with the teaching, some replied by stating that they saw nothing wrong with it and, according to them, it would be naive to believe that a man can stick to his wife throughout their marriage without having a girlfriend. In particular, one young mother had the following to say during an interview:

You see, these men always have girlfriends, so if you become too concerned, you’ll just have a heart attack. The only thing you can do is just to give him sex and give him well such that when he compares, he’ll leave the girlfriend and then he can be yours only. And you know these men just play with them [girlfriends], with time when they become tired of playing, they always come back. So patience is important and non-denial of sex because when you refuse to have sex with him, it’s like you’re telling him to go back to the girlfriend. You, it’s not easy.

The above sentiments indicate a number of issues; for example, the unequal power relationships between husband and wife, which mean that the husband can seek pleasure outside marriage because he has the power to do so. In addition, the skewed power relationship makes it difficult, if not impossible, for women to refuse to have sex with their husbands or partners (Mills, 2003). These social norms that prescribe male domination and female inertia and non-agency put many individuals at risk of contracting the HIV virus.

Further, the mothers and initiators casually referred to men’s infidelity as “playing,” an indication that in a patriarchal society male sexuality is constructed and accepted as being both active as well as dominant, whereas women should play the submissive role (Jackson et al., 1993). These findings are similar to what Rasing found when examining some songs in an initiation rite in which one of the songs was interpreted with the following words: “a woman has no excuse to refuse her husband, so do not say that you do not feel well. If you do not want to have sex, you had better go back to your parents” (Rasing, 1995, p. 71).

The final potential risk aspect to be discussed is the activities surrounding the coming-out ceremony, which is the culmination of the rite after the girl has grasped

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all the lessons. It was observed that during the night of the coming-out ceremony there was a fire for the drummers and one for the celebrants, but some young men and women did not come close to either of the two fires. They were seen forming their own dance party, a few yards from the main arena. Not only did they isolate themselves, but they were also observed consuming a certain kind of alcohol commonly referred to as *tujilijili* (distilled spirits packaged in sachets). To be a recluse during a ceremony that lasts all night long yet under the influence of alcohol could put one at high risk of contracting the virus from fellow youth if unplanned sex takes place.

Sikenge as a Means of Social Identity

The people of Western Province revere Western education but at the same time feel that it is not sufficient and thus has to be complemented by initiation rites. There is an understanding that a woman cannot be complete without being initiated. Apart from the value attached to initiation rites, the findings indicate that the people of Western Province have continued practicing the initiation rite because it is viewed as a matter of social identity acquired during the ritual teachings (Rasing, 2001). Those not initiated are not viewed as belonging to the same social group due to the perceived differences between the two groups. Because one of the characteristics of social identity theory is the process of categorization, the initiated women group themselves tend to view those that are not initiated as not proper Lozi women.

Moreover, apart from understanding the rite as a female identity marker, the initiation rite also ensures that a social identity of a kinship group is also preserved (Butler, 1990).

CONCLUSION

This chapter has examined how the teachings of the initiation rite can profitably be employed to combat the HIV/AIDS pandemic. The chapter clearly shows that HIV/AIDS issues are now being included in the current practice of the initiation rite. Socializing girls and scripting them into roles that are perceived to belong to females plays a crucial role in how they will respond to issues of HIV/AIDS; for example, how women are socialized into the norms of abstinence before marriage, faithfulness in marriage, and no sex during menstruation. The continuation of the initiation rite also firmly underscores its importance for women's social identity construction among the Lozi peoples of Western Province in Zambia.

The significance of the initiation rite rituals in mitigating the HIV/AIDS pandemic calls for policymakers, researchers, and others involved in the fight against the pandemic to see how the information about the initiation rite can best be used to complement existing (often modernist) mechanisms and methods of preventing new HIV infections (see also Breidlid's chapter in this book). In addition to assisting the initiators in improving their HIV/AIDS messages in carrying out the rites, the authorities need to explore how the indigenous wisdom

inherent in the initiation rites can be conveyed in other contexts in which HIV/AIDS interventions take place.

It is therefore important to avoid the essentialist view of initiation rites as something outdated and anti-modern due to their local and indigenous origin because HIV/AIDS intervention strategies in Zambia as well as in other parts of Africa have often failed due to their modernist focus and their marginalization of indigenous knowledge and practices.

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8. PERCEPTIONS OF CONDOM USE AND SEXUAL RISKS AMONG OUT-OF-SCHOOL YOUTHS IN THE NAKONDE DISTRICT, ZAMBIA

INTRODUCTION

The fight against the HIV/AIDS pandemic, especially among youth, continues to be a challenge in sub-Saharan Africa, including Zambia. Young people continue to be the most affected by HIV/AIDS in terms of transmission, vulnerability, and impact. The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2013) indicates that recent surveys in several countries in sub-Saharan Africa have detected decreases in condom use and an increase in the number of sexual partners, especially among youth. UNAIDS (2013) also reports that HIV prevalence among young women remains more than twice as high as among young men throughout sub-Saharan Africa. In Zambia, more than 50% of the population is under 20 years of old and constitutes the group most vulnerable to new HIV infections (National AIDS Council [NAC], 2009).

This chapter explores the perceptions of condom use and sexual risks among out-of-school youth. The chapter is the result of a study carried out in 2011 on the perceptions and management of sexual and HIV risks among out-of-school youth in Zambia's Nakonde District. The study was motivated by the existing gap in research between out-of-school youth and school-going youth. According to Hunt (2008), very few studies have investigated situations of out-of-school youth in relation to HIV/AIDS and health in general. This has created a gap in research on how out-of-school youth learn about HIV/AIDS, and how they perceive and manage sexual risks (Bastien, 2009).

CONTEXTUAL INFORMATION ON OUT-OF-SCHOOL YOUTH

The problem of out-of-school youth has been reported to be huge in sub-Saharan Africa, where the number of out-of-school children rose from 29 million in 2008 to 31 million in 2010 (UNESCO, 2012). UNESCO defines out-of-school as children in the official age range that are not enrolled in school. In Zambia the official age range for primary to secondary school is 7 to 18 years (Central Statistical Office [CSO], 2004).

Sub-Saharan Africa accounts for half of all out-of-school children worldwide and has the highest out-of-school rate of all regions (UNESCO, 2012). Out-of-

school youth in sub-Saharan Africa are assumed to be more vulnerable to HIV infection because they lack formal education, which might be a tool for accessing vital information on HIV/AIDS (Bastien, 2008).

Researching out-of-school youth in northern Tanzania's Kilimanjaro region, Bastien (2008) discovered that the process of disengaging from school was highly complex and multifaceted, with several factors such as poverty, bereavement among family members, orphanhood, health, and pregnancy linked to dropping out of school. Hunt (2008) indicates that pregnancy was a significant cause of dropout for teenage girls and that several factors militate against girls' re-entry into school despite there being favorable policies in some countries in sub-Saharan Africa.

Bastien (2008) adds that, although strides have been made in increasing access to primary education, there continue to be barriers to enrollment and completion at primary level as well as transition and retention at the secondary level.

In Zambia, out-of-school youth are presumed to be vulnerable to HIV due to poor knowledge about HIV/AIDS, gender inequality, and poverty, and the related behavior of transactional and intergenerational sex, early marriage, alcohol use, peer pressure, and a negative attitude towards condom promotion among youth (Kalibala & Mulenga, 2011). Mukuka and Slonim-Nevo (2006) reported that out-of-school youth in Zambia were at higher risk of contracting AIDS because they were significantly more likely to engage in unprotected intercourse and that they were mostly found in bars, open markets, and streets. In a study of 60 out-of-school girls in Lusaka, it was found that a substantial percentage of them engaged in high-risk sexual behavior, including unprotected anal intercourse, compared to in-school youth. These adolescents primarily had sex with middle-aged Zambian men (the "sugar daddy" syndrome), who were much more likely to be HIV-positive than adolescent boys (Mukuka & Slonim-Nevo, 2006).

However, other studies have tried to show that there is no link between school attendance and effectively learning about HIV/AIDS and sexual behavior change. Anthony Simpson's ethnography of a cohort of pupils educated at a mission school that he followed for years beyond secondary and tertiary education shows that the boys, who had now become men, were having unprotected sex despite their education and knowledge of HIV/AIDS (Simpson, 2009). A general survey by Kankasa et al. (2005) also found that school attendance was not effective in gaining and applying knowledge about sexual behavior change and condom use. Kankasa et al. (2005) encountered several cases of infected teenagers that had adequate and correct knowledge of sexual transmission routes. Similarly, Maluleke (2010) found that, although the majority of youths in the Vhembe District of South Africa's Limpopo Province had received life skills or life orientation education and had higher levels of education, they still engaged in risky sexual behavior and did not use the skills and knowledge gained to prevent exposure to HIV and other STIs.

This chapter focuses on exploring issues that surround condom use and sexual risks among out-of-school youth in Zambia's Nakonde District. In order to explore how out-of-school youths perceive sexual risks, it is vital to conceptualize sexuality, gender, and risk in relation to HIV/AIDS.

CONCEPTUAL FRAMEWORK

According to Segal (1997), from the traditional language of biology to social constructionist theory, sexuality has been assumed to be a stable and abiding pattern of sexual behavior and desire, usually in line with gender norms. In contrast, from psychoanalysis through post-structuralist and “queer” theory, sexuality has been perceived as a fluid feature forever haunted by conflict and contradiction. Therefore, in the age of modernity, one should not expect stability and consistency in sexual behavior and desire because accounts of sexual life and its social codes are seen as preoccupied by conflict, fluidity, and contradiction (Segal, 1997).

From a cultural viewpoint, sexuality includes many wildly different things such as intercourse, orgasm, foreplay, erotic fantasies, stories, humor, sex differences, and the organization of masculinity and femininity and gender relations (Vance, 1999). Therefore, the cultural perspective of sexuality recognizes variations in the occurrence of sexual behavior and in cultural attitudes that encourage or restrict behavior (Vance, 1999).

Other scholars, such as Simon and Gagnon (1999), understand sexuality from a sociological perspective and have developed the idea of sexual scripts to understand the social rules, regulations, and roles that serve as a guide to sexual behavior. Scripts symbolize the ways in which sexuality, gender, and relationships are negotiated at three levels: cultural, interpersonal, personal. Cultural sexual scripts are those that exist in culture and society and tell what is sexually expected in any given society (Abbott, Wallace, & Tyler, 2005). Interpersonal or interactive scripts are those that emerge from sexual interactions with partners or groups and tell what role to play in a sexual relationship. Personal scripts are concerned with the private world of wishes and desires that are experienced as originating in the deepest recesses of the self (Simon & Gagnon, 1999).

Gupta (2000) asserts that gender is a social and cultural construct that differentiates women from men and defines the ways women and men interact with each other. In linking gender to culture, Gupta (2000) argues that there are significant differences in what women and men can or cannot do in one culture as compared to another. However, what is fairly consistent across cultures is that there is always a distinct difference between women’s and men’s roles, access to productive resources, and decision-making authority.

Giddens (1991) considers the modern world to be characterized by a risk culture. The concept of risk has become central to the way the social world is organized and it is fundamental to the health concerns of both lay actors and technical specialists (Giddens, 1991). Although risk discourses may seek to engender a heightened sense of health consciousness, skepticism still exists within the lay populace regarding the dangers and threats of unhealthy lifestyles (Williams & Bendelow, 1998). As a result, the advice of health experts about health risk and lifestyles remains unheeded at the level of everyday beliefs and practices.

From a sociological point of view, sexuality is a complex, interactive aspect of identity and experience, one largely shaped by interaction between individuals and

the wider social, economic, and political contexts (Abbot et al., 2005). This perspective has been concerned with the ways in which what is deemed sexual is not a pre-social, biological essence, but rather a product of the shared meanings attributed to certain forms of behavior. The socially constructed meanings characterize the ways in which gender and sexuality are negotiated (Abbot et al., 2005).

From a cultural and sociological perspective, translating HIV/AIDS-prevention messages about safer sex into action remains a fundamental stumbling block, particularly for young women that do not approach the sexual encounter as equal partners (Williams & Bendelow, 1998). Ahlberg, Jylkas, and Krantz (2001) argue that knowledge of future consequences of risk, especially expert knowledge, may only play a minor role in sexual behavior change compared to social norms, which are perhaps more important in defining meanings and regulating social interaction, expectations, and behavior. It is in this light that the chapter approaches the limited success of HIV/AIDS prevention strategies among out-of-school youth.

The above discussion therefore provides an interpretive lens through which perceptions of sexual risks and condom use among out-of-school youth are understood in this chapter.

METHODOLOGY

This study employs an exploratory qualitative research design (Bryman, 2008) and investigates how out-of-school youth perceive sexual risks. The study also uses interviews to explore the perceptions, experiences, and knowledge of out-of-school youth in the context of sexual risks and risks related to HIV/AIDS in the Nakonde District.

The choice of the Nakonde District as the research site was influenced by some studies that highlighted Nakonde as one of the districts with the highest HIV prevalence rates in Zambia's Northern Province (NAC, 2009). In addition, the 2000 census drew attention to the plight of out-of-school youth in the Nakonde District, where 63% of the secondary-school-age population were outside formal education (CSO, 2004). Therefore, the border town of Nakonde proved to be a suitable and unique site for this study. The main economic activity in the district is agriculture, which includes crop farming and rearing livestock (CSO, 2004). Cross-border trading is also common in the border town. Interestingly, people from both Zambia and Tanzania cross the border point freely without any immigration issues. There are also intermarriages between Zambians and Tanzanians, and some residents have relatives on both the Zambian and Tanzanian sides.

The study utilized purposive and snowball sampling procedures to select the informants. Purposive sampling was used to sample informants for a focus group discussion. Snowball sampling was an appropriate technique in selecting out-of-school youth for individual interviews.

Out-of-school youth were the main informants in this study. These included adolescents that had never attended school in the first place, those that had dropped out of school prematurely, and those that had completed basic education but did

not continue to high school. The total number of all the informants that took part in this study was 33. These included 20 discussants for focus group discussions and 13 interviewees. The 13 interviewees included 10 out-of-school youth, two key informants, and one NGO official. All the interviews were recorded with a digital voice recorder. For informants that could not speak English, interviews were conducted in local languages (Namwanga or Bemba), depending on which language the informants were comfortable with.

In order to determine how gender differences influenced the perception of sexual risks among out-of-school youth, focus group discussions and individual interviews were segregated on the basis of gender. The 20 focus group discussion discussants comprised 10 males and 10 females, and the 13 interviewees included seven males and six females. Further, focus group discussions were divided into two single-sex groups and one mixed group, and each group consisted of six to eight out-of-school youth whose ages ranged from 16 to 20. The guiding principle for inclusion in the study was age and not being in school.

Interviews and focus group discussions were transcribed immediately after being recorded. Thereafter, the researcher studied all the transcripts in readiness for coding. The codes were later studied in detail to identify themes related to the research questions. The findings were further analyzed and interpreted in relation to existing literature and perspectives on sexuality, gender, and risk in the context of HIV/AIDS.

Data validation was carried out throughout the entire period of investigation by checking and questioning the interview findings. Reliability and accuracy were enhanced in the transcription by having a second person type the same passage of the recorded interview. The findings of this study may not be transferable to other situations because they are socially contextualized to out-of-school youth in the border town of Nakonde (Bryman, 2008; Kvale & Brinkmann, 2009).

FINDINGS AND DISCUSSION

This section presents the findings and discusses the data. Based on a literature review, the conceptual framework, and the fieldwork, the data were categorized into various themes that are developed and discussed below.

Dropping out of School

The informants in this study dropped out of school at different points in their schooling. Some of them had managed to complete part of their primary education, whereas others had gone as far as grade nine. Some did not even enroll in school. The informants reported several reasons for dropping out of school or not enrolling in school.

Financial constraints, such as parents or guardians being poor and unable to pay school fees and meet other school requirements, dominated among the reasons for dropping out of school.

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For some young women, dropping out of school mainly had to do with pregnancy and getting married. Other informants indicated that they dropped out of school after their parents or guardians died. A few of the informants cited failing examinations as a reason for dropping out of school. A female informant narrated how she dropped out of school after becoming pregnant:

As for me, I grew up in Nakonde. My life hasn't been easy. My parents are dead. My father died in 1990, and then my mother died in 1997. So I'm an orphan, and my grandparents are the ones who've been taking care of me. Again, they're the ones who took me to school from grade one to grade nine. Then I made a mistake. I got pregnant and had a child, who's 3 years old. This is what my life has been, and at the moment I'm not doing anything, I just stay at home.

When asked further to explain what could have influenced her into becoming pregnant and consequently dropping out of school, the young woman identified peer pressure as the main contributing factor. She recounted:

You know we have different types of friends in society. Some may introduce you to bad things. In the end, you also follow them and you forget and ignore that what you're doing is wrong. That's what happened to me and I got pregnant. So I stopped going to school! Even support for school was also a challenge. My grandparents were also finding it hard to pay my school fees.

Clearly, orphanhood and peer pressure played major roles in the young woman's life and, subsequently, contributed to her becoming pregnant. The complexity of dropping out of school is therefore compounded by several factors that generally cover the life experiences of youth. This is also confirmed by Bastien (2009), who argues that the process of disengaging from school is highly complex and multifaceted, with several factors at play. It may also be argued that gender differences impact the life situations of out-of-school youth, who face varying social and economic challenges. The life stories described above underscored the vulnerability of some young women, who face numerous challenges including being exposed to sexual activity through abuse and becoming parents at young ages. The life experiences of some young women had an impact not only on their dropping out of school but also on rearing their children as single mothers.

Dropping out of school at an early age compounded by the economic hardships prevalent in rural areas forced many youths to leave their villages to go to the town of Nakonde in search of a better life through employment or any other means. Some out-of-school youth that failed to find employment tended to resort to risky and dangerous activities such as violence, stealing, abusing alcohol and other substances, and engaging more in sexual activities, hence exposing themselves to the risk of HIV infection. A 20-year-old female informant stated:

In Nakonde, most of the girls are found in bars, from 12 hours upwards, searching for men. There's nothing else they do. What's contributed to this is that there aren't any companies or industries to employ us here in Nakonde.

As for the young men, most of them are just found at the bus stations; they've got nothing to do. In the end, they start stealing, fighting, and drinking. As I speak, there are women that are thieves here in Nakonde, there's nothing to do.

Some young women were also said to be frequenting bars in search of men, while men were also trekking to night clubs for alcohol and in search of women. The above scenario, it was asserted, had contributed to the ever-increasing prostitution in the border town of Nakonde. Highlighting the levels of prostitution in Nakonde, a female discussant stated:

The other day two girls came where I go to chat. One of them asked, "did you go there yesterday?" The other said, "No, I didn't go because the other day I came back empty-handed. What about you, did you go?" "Yes, I went and there were a lot of people and I made some money. So we should go today too, it will be the same." After these girls left, one of my friends told me that those girls rented their own house, but the job they did was to spend time at popular nightclubs such as Kerimors.

The daily lifestyle of out-of-school youth in the Nakonde District was described by some informants as difficult, complex, and dangerous. Informants revealed that many youths in Nakonde had changed their lifestyle after they had engaged in casual sexual activities. A female discussant had this to say:

We're in trouble here! This place is very small but you can't imagine what people here do! What's worse is that there's no difference between young and old people, they're all the same!

In a nutshell, some out-of-school youth cope with life by engaging in various problematic activities, due to both poverty and idleness. Some young men adopt certain types of lifestyles such as alcohol abuse, stealing, and violence, and some young women turn to prostitution in order to cope with life out of school.

Awareness and Perception of Sexual Risk

All the informants were aware of the sexual risks involved in indulging in unprotected heterosexual intercourse. Some of the sexual risks that were identified included infection with STIs such as syphilis and gonorrhea. The informants were generally aware of HIV-related risks, as well as the risk of unwanted pregnancy. A female informant acknowledged sexual risks in an interview:

Those who are having sex with each other without condoms can get diseases like HIV, and then they can get syphilis, gonorrhea, and other diseases. Women can also get pregnant.

Williams and Bendelow (1998) argue that, although risk discourses may seek to engender a heightened sense of health consciousness, skepticism still exists in the population regarding the dangers and threats of unhealthy lifestyles. This can be

said to be true regarding the out-of-school youth in this study. Despite being aware of the risks involved in unprotected sex, the majority of the informants confessed to having had unprotected sex. One young man described how he felt after having unprotected sex: “Inside there, I ended up feeling very nice, but after doing that people started talking about AIDS so much. So that’s why I went to have a test and they told me I was fine.”

The out-of-school informants exhibited basic knowledge of the pandemic, stating that AIDS was a “killer disease” that had no cure. A 20-year-old female informant depicted AIDS as the mother of all diseases, and described it in Namwanga as *munyazya*, or the “shrinking disease,” which implied that HIV/AIDS was a process of becoming smaller and weaker. Interestingly, a 17-year-old male informant described AIDS in Bemba as *kalaye noko*, which literally implies “go and say bye to your mother.”

Misconceptions about the disease flourished. According to a male informant, the “shrinking disease” was believed to be a disease that had been in existence long before the coming of HIV/AIDS. It was understood that this disease used to make people lose weight and strength, and was acquired by walking on crossing paths where someone that previously had the disease performed some ritual to be healed. The person that performed a ritual on the crossing paths was alleged to have been bewitched by someone he might have wronged in a village. Therefore, the “shrinking disease” was understood to be the work of witchcraft. When HIV/AIDS arrived on the scene, people recognized that it had similar characteristics as the old “shrinking disease,” and so they also referred to it as *munyazya*.

Although HIV/AIDS was described richly in Namwanga as the “shrinking disease,” this description was compounded by historical and cultural beliefs about witchcraft. It means that among some youths in Namwanga society the cause of HIV/AIDS is still embedded in cultural and historical beliefs that link the disease to the work of witchcraft, as was the case with the old “shrinking disease.”

Another participant, a 16-year-old female, described HIV/AIDS as being more than a disease because it was from the devil. To her, AIDS was the work of the devil. The informant could not explain how the devil had brought about the HIV/AIDS pandemic.

A 20-year-old man described the pandemic as some tiny insects that eat someone near the ribs and pull upwards, hence causing the person to have drawn out shoulders. According to this young man, whenever he saw a slim person with drawn out shoulders, it was enough evidence that the person was being eaten by tiny insects, and soon that person would collapse and die. The word *utonyong’onyo*, which was used by the young man to mean insects, may also imply viruses and bacteria.

In addition, some female informants described AIDS as a “funny disease” that makes adults that are sick use toilet frequently. One of the informants narrated that when someone was infected with HIV there was some “foolishness” that they experience. When asked to explain what she meant by “foolishness,” the informant just said, while laughing and looking down, that it was diarrhea. To this young woman, AIDS was diarrhea, and this is how she described it:

For me, HIV starts like this: a person will get sick. If he's married, he'll be sick for a long time. After some time, he'll start some "foolishness" which is part of this disease [laughter]. Then, it will just come there and then, he'll be sick and the wife will be the one cleaning him. Then he'll die.

Out-of-School Youth and Knowledge of HIV/AIDS

When asked to explain how youths that were not in school came to know about HIV/AIDS, some of the informants revealed that information on HIV/AIDS was readily available in the communities and streets. They stated that older people, relatives, and peers in the community were sources of information about the pandemic. During an interview an 18-year-old male informant revealed one source of information:

Sometimes you can sit with an older person to be advised about AIDS, and then sometimes when you're walking on the street you can hear people talking about AIDS. Sometimes you can find your friend being taught by his parents that he should be paying attention to his parents' advice, that the world's different now, and that a new disease has come.

A male informant disclosed how he came to know about the pandemic from his elderly parents. He stated:

I just heard these things from big people when they were saying I shouldn't be propositioning women anyhow, there was a disease called the "shrinking disease." So if you're going to be propositioning women anyhow, you'll contract the disease, we, your parents, we're poor and old so you need to take care of yourself wherever you go.

The above information about HIV/AIDS reveals some misconceptions about the symptoms and consequences of the disease. These misconceptions about HIV/AIDS may be a result of lack of adequate formal education.

Because of the social and cultural fields in which out-of-school youth come to know about HIV/AIDS, their knowledge about the disease is a mixture of misconceptions, common sense, and metaphysics. Hence, in researching knowledge about HIV/AIDS among out-of-school youth, there is a need to take into account the social, historical, and cultural practices in which the knowledge is produced, negotiated, reproduced, and embedded (Baxen & Breidlid, 2009).

In focus group discussions and individual interviews, some out-of-school young men perceived the risk of HIV infection to be more serious than pregnancy and any other curable STIs. The male informants felt that HIV infection was more unsettling than pregnancy because it had no cure. To these informants, pregnancy was something they could easily handle in terms of negotiating with parents for any charging of a bride price or for deflowering a girl that became pregnant. One male informant argued: "I'm only scared of AIDS; for pregnancy I can fight and find some way of handling it. But for AIDS there's no way of fighting it!" HIV infection was understood as the heaviest burden someone can carry in life.

Some female informants, however, perceived both pregnancy and HIV infection as frightening. They felt that having a child out of wedlock was almost the same as getting infected with HIV. To them, getting infected with HIV was even better because free antiretroviral (ARV) drugs were now available at government hospitals and clinics. A 20-year-old female informant narrated how she became pregnant and was later abandoned by the man that made her pregnant:

I fear both the disease and pregnancy. When you get the disease it's very dangerous and you'll be preoccupied with a lot of thoughts. Then on the issue of getting pregnant, sometimes we just don't know, for instance, me at that time, I was only interested in having fun. But I appreciate that I've learned that there's also danger in getting pregnant, because if I'd listened to my friend's advice to have an abortion I'd have died.

It can thus be argued that the way some youths perceive sexual risks exposes the gender differences that are ingrained in the social and cultural contexts in which they make meaning of their sexual behavior practices and conceive of the act of sex. This understanding reinforces Gupta's (2000) argument that gender is a social and cultural construct that differentiates women from men, and defines the ways in which women and men interact with each other.

When asked to state if they were at risk of HIV infection, the majority of both male and female informants perceived themselves as being invulnerable to HIV infection. The feeling of invulnerability to HIV infection among the informants was attributed to abstinence, being young, trust between a couple, being healthy, and that the disease was no longer frightening due to the introduction of ARVs.

Some youths felt that they were not at risk of HIV infection because they were still young and had not yet had a lot of sexual partners. A 19-year-old male stated: "I don't want to get sick at my age, I'm still young. I can just say that I want to be having fun." The sense of being young and amateurs in sexual matters made some youths fail to appreciate that the HIV/AIDS pandemic is real. It was clear that their preoccupation with pleasure during sex had blinded them to the realities of sexual and HIV risks.

Other informants felt that they were safe from HIV infection because they had been to voluntary counselling and testing (VCT) and were still healthy. An 18-year-old man affirmed this during an interview: "Me, this time I can't get sick because I went to have a test. No! I'm not sick, I'm not sick, I'm just fit." Some informants also placed their invulnerability in the trust that they had in themselves and their partners. During an individual interview, a 16-year-old female informant asserted: "I can't get the disease because I trust myself and my boyfriend."

The views presented above underscore the complexity that surrounds risk perception in relation to sexual and HIV risks among out-of-school youth. As argued by Giddens (1991), a modern subject has to make choices that involve risk. However, the findings from this study indicate that some out-of-school youth perceived themselves as impervious to the risk of HIV infection. It may be argued that risk perceptions among some out-of-school youth are socially and culturally constructed from the interplay between institutional discourses and individual

subjectivities (Mythen, 2004; Bastien 2005). Even though the informants were aware of the future consequences of risk, they continued to display a sense of invulnerability. It may be argued further that the information and knowledge that these youths receive from NGOs, HIV/AIDS experts, health professionals, and other stakeholders is less focused on potential health risks and problematic lifestyles compared to the social and cultural norms that define meanings and regulate social interaction, expectations, and behavior (Ahlberg et al., 2001; William & Bendelow, 1998).

Attitudes and Misconceptions about Condoms

Although the informants were aware of condoms and knew where to obtain them, they expressed negative attitudes towards condoms. The majority of male informants viewed condoms as only effective in preventing pregnancy. One male informant argued:

A condom prevents other diseases, not AIDS. But I've heard that there are some people that were using condoms but got infected with syphilis. Now, why did they get infected with syphilis if it's 90% or 100%? So if a person is using a condom, he can get infected if he sleeps with an infected person.

Similarly, the majority of female informants perceived condoms as being suitable for promiscuous men. One female informant observed: "About a condom, what I know is that it's for men who misbehave, those who go out with a lot of women."

Studies both in Zambia and elsewhere in Africa have also shown similar attitudes to condoms. Maree (2010), researching South African women, found that condoms were seen as offensive and suitable for casual relationships, but not for stable relationships.

Further, when asked to state if they were sexually satisfied using condoms, the majority of both male and female informants expressed sexual dissatisfaction. To these informants having sex with a condom was like eating a Yogueta (a brand of lollipop) with a plastic wrapper on. One female explained: "Many people nowadays they refuse to use condoms, they want direct contact. They ask: can you buy a Yogueta and start sucking it with plastic on, can it be sweet?"

The understanding of these informants was that condoms inhibited the feeling of pleasure during sexual intercourse. Some youths preferred "live sex" or "direct sex" to having sex with a condom. A 16-year-old female interviewee argued: "Alright, I'll say this, if you're having sex with a guy, some of them if you're encouraging them to use a condom, they say they're not used to that, all they want is just to go 'live.'"

These findings are not different from what Sakuwaha (2004), Ahlberg et al. (2001), Kapungwe (2003), and Bond and Dover (1997) found in their studies. For instance, among male youths in the Lusaka urban basic schools, Sakuwaha (2004) discovered that condoms were disliked because they were considered to be loose and that having sex with a condom was described, as referred to above, like eating a banana with its peel. Ahlberg et al. (2001) also reported that, among youths in

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both Kenya and Sweden, condoms were believed to reduce sexual pleasure and questioned the norms of trust and faithfulness expected in a relationship.

Further, condom use was misperceived as causing cancer in women that often used condoms. A female informant explained:

About condoms, people say that it protects you from diseases like AIDS, syphilis, and other diseases. But someone taught us that, when you use a condom for too long, the lubricant on the condom isn't good, it causes cancer.

Condoms were also misconceived of as vehicles through which HIV and other new infections were transmitted to people. It was assumed that condoms came with pre-packed diseases by manufacturers. A 20-year-old female informant stated:

Condoms have problems: one just where they're manufactured they put in diseases, instead of protecting they infect people. They put in different diseases which you can't even know. Then some where they manufacture instead of covering them nicely, they do it differently, when you use it you just find it is destroyed.

Condoms were also perceived as not being strong because they sometimes burst during a sexual encounter. A male interviewee explained: "Some people say that if you're doing it with a lot of force that the condom can burst, and then you find yourself in trouble."

It was also reported that if a condom was smaller than a man's penis it was likely to cause sterility for the man. A male respondent explained: "For me, I've heard that if you're using a condom that's small it destroys fertility." These findings resonate with what Bond and Dover (1997) revealed in their study: that prolonged use of condoms was understood to lead to impotency.

Condom Use

The findings revealed that many informants had never used condoms despite having had sex before. One of the reasons for not using condoms was that some informants were too shy to obtain condoms and afraid of what people would think of them. A 19-year-old male interviewee explained why he had never used a condom: "At that time I was just hearing that there are condoms, but I didn't use them. Again, I've never used them, I feel too shy to buy them."

For the majority of female informants, their inability to use condoms had to do with partners refusing to use a condom. A female informant stated:

A man won't even listen to you, sometimes if you tell him about this disease (HIV); he'll answer you that it didn't come for animals but for people. Sometimes he'll accuse you of wanting to infect him, and then you just forget about it and let it be so. Because it's not my wish, it's him who will bring it to me!

For some female informants, condom use was quite challenging in their relationships. They accused men of not being willing to use condoms and further expressed their lack of power to force men to use condoms. Ironically, some male informants also expressed a lack of power concerning condom use. They accused their girlfriends of being uncomfortable with condom use, and hence their inability to use them. A 19-year-old man explained: “I wanted to protect myself, now the girl refused, saying she didn’t like condoms.”

From the above findings, one may argue that condom use as a means of preventing the spread of HIV and STIs was met with problems of acceptability that are entrenched in the social and cultural discursive fields (Bond & Dover, 1997; Baxen & Breidlid, 2009). In some African countries, negative attitudes to condom use have been attributed to numerous African cultures that define how sex should be performed and used as a procreation tool, implying that safer sexual practices are immoral (Kapungwe, 2003; Maree, 2010). Kapungwe (2003) revealed that, in traditional Zambian society, sex was primarily for procreation, which meant that sex had to be penetrative and involve the discharge of sperm into a woman’s vagina. This implied that any physical barrier such as a condom was considered culturally unacceptable and immoral (Kapungwe, 2003).

Abstinence

The majority of the informants felt that it was difficult to abstain because most of them were already sexually active. It was argued that abstinence was suitable for individuals that had never indulged in sexual intercourse before. Further, it was disclosed that the need to abstain only came after someone had already had sex. One female informant explained:

At that time when that happens, what I’ve seen is that a person comes to realize after it’s already happened already. That’s when you start thinking; why did I do this? But you’ve already done it, and maybe you’ve even gotten infected already.

Although some informants were aware that abstinence was one of the best methods of managing sexual risks, they strongly felt that it was very challenging to abstain at their age after having experienced sex before. Clearly, according to a psychoanalytical perspective, these youths are at the genital or puberty stage, which is characterized by increased sexual tensions seeking gratification (Bristow, 1997).

Antiretrovirals (ARVs)

Some studies have associated ARVs with reduced risky sexual behavior and hence contributing to the management of HIV risk (Bunnell et al., 2006). However, some youths that participated in this study expressed doubts about the role of ARVs in mitigating the impact of HIV/AIDS (UNAIDS, 2009). Some informants argued that ARVs were in fact fuelling the spread of HIV/AIDS. It was argued that

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because of the introduction of ARVs some people were now not scared of death and hence were more promiscuous. The informants pointed out that some people had even developed phrases such as “topping up” to mean taking ARVs to prolong life. One female informant described the situation as follows:

People aren't scared of getting sick nowadays because they know that ARVs are available. So you'll find that people say that when you feel that things are not ok you start topping, that's all. So what I see is that HIV has now become just like malaria, which people get medicine for when they get sick, so it's just the reality.

Doubts were also reported about people taking ARVs. Some informants described those taking ARVs as developing protruding bellies, black heels, and shrinking buttocks. In a mixed focus group discussion, a female informant described those taking ARVs as follows:

You know the disease is trimming people badly, even if people are “topping up” [taking ARVs] they aren't looking nice. You'll find their bellies, like us women, the belly is like this [makes a gesture] then there's nothing behind. The heels, instead of having blood, they just turn black with some sores here and there.

People on ARVs were further said to have a peculiar and strange smell that makes others uncomfortable. A 15-year-old female informant described those taking ARVs as follows:

They have a peculiar smell, I've met some that smell because they didn't have soap, and maybe even food might not be adequate. And when they speak, the smell can scare others. Then you know that they are sick.

The attitudes towards ARVs portray a situation where stigma is extended to anybody linked to HIV/AIDS and to the drugs used. As a consequence, the out-of-school youth exhibited ambivalent attitudes towards ARVs in preventing and treating HIV/AIDS.

CONCLUSION

The perception of sexual risks varied between male and female informants in the study. Female informants viewed both the risk of pregnancy and HIV to be equally serious, whereas male informants considered the risk of HIV to be more serious than pregnancy. This pointed to the fact that gender differences influenced the perception of sexual risks among out-of-school youth.

Despite having basic knowledge about HIV/AIDS and being aware of the sexual risks, out-of-school youth continued to engage in unprotected sex. Management of sexual risks through condoms and abstinence proved to be a challenge among these youths, who unreservedly expressed misgivings about the reliability of condoms, and felt that they were not ready to abstain because they had already experienced sex at varying ages. It may be argued that the information and knowledge that these

youths receive from health professionals and other experts about sexual risks played only a minor role compared to the social and cultural norms that define meaning and regulate social interaction and behavior. The cultural and social norms compounded by lack of formal education appear to have greatly influenced the way out-of-school youth perceive sexual risks and how they form their knowledge about HIV/AIDS.

From the analysis of the findings, it may be concluded that the perceptions of condom use and sexual risks among out-of-school youths are greatly influenced by their understanding of sexuality and gender, which are deeply entrenched in the cultural and social contexts in which they make meaning of their own sexual behavior and practices and conceive of the act of sex.

Ultimately, HIV/AIDS prevention and management strategies need to take into account the social and cultural fields in which out-of-school youth receive, interpret, reproduce, and perceive knowledge about sexual risks and condom use.

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9. ALLEVIATING HIV/AIDS THROUGH SPORTS AND THE UBUNTU CULTURAL PHILOSOPHY IN ZAMBIA

INTRODUCTION

The emergence of the HIV/AIDS pandemic in modern times has attracted various actors and a great deal of diverse scientific and sociological strategies to deal with the pandemic. Africa south of the Sahara is hardest hit by the HIV/AIDS pandemic, and as such it is a target for most mitigation approaches. This chapter puts into perspective an organization in Zambia that is using sports and other recreational activities as a strategy to combat the HIV/AIDS pandemic. This approach is part of a wider international development model called “Sport for Development and Peace” (SDP). Also specific to this Zambian organization is that it deliberately and strategically combines this SDP approach with indigenous knowledge systems (IKS) in its programs. Essentially, SDP as an international development model is seeking to foster development, particularly in the Global South.¹ There is a claim that, within this model, sports provide a substantial contribution in the quest to improve global health, education, peace, and development in general (UN, 2006). Therefore, the objective of this chapter is twofold: first, to show the place occupied by IKS within mainstream SDP strategies and policies, and, second, to narrow the gap between theory and practice by focusing on how development is contextually constructed and practiced through the use of home-grown discourses and IKS in the Global South. In doing so, the chapter illustrates a sharp contrast with global dispositions that have somewhat standardized ways of doing and understanding development. For instance, the HIV/AIDS scourge is so overriding in the Global South, especially in sub-Saharan Africa, that it is imperative to invest in the local resources and strategies of the people affected, who understand their situation better as insiders and direct victims. As such, the chapter exploits the argument advocated by Breidlid (2009) that IKS incorporates worldviews, cultural values, and practices, and that it links these to metaphysical, ecological, economic, sociological, and scientific fields as processes of development.

The overall contention of the chapter is that the SDP model is somehow biased towards understanding development mostly from a Global North epistemological perspective by taking a globalization approach. According to Nordtveit (2010), this approach is often engaged with modernity, which basically links globalization with Westernization. The dispute here is that, despite this globalization approach being applied by most international development agents, there are indications that some locally initiated discourses in the Global South have the potential to combine well with globalization—a hybridization practice or an evolution of new, diverse forms

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of development and cultural collaboration. Simply put, it is an adaptation of a trans-local blend of cultures and strategies.

CONTEXTUAL BACKGROUND

By regarding their indigenous knowledge as primitive, many development plans have ignored the most vital ingredient for development, namely, the participation of the local community such that they could bring into the equation their understanding of the workings of their bio-physical environment. (Ogunniyi, 2013, p. 15)

Taking Ogunniyi's statement above as a starting point, his observation somehow reflects the realities in some sections of international development work in general, and within SDP in particular. It is almost common knowledge that the architects of most international development plans for implementation in the Global South are policymakers (funders) and academics (agents) from the Global North, many of whom have spent limited or no time at all in the Global South apart from the vicarious experiences they have been exposed to. As a result, the architects' rationale attached to development in the Global South is often related to the perceived need for a nation and its individuals to prosper according to the definition of the "rich, cultivated, and happy" West (Nordtveit, 2010, p. 325). Mostly, these architects completely overshadow—and/or, worse still, overlook—locals' social practices and adaptations on one hand, and the bio-physical environment on the other, as vital and inevitable ingredients for local development (Ogunniyi, 2013).

Currently, international development largely comprises "developmental" transposition of resources from the Global North to the Global South for implementation (Briggs, 2008). This development goes beyond material resources to include less tangible ones such as Western epistemology, worldviews, philosophies, practices, values, and ideals that are usually transferred from the Global North to the Global South. Arguably, the dispersal of the less tangible resources subsequently standardizes and creates a unified visualization; simply put, a "Global Village" where Western ideologies dominate and worldviews from the Global South are demonized or completely ignored (Nordtveit, 2010). As such, it is this dominance of Western ideals that largely directs and regulates the appropriate techniques for what development entails (Briggs, 2008).

Consequently, there are questions about the export of Western international development models from the Global North to the Global South. At stake is the dichotomy created by the unequal share of global resources between the Global North and the Global South. Ideally, I argue, development should be based on the common socioeconomic aspirations and ideologies of both the Global North and the Global South. This chapter singles out the EduSport Foundation,² a non-governmental organization (NGO) in Zambia as one among several institutions in the Global South trying to fuse IKS into mainstream development strategies. Through a case study, the chapter seeks to demonstrate that local home-grown

discourses could be a good means for fostering the development that the Global North is seeking to accomplish in the Global South. Despite the economic dependence (which usually comes with open or hidden policy agendas) of most NGOs in the Global South on their Global North partners, EduSport uses IKS as a development strategy to counter the HIV/AIDS pandemic. Zambia has one of the world's most devastating HIV/AIDS rates and is one of the worst-affected countries in sub-Saharan Africa. In practice, the EduSport Foundation identifies itself with a cultural philosophy within IKS called Ubuntu. Ubuntu is a traditional philosophy in southern Africa that centers on humanity as a collective endeavor rather than an individual one.

Generally, at the beginning of the twenty-first century various stakeholders in international development work started better appreciating the potential of sports as a tool in implementing various development programs (Beutler, 2008). At the same time, the expansion of SDP initiatives with support from interested international organizations has occurred globally. Sub-Saharan Africa has been a key site for SDP activities with HIV/AIDS as the main attraction of international players to the region (Beacom & Levermore, 2008). Towards the end of 2013, the International Platform on SDP initiatives officially registered about 182 projects and 448 organizations involved one way or another in the SDP movement, many of which were in HIV/AIDS-mitigation work (Mwaanga & Mwansa, 2014). Of all these initiatives, 71 projects and 161 organizations were in sub-Saharan Africa. It is such scenarios that stimulate views that portray the Global South to lack their own and appropriate knowledge, skills, or ideals (Hayhurst, 2009). This perspective could equally be viewed from a historical point of view; Ogunniyi (2013, p. 7) argues that "the early anthropologists and colonizers negated local peoples' indigenous knowledges by not accepting them as worthy partners, intrinsically blocking or discouraging them to bring their own cultural assets and identities into the realms of the development processes." This agrees with Nordtveit (2010), who argues that the Global North has a tendency to construct the West as the only universalizable civilization. Moreover, McKay (2004, pp. 64–65) argues that "the West with its blind faith in technology and the effectiveness of planning has treated the Third World as a child in great need of guidance." Through globalization, the Global North is constantly providing "guidance" to the development of the Global South, but does this mean the end of localized and contextual knowledge production? There is a desire on the part of the Global South for localized knowledge that is sufficient to counter the forces of hegemonic globalization, but clearly it is an uphill battle to include non-hegemonic knowledge systems within mainstream globalization (Bredlid, 2013).

Historically, within SDP, all the participants in the exchange programs from the Global North to the Global South were "development experts" in program implementation and development of the Global South. It is only in recent years that Global North exchange program participants from the Global North to the Global South have started accepting and appreciating that they are equally learning something from the Global South that they could after all try out in the Global North (Mwansa, 2011). One example is the "Handshake for Peace" practiced at the

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FIFA 2014 soccer world cup in Brazil, which has a background in Israeli and Palestinian attempts to create bonds of friendship through soccer and in South African apartheid abolition strategies.

THEORETICAL FRAMEWORKS

This section presents the indigenous Southern African cultural philosophy of Ubuntu and Foucauldian discourse theory in relation to SDP as the structure and theoretical frameworks in which the chapter is grounded. The section describes how the EduSport Foundation uses this cultural philosophy as a working tool in its programs, particularly the HIV/AIDS-mitigation programs under the auspices of SDP. Further, the theoretical framework outlines and places Foucauldian discourse theory in the context of the current debates in the SDP programs.

Ubuntu

In order to understand how IKS could be accepted within SDP program implementation, this chapter locates and examines Ubuntu as it is applied in the EduSport Foundation in Zambia. Ubuntu claims that, through the relationships found within community life, both individual and community development depend on each other (Zondi, 1996). Forester (2010, p. 244) defines and relates Ubuntu “to the concepts of ontological being and identity,” and further claims that Ubuntu as a philosophy comes to signify the centrality of relationships for the African worldview. This philosophy in itself claims that it is through the relationships found in collective coexistence that development for both the individual and the community reciprocate each other because it places relationality at the core of morality (Metz, 2011; Zondi, 1996). This substantiates the perception that this philosophy radically contrasts with the Global North’s individualism as opposed to the Global South’s communal capital (Kay & Spaaij, 2012). Communal capital or community interdependence is discussed by Metz (2011, p. 1), who claims that “roughly, the more a being is capable of being part of a certain communal relationship, the greater its moral status.” This is further enhanced by the fact that the Ubuntu cultural philosophy practices collective interconnectedness, collective humanity, and indeed the obligation to each other that goes with that connection (Mwaanga & Mwansa, 2014). In short, Ubuntu is the ability in African culture to demonstrate compassion, reciprocity, dignity, harmony, and, above all, humanity for the benefit of building and maintaining community perpetuity (Nussbaum, 2003).

One must not, however, bring “unanimism” to the African context, or the idea that there exists a single unproblematic and uncontested indigenous African attitude. Ubuntu is equally contested and vulnerable, and as such there is a multiplicity of cultures and discourses within indigenous communities that is still partly or fully influenced by Western epistemology (Nordtveit, 2010; Wai, 2007). This is especially true with institutions such as schools, which are mostly copies of the education discourse in the West. This has surely produced and induced an

internalized sense of inadequacy and self-devaluation among the local people, thus affecting their own creativity and agency.

The Ubuntu cultural philosophy as used by the EduSport Foundation serves as one of the alternative epistemologies in the Global South. It counters what Breidlid (2013) refers to as the hegemonic character of the modernist or Western epistemology that spread in the wake of colonialism and the capitalist economic system. This deliberate system selectively excluded other epistemologies while especially “othering” those from the Global South. However, the emergence of the HIV/AIDS pandemic and the failure to halt the pandemic has meant that people in the Global South have started questioning the dominance of bio-medically and epidemiologically Western-driven behavioral research agendas (Mwansa, 2011). In the late 1990s there was a shift in HIV/AIDS work to focus more on the interpretation of cultural meanings as crucial to a holistic understanding of the pandemic (see Breidlid’s chapter in this volume). This meant exploring the possibilities that might be available for responding to the pandemic through using more culturally appropriate prevention programs (Treichler, 1999). This advent of more contextual HIV/AIDS-prevention programs thus opened doors to more locally appropriate approaches in the quest to study and mitigate the HIV/AIDS pandemic. Africa, especially sub-Saharan Africa, could be party to a global effort to fight HIV/AIDS, but it must do so on its own terms, with the stakes and concerns of the directly affected victims as the guiding principle.

Foucauldian Discourse Theory and SDP

The power relations existing between the Global North and the Global South in terms of discourse can best be analyzed through Foucauldian discourse theory with its discursive formations. Foucault argues that society is produced and reproduced through discourse, and discourse is mainly produced and determined by the hegemonic group—in this case, the West. Foucault (1989) defines discourse as a system of knowledge that makes true and false statements possible. In the relations between the Global North and the Global South, truth is closely linked to Western epistemology, which has been hegemonized as the rational perception of the world and how development should take place (Breidlid, 2013). As a result, development practices do not exist without a certain regime of rationality and power (Foucault, 1991). This is a regime that is historically rooted; working as a structure of knowledge, and allowing, at any particular time, certain events and patterns of agency to materialize. Western knowledge is linked to power and renders other “less powerful” alternatives unthinkable, unsayable, and undoable. As such, in the case of HIV/AIDS, it often means zero or half acceptance of innovative approaches in interventions and other SDP practices stemming from the Global South (Mwaanga & Mwansa, 2014).

In the quote below, Foucault questions who has access to discourse, and recognizes and appreciates the hierarchically stratified subjectivities reacting to and manipulating discourses:

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Which individuals, which groups or classes have access to a particular kind of discourse? How is the relationship institutionalized between the discourses, speakers and the destined audience? How is the relationship of the discourse to this author between classes, actions, linguistic cultural or ethnic collectivities? (Foucault, 1975, p. 15)

It is within discourse that the relationship of meaning and power may be reinforced or challenged. Discourse concerning sports and SDP practices privileges a particular form of rationality that reflects and legitimizes relations of power whereby the Western development paradigms dominate SDP policy and practice. The privileging of a Western discourse, also in fighting the HIV/AIDS pandemic, is problematic, not the least because modernist HIV/AIDS interventions have not been entirely successful in fighting the pandemic. It should be noted, however, that resistance is a form of power and that neglected discourses may subvert the dominant discourses and make change possible (Pringle, 2005) by challenging the multiple axes of power.

LINKING UBUNTU TO SDP IN THE EDUSPORT FOUNDATION PROGRAMS: AN ALTERNATIVE DISCOURSE

Alternative discourses like Ubuntu in the EduSport Foundation programs are to some extent capable of providing the much-needed resistance to the Global North hegemony within development discourse. As Nordtveit (2010) observes, in recent years civil society and social movements have become the focus of alternative discourses, contesting the Western definitions of development. In practice, this means that an alternative definition of the concept of development should be sought among local civil society (Nordtveit 2010). Thus, although Foucault's theory may be characterized as being "deconstructive" in nature, it also possesses the capability to inform new processes of "constructing" knowledge democratically through the participation of alternative discourses (Blaikie, 2000).

In an attempt to counter the status quo, the Global South requires more innovative and progressive thinking by appreciating more local and indigenous inputs into the development agendas. Kicking AIDS Out (KAO) as a local HIV/AIDS intervention is a good example that could serve as alternative to entrenched systems of Western epistemological development practices. In practice, the EduSport Foundation's use of IKS counters the hegemonic knowledge systems and could be regarded as a discursively substantial perspective capable of making a considerable change. By not appreciating alternative models, the SDP undertaking successfully substitutes "one reality with another" (Wai, 2007, p. 73).

One practical example in this respect as documented by the EduSport Foundation is that the KAO concept was initially holistic in nature and applied diverse discourses such as the use of IKS when it was established as an HIV/AIDS education-through-sports project. However, when it got into the hands of the Global North (internationalized), its focus shifted more to a single behavioral change discourse framed within neo-liberal development frameworks, disregarding important contextual factors such as culture and available local resources that may

add more value to their goals (Mwaanga & Mwansa, 2014). In this regard, the Ubuntu perception thus clashed with the dominant development perspectives imposed on the EduSport Foundation, mainly through conditions attached to development aid made by Global North donors such as UK Sport, Commonwealth Games (Canada), and the Norwegian Confederation of Sport and Olympic Committee (NIF). The development aid mostly comes along with power and a somewhat hidden agenda that seemingly silences local discourses, consciously or unconsciously taking advantage of the fragile socioeconomic landscape in the Global South. This relates in particular to development work, as Rossi observes:

This is particularly evident in the field of development, where actors (especially the recipients “of policies and interventions”) are faced with discourses to some degree external to their language, culture, and society. Relative distance from the sources of development rationality increases the room for maneuver available to the actors involved But negotiations do not take place between equals. While it is important not to characterize less powerful actors as passive, there is a difference between framing the terms of reference for discursive struggles and being at best able to manipulate dominant orders of discourse subversively. (Rossi, 2004, pp. 26–27)

Certainly, the Global North’s denial of the alternative discourse emanating from the Global South has only helped reinforce the obscuring of alternative discourse (Ogunniyi, 2013; Omobowale, 2007). However, the Global South philosophy, particularly in sub-Saharan Africa, irreversibly exists and may be essential in determining the practice of SDP in particular and the development of the Global South in general (Kaphagawani & Malherbe, 2003).

The EduSport Foundation strives to achieve transformation at individual and societal levels by using peer influence as a strategy to deliver its programs, especially at the youth level. EduSport claims to be considerate of sustaining a holistic attitude in all its programs (EduSport, 2004). The organization trains young people as peer educators (also called peer coaches) that in turn train their peers in various programs (EduSport, 2001). The KAO concept has since been embraced and replicated by other local and regional organizations and has further been structured into a network of international organizations appreciating the use of sports as a worthy medium through which HIV/AIDS awareness can be circulated (Mwansa, 2011; EduSport, 2014). Because the EduSport peer coaches are the agents that deal directly with the program end users, as part of the organization’s Ubuntu approach, the peer coaches blend their daily responsibilities in the KAO program with Christianity and indigenous knowledges (EduSport, 2013). This is partly because most Zambians live with two worldviews and seem not to feel any contradiction between them.

In one of its guiding documents (EduSport Roadmap 2005–2010), the EduSport Foundation has tabulated some intriguing tenets guiding the operations of the organization. Among these tenets, two aspects dominate: empowerment, and evidently the Ubuntu cultural philosophy. The organization’s mission statement is

framed within the empowerment perspective: “to empower communities through sport” (EduSport Roadmap 2005–2010, 2004, p. 1). However, it is worth noting that the model application here is focused solely on how sports can add value to the growth of diverse means to access various resources, on the one hand, and how sports in themselves can influence society to follow a particular direction, on the other. In both situations, the broader goal is to help socioeconomically disadvantaged youths have access to various resources so as to have better control and a sense of self-esteem in their lives. This is a holistic approach that is equally part of the aims of the organization that does not focus on, for example, HIV/AIDS-prevention behavioral change interventions only. This approach is equally part of the Ubuntu philosophy, which views a human being as a whole and in relation to a wider community.

According to EduSport, an organization cannot start a program on behavioral change before considering creating platforms that can contribute positively to its achievement (Mwaanga & Mwansa, 2014). Research has shown that schools are good venues for behavior change because they receive overwhelming support from parents partly because this seems to relieve their own responsibilities for discussing HIV/AIDS with their children (Mwansa, 2011). Thus, in Zambia most communities see schools as the best venues to communicate issues of HIV/AIDS professionally and more efficiently (Mwansa, 2011). Effectively, the EduSport Foundation has established full HIV/AIDS education through sports programs in the schools that it has helped disadvantaged communities build and in the schools it has partnered with.

Furthermore, the EduSport Foundation has created another platform of transformation in order to positively contribute to behavior change for youth; this is the economic empowerment platform (Mwaanga & Mwansa, 2014). By giving out loans to youths to help them start small-scale businesses such as goat meat and milk production, EduSport believes that there could be some positive change in behavior, especially sexual behavior if youths are economically empowered (EduSport, 2004). Moreover, research has revealed that lack of economic resources could force youths to become involved in risky sexual behavior as a way of sustaining their lives (Mwansa 2011; Kalipeni, Craddock, Oppong, & Gosh, 2006). Because EduSport finds the problems in the communities complex and inter-related, it thus takes a holistic approach to HIV/AIDS-intervention programs using the Ubuntu cultural philosophy of confronting it with a collective perspective (EduSport, 2001; Mwaanga & Mwansa, 2014). Ubuntu engages in developing the whole person at different levels (i.e., emotional, physical, spiritual, and mental), taking into consideration conscious and unconscious aspects, rational and irrational, fully respecting the notion of “bodymind” that goes with intellect, emotion, instinct, and intuition. Ubuntu as propounded by the EduSport Foundation in its programs recognizes the use of holistic approaches by appreciating individuals that acknowledge their own complexities and how these in turn affect collective living at the social, economic, political, and environmental levels.

Most importantly, the EduSport Foundation has adopted and promoted the values of the Ubuntu cultural philosophy with a primary focus on the needs of the

people as a community (Mwaanga & Mwansa, 2014). Like most local and international KAO partners, EduSport programs are centered on the interests and needs of the people the organization serves (EduSport, 2004). This approach could be used to demonstrate that the KAO program under the EduSport Foundation is designed as a deliberate strategy to equally consolidate working with individual families so as to build strong social bonds among program beneficiaries. As part of its Ubuntu approach, EduSport Foundation perceives family involvement as unpacking its work into smaller and practicable clusters that could take them closer to dealing with human beings rather than just dealing with mere programs (Mwaanga & Mwansa, 2014, EduSport, 2001). Consequently, in the light of Ubuntu, deliberations on how community discursivities influence SDP interventions are a practical way to demonstrate how an indigenous discourse may offer an alternative trajectory to HIV/AIDS research and practice.

This fundamental resolution of the EduSport Foundation to embrace Ubuntu as a discourse in its own right is a central part of the organization, and thus its relevance to the study of IKS in the Global South ought to be captured in any research related to it (Mwaanga & Mwansa, 2014). This could help counter the imposition of Western epistemology, as Breidlid refers to:

In times of globalization and multinational capitalism, there is therefore more need than ever to question the belief that the Cartesian epistemological foundation is something universal and unshakable, and thus provide people in the South with a consciousness about this. (2013, p. 17)

Nevertheless, Ubuntu and its use by the EduSport Foundation are not unscathed. Some academicians and practitioners have challenged Ubuntu on the grounds that its emphasis on collectivism can easily topple into repressive communalism (Teffo, 1994). Louw (1995) agrees with this school of thought but at the same time maintains that “true” Ubuntu incorporates dialogue, thus including both relation and distance. Ubuntu preserves the other in his/her otherness, in his/her uniqueness, without letting him/her slip into the distance or behind the margin lines (Shutte, 1993). Unfortunately, the HIV/AIDS pandemic has created a notion of “secrecy, privacy, denial, and individualism” among the victims due to the nature of its most common transmission possibilities (sexual intercourse). As such, Ubuntu with its emphasis on collectivism is meant to counter this and transcend secrecy and individualism. As Shutte (1993) puts it: if the principles of Ubuntu are the destination, then dialogue is the transport to that end. However, in EduSport, Ubuntu is perceived as a work in progress, so that in situations when its values are compromised social meetings are convened in order for the community members to discuss how to progress with Ubuntu customs in their programs (Mwaanga & Mwansa, 2014). Furthermore, in the EduSport Foundation’s practical physical activities, a red card in a game is not taken as punishment as such, but an opportunity by which the affected player will leave the playing field to meet a peer counsellor on the sidelines and engage in dialogue about the best ways of interacting and being considerate of others.

Because there is limited research on the inclusion of IKS in sports and HIV/AIDS work, the arguments put forward thus far will only be useful if what has been described is consistent with the EduSport Foundation's practice. For example, when an individual in EduSport considers personal desires at the expense of the interest of the community, how then can the Ubuntu philosophy be applied in such circumstances? One may be curious to understand how Ubuntu can survive in the poverty-stricken underserved communities in Zambia, where living by individualistic tactics is perhaps more realistic because of the possibility of success it offers to people (Mwaanga & Mwansa, 2014). Some practical examples of youth leaders practicing and building their Ubuntu strengths in their day-to-day living include a community soccer team contributing money to buy food for needy team members or to support a community funeral in ways that only churches and extended families have historically done in the Zambian context (Mwaanga & Mwansa, 2014). EduSport peer leaders collect and deliver HIV/AIDS antiretroviral (ARVs) drugs on behalf of the needy in society that have no capacity to do so (EduSport, 2014). Taking HIV/AIDS treatment requires effort and commitment because drugs must be taken at exact times each day. In homes where members who performed such responsibilities have died due to the pandemic, EduSport Foundation youths have taken it upon themselves to play the role of the non-available medical personnel to encourage and guide the affected to take ARVs at appropriate times and provide a home-based care network (EduSport, 2014). EduSport Foundation youth teams take time off sports to clean and tidy up the physical surroundings of local clinics and other public service spaces (Mwaanga & Mwansa, 2014). Teams have cared for needy children in orphanages and have carried water for elderly people for domestic use (EduSport, 2014). In rural settings, EduSport teams have contributed towards sinking community boreholes for wells and building local community schools (Mwaanga & Mwansa, 2014). Furthermore, rural teams in consultation with the local authorities have planted trees in an effort to counter the escalating environmental degradation affecting the entire community (EduSport, 2014).

CONCLUSION

The analysis applied in this chapter raises a number of key issues and ramifications for SDP practice in relation to IKS. First, it places the SDP agenda, like other domains of international development programs, in the hegemonic colonizing practices that have no room for alternative discourse, especially those manifested through IKS. This has necessitated an interrogation of power according to Foucauldian discourse theory, emphasizing that, in order for people to interpret their life situation, they need a frame of reference that is contextual to their situation (Rail, 2002), shaping the ways of thinking and the meaning of their world. The EduSport Foundation's approach of incorporating Ubuntu in its HIV/AIDS programs conveys a contextual understanding of the problem at hand, thus attempting to find local solutions to local problems.

This chapter challenges the SDP movement to deliberately include alternative discourses in its work in the Global South. The EduSport Foundation has defiantly carved out a hybrid discourse acknowledging concepts from both the Global North and the Global South, particularly in relation to HIV/AIDS interventions. Regrettably, IKS or alternative discourses on development remain inadequately recognized and refined to suit the demands of the prevailing global trends in international research and development (Ramosé, 1999).

Admittedly, the EduSport Foundation faces an uphill battle in making the Ubuntu approach fully appreciated at the local level because the forces of a “standardized good” are so strong, making some locals demonize Ubuntu in preference to what is fully enshrined in Western epistemology. Worse still, most tools and gadgets used in the actual program implementation at the grassroots level are all products of Western discourse and hegemony. This makes both the program implementers and the final program end users susceptible to having more faith in “standardized development” than in local alternative discourses like Ubuntu. To fight what Ngũgĩ (1986) calls the colonizing of the mind and to endorse indigenous solutions is a long-term process that needs support, not only from the governments and the local organizations in the Global South, but—somewhat paradoxically—also from the powerful NGOs and scholars in the Global North.

NOTES

- ¹ The binary of Global North and Global South is “of course, geographically inaccurate and too generalized to encompass the complexities within and between nations, but it is perhaps the least problematic means of distinguishing between relatively wealthy countries and continents [Europe] and relatively poorer ones [Africa]” (McEwan, 2009, pp. 13–14).
- ² This is a Zambian community-driven NGO that strives to achieve its objectives through sports and other leisure activities that may work towards empowering underprivileged youth groups. Through its work, EduSport aims at equipping disadvantaged communities with appropriate resources that may be needed to develop local initiatives (EduSport, 2013).

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SECTION 2

SIGBJØRN SOLLI LJUNG

10. HOW THE SOCIAL CONTEXT OF FIVE FORMER NAMIBIAN STREET BOYS HAS CONDITIONED THEIR EXPERIENCE WITH SCHOOLING

INTRODUCTION

This chapter explores five former street boys' lived experiences with and understanding of schooling. The choices they make as well as their family members, others in their social network, and Namibia's national policies on education are central aspects to consider. The chapter aligns itself with Ansell (2005) who contends that, in order to create more equal educational opportunities, street children's experiences represent a very important source of knowledge.

For an in-depth understanding of their situation, the following questions were considered for further study: Which aspects of the five former street boys' social context made them drop out of school? What caused them to take to the street? What made it possible for them to stay in school?

I mostly use the term *male youth* when referring to the participants in the study. At the time of the research they were all between 17 and 21 years old, and because of their age I found the term *male youth* more appropriate to use than *boy*. However, I also use the term *former street boys* because they all lived on the street at one point.

“All over the world children and youth turn to the street in an attempt to solve problems which arise out of the social structure and situation they find themselves in” (MWACW, 2002, p. 4). It is widely recognized that the street child phenomenon is a major human development problem, especially in countries with struggling economies. According to Rodriguez-Kiino (2014), there are an estimated 150 million children and youth living on the streets around the world (Rodriguez-Kiino, 2014, p. 194). However, it is difficult to estimate the exact number of street children in the world because these children are rarely organized or registered (Ansell, 2005). This problem also applies to street children living in Namibia. UNICEF (2006) reports that the phenomenon of street children in Namibia is exceptionally complex because of the high HIV/AIDS and poverty rate. Many of these children have moved back and forth between the street and home, and in addition have often been exposed to traumatic abuse and neglect (Lewis, 2004).

Namibia has prioritized equal educational opportunities since independence in 1990, yet street children still represent a marginalized group that is underrepresented in schools (UNICEF, 2006). The school enrollment rate is as high

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as 95% in Namibia, which is much higher than the average in sub-Saharan Africa (LeBeau, 2004). According to the Namibian constitution, 10 years of schooling is compulsory. Furthermore, the constitution declares that the state shall provide free education for those that cannot afford it (GRN, 1990). The Namibian educational programs represent a long historical and political process, and are also attuned to the international Education for All (EFA) goals. EFA goal number two is to ensure that all children, including children in difficult circumstances, have access to complete, free, and compulsory primary education of good quality by 2015 (GRN, 2002). In order to ensure good-quality education to all, the Namibian government has to do something about the situation street children in Namibia are facing. According to UNICEF (2006), research addressing the particular needs of these educationally marginalized children is needed in order to achieve EFA goal number two.

Street children and street youth use the street in different ways; however, what they all have in common is that they work (beg for money or do various small jobs) on the street to make a living (MWACW, 2002). I argue that the former street boys that participated in this study, as well as others that are living on the street, have had to make more complex choices and also more essential choices than children and youth growing up in most other environments. This chapter later illustrates the choices street children have to make regarding sources of income, food security, shelter, and safety. Most of these youth choose to live in urban areas because it is much easier to make money there (Ansell, 2005). Diseases and drugs also circulate more easily in the city centers, and as a result of their lifestyle many youth on the street suffer from various health problems. Furthermore, many of them have unprotected sex, either for enjoyment, money, or protection, because their main concern is often survival and pleasure, with little worry given to HIV/AIDS or other sexually transmitted diseases (Ansell, 2005). A wide range of rehabilitation approaches have been tested out to identify better options for these youth. However, according to street child specialist Heather Lewis (2004), few of the many rehabilitation approaches implemented in South Africa, for example, have been proven to work. There are many reasons for this; one challenge is that many street children are used to the freedom of the streets and therefore find it difficult to stay in an institution. These students often return to the street. Ansell (2005) points out that another problem is that many of the outreach programs only concentrate on getting street children and youth into schools, instead of also helping them leave the street. Education is a fundamental human right, but the opportunities a child has to attend school are heavily determined by birth and other circumstances that the child has no influence over (EFA GMR, 2009).

METHODOLOGY

Because this study examined how former street boys themselves experience schooling, a methodological approach concerned with exploring male youths' experiences and understanding was chosen. The study is qualitative because a qualitative approach can provide a thorough understanding of the world from the

participants' point of view (Dahlberg, Dahlberg, & Nystöm, 2008). Using this approach focuses on how the participants themselves relate to and act in response to the themes of the study (Rolls, 2009). During the research, my data-collection methods were participant observation, informal interviews, and semi-structured in-depth interviews. It was not my intention to generalize the outcome of the study; instead I sought to explore and gain knowledge about the five former street boys' lived world. Throughout the research, I interviewed five former street boys and the chapter is by-and-large built on the interviews I conducted with them. These interviews all took place in Windhoek in September 2009. In order to protect the identity of these young people, I use the pseudonyms Charlie, Malolo, Kris, Edward, and Wayne.

My relationship with the participants started in 2004, when a research colleague and I spent 7 weeks working with 10 street boys in Windhoek. We were performing our practicum for a bachelor's degree in child protection that we were doing in Norway. At that time, all the boys were living on the street or in a vacant house. Throughout this period, we spent about 6 days per week doing various activities together with the boys. After coming back to Norway, the two of us started a non-profit organization together with other research colleagues that had also spent their practicum period in Windhoek. The organization has since been paying rent for a shelter where, at the time of the study, a total of 10 former street boys lived together with two women working there as caregivers. In addition, the organization pays for food, a small salary for the two caretakers, beds, and school fees for the seven male youths, who are going to school. Since its establishment, I have been to Namibia to visit the shelter five times. My visits took place in 2004, 2005, 2008, 2009, and 2010, for between 2 and 8 weeks per visit.

When I returned to Windhoek in 2005, I made contact with more street boys through the boys I had gotten to know in 2004. It is important to point out that at that time it was not my intention to study the boys for my master's thesis. It turned out, however, that they too became part of the sample after they had assisted me in a snowballing sampling, which is useful when researching people like former street boys, who can be hard to reach or identify (Chambliss & Schutt, 2009). Bryman (2008) argues that researchers using such a sample cannot scientifically make generalizations, and this has not been the intention. This study aims to be descriptive, based on my own observation through the perceived viewpoints of the street children.

Prior to my fieldwork in Namibia in 2004, I had not encountered other street children, nor was I familiar with the street child phenomenon. Participant observation proved to be a helpful method when trying to build a relationship with them. In addition, it was a practical method to use because it gave me an opportunity to better understand the culture they were part of.

According to James and Prout, "children must be seen as actively involved in the construction of their own social lives", and it is important that childhood be analyzed by a focus on the "present, ongoing social lives of children rather than their past or future," as was hitherto most often the case (James & Prout 1997, pp. 4-5, cited in Gigengack, 2008, p. 209). Because I was seeking a male youth

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perspective and context, I also wanted to use methods that would allow male youths to tell their own stories. I came to the decision that semi-structured in-depth interviews would be a good method to use. As Kvale and Brinkmann (2009) argue, these sorts of interviews try to understand the world from the participants' own point of view as well as the meaning of the participants' experiences. Bryman (2008) further proposes that in semi-structured in-depth interviews the interview process should be flexible, and the emphasis should be on how the participant frames and understands the issues—in other words, what the participant regards as important when portraying her or his view (Bryman, 2008).

THEORETICAL FRAMEWORK

This section briefly presents and discusses the theoretical perspectives that guided my research. In line with Onta-Bhatta's (1996) research, I have viewed children and youth as capable cultural agents and key sources of information. Thus, when exploring the five male youths' experiences and understanding of schooling, I consider how the influences of individual agency intersect with those of society, policies, and history. I draw upon theories that emphasize the ways in which people construct their identity according to global and national notions as well as according to their immediate surroundings. In this regard, a cultural perspective such as that of Rogoff (2003) provides a broad base from which to view the culturally constructed nature of childhood and social development. By showing how perceptions of human development are not as universal as may be assumed, Rogoff draws attention to the different ways in which ideas related to childhood and education are deeply affected by cultural and historical factors. Thus she states:

The scholarly elaboration of the idea of linear cultural evolution occurred during the same era that the disciplines of psychology, anthropology, sociology, and history arose, subdividing the topics of the broader enquiry. As Micheal Cole (1996) noted, this was also the period in which large bureaucratic structures were growing to handle education (in schools) and economic activity (in factories and industrial organizations). Also during this time, European influence was at its peak in Africa, Asia, and South America. (Rogoff, 2003, p. 19)

Rogoff's examples of the vastly different beliefs and practices pertaining to the treatment of children, from communal responsibility to the selective neglect of sick infants, makes it clear that the current dominant ideas about how the development of children should be understood and promoted are hegemonic rather than universal ones. Such a perception ties in with Onta-Bhatta's (1996) argument that conceptualization of and about street children is strongly influenced by the actions and policies of powerful interest groups, who are guided by their middle-class morality and self-interested reform agendas:

These generalizing conceptions are created by the state, the media, child development organizations, and child rights activists in the processes of

designing policies and programs, raising public awareness on child rights, and making the situation of the street children visible to the rest of the society. Such attempts to give meaning to the realities of the street children have, however, not been sensitive to the differences among the street children or to their perceptions of themselves. (Onta-Bhatta, 1996, pp. 163–164)

The competing attempts by the dominant elements in society and the marginalized street children to define what it means to be a street child may be seen as a cultural contestation. According to Davies (2008), the dominant society attempts to assign qualities to the street children, such as being abnormally tough, dangerous, and so forth, so that these children's membership and needs may be denied. Because the street children cannot completely ignore the mainstream cultural prescriptions, they attempt to reinterpret them:

Street children are thus not passive recipients of mainstream culture but rather are actively engaged with, often negative, dominant perceptions of themselves. This results in the formation of shared understandings and formalized practices that exist as a distinct and unique conceptual system but which only have meaning in relation to the concepts and practices of wider society. This is a *subculture*. (Davies, 2008, p. 313)

Davies shows that the street children he studied in Kenya had an organized structure, with leadership roles, rules, sanctions, rewards, and patterns for their social and economic activity, dress, language, reproducing the group, and socializing newcomers. They also appropriated physical space as part of creating their identity. Describing how the children occupied an unused dirty area within the town, Davies states: "The children of Makutano have actively and creatively used space to construct a world, which is partially beyond the adult 'gaze', beyond adult supervision, and therefore intimidating and threatening to adults" (2008, p. 321). This seems to agree with Aptekar (1990), who argues that street children challenged the dominant, patriarchal ideas of Colombian society in often deliberate and perceptive ways.

Given its marginal, largely counterhegemonic orientation, it therefore seems inappropriate to uncritically employ universal or conventional criteria and intervention strategies when dealing with the culture of street children. Rather, when it comes to institutionalized forms of learning in particular, the cultural approach of Gutierrez and Rogoff (2003), for example, seems promising:

To understand both individual and community learning, it is necessary to examine the nature and forms of cultural artifacts and tools used; the social relations, rules, and division of labor; and the historical development of individuals and communities. We would then be able to characterize a child's repertoires and dexterity in moving between approaches appropriate to varying activity settings. (Gutierrez & Rogoff, 2003, p. 22)

Using what Gutierrez and Rogoff, (2003) refer to as "repertoires of practice" would therefore make it possible to consider the material, social, psychological, and

emotional resources available to the street children as they move between the mainstream and street cultural settings. In addition, the broader way in which this cultural-historical approach understands learning and development means that street children need not be subjected to the limiting “deficit-model thinking, in which cultural ways that differ from the practices of dominant groups are judged to be less adequate” (Gutierrez & Rogoff, 2003, p. 19).

At the same time, by making use of a cultural theory of learning one can acknowledge that “differing learning cultures offer differing opportunities to learn (and inhibit or even prevent others), to anyone participating in them” (Hodkinson, Biesta, & James, 2007, p. 40). By understanding learning as something that happens through engagement with others in a particular setting, Hodkinson et al. propose that learning be seen as a process of becoming. This helps guide the theorizing of street children’s learning in this chapter because something that can make their learning particularly difficult is that it occurs in very different contexts, which generally pull them in opposing directions. Street children, for example, can be seen as becoming one way through learning on the street, and then becoming another way through learning at school. How significant that becoming is may vary; nevertheless, the value is perhaps in trying to facilitate positive ways of becoming across various situations.

Socially, economically, and politically, national policies concerning children and education have an influence on children, their relation to education, and their childhood. Children are conditioned by the living situation they grow up in; even within the same country, notions of childhood vary according to indicators such as parents’ educational background or neighborhood conditions (Bronfenbrenner, 1979). According to Gigengack (2008), studies of street children have focused too much on analyzing the children’s situation according to their past and future.

The theories used in this chapter were chosen to highlight how male youths are constructed by society but at the same time are able to actively be part of constructing their own social lives. Berger and Luckmann (1966/2000) were also used as central theorists when exploring how people’s identities are conditioned. According to Berger and Luckmann (1966/2000), people are largely conditioned by the society they belong to. People interact in what can be called a social system, and during this interaction people habituate to each other’s concepts and actions; children’s future opportunities depend on their early childhood (Berger & Luckmann, 1966/2000). The authors further argue that what children internalize in their early childhood years is more deeply grounded in their conscience than what they internalize at a later stage. Furthermore, they suggest that it will be easier for a child to adjust to schooling if the structure at school and the structure in the child’s others social systems are compatible.

According to Lewis (2004), children that end up living on the street find it almost impossible to reintegrate into a family and school environment. Yet, Giddens (1991) states that no matter “how established a given scientific tenet might be, it is open to revision—or might have to be discarded altogether in the light of new ideas or findings” (Giddens, 1991, p 21). This chapter explores how it is possible for some former street children to transform through individual agency

and resist what, according to Lewis, is expected from them. Children respond to their childhood conditions in various ways and are actively a part of shaping their childhood (Ansell, 2006). Furthermore, I tend to agree with Layder (2004), who proposes that it can be difficult for those that have experienced a very difficult upbringing to radically alter their situation:

Society shapes the individual, and in the process reproduces itself: there is no role for agency, even among adults, and society may therefore be expected to remain static. Children who do not conform, or become “deviants,” are seen as having failed to become socialized. (Ansell, 2005, p. 19)

Ansell (2005) suggests that it is hard for people to make choices that are not seen as normal, and that those that do not conform to the norm will be perceived as outcasts. According to Hodkinson et al. (2007), people operate within a system of expectations: both the expectations they have for themselves, as well as the expectations others have. Furthermore, they argue that change is possible, but that when it happens it happens slowly. Layder (2004) also argues that people are influenced by society. Nevertheless, he suggests that people have their unique inner self, which has the power to determine what to do and how to do it. Moreover, he suggests that the level of independence found in people is linked with how society influences them. People normally choose to behave according to what is acceptable within the society they live in. In other words the society presents people with a set of choices; however, ultimately people themselves make the decisions. Most people choose within the boundaries of what society considers valid choices (Layder, 2004). Like most children, street children also seek environments that they find stable and comfortable to belong to. However, according to Rodriguez-Kiino (2014), their options are often limited to abusive family surroundings or street gangs. These settings might be repressive, but nonetheless they can offer a sense of consistency and normality as well as financial support systems. Family, friends, history, and politics all take part in conditioning people's choices. When analyzing street children's involvement in constructing their own social lives, it is crucial to focus on both their successful and flawed approaches. Freire (1970/1996) claims that people growing up in poverty can rise out of their present state and transform their lives. He argues that street children and other out-of-school children will be able to challenge oppression through education, and that when participating in dialogue street children will be able to critically analyze their own state of being, causing them to reflect and to act, thus creating positive changes for themselves. A challenge with many street child studies, according to Gigengack (2008), is that the fundamental idea of agency has been seen as only positive, and that the self-destructive agency of street children has been overlooked. Rodriguez-Kiino's (2014) understanding is that poverty is not street children's choice; they argue that the children instead have adapted to their surroundings due to a lack of alternatives. The theories for this research were chosen to focus on how male youths themselves see the world: what they do according to the options they have, and how they feel about their choices.

Furthermore, Gigengack (2008) emphasizes that street children's experiences are structured through the power relations of political decisions. Phiri (2009) also notes that national policies that relate to children on social, economic, and political matters will influence their childhood and their relationship to schooling. I agree with Phiri, and also with Apple (1996), who argues that it is essential to use people's experience with schooling when making educational policies. According to Hodkinson et al. (2007) "individuals influence and are part of learning cultures just as learning cultures influence and are part of individuals" (Hodkinson et al., 2007, p. 10). However, the impact of individuals on schooling depends on their position within that culture and the type of capital (social, cultural, and economic) they possess (Bourdieu, 1986, cited in Hodkinson et al., 2007). When researching education, it is crucial to consider how educational policies are connected to present political, economic, and class relations (Apple, 1996). Nordtveit (2010) argues that, after independence, the Namibian government has made it its biggest priority to redress the imbalance of the past. This includes making quality education an equal opportunity for all. The government's course of action has been to make primary education free and compulsory for all. Nonetheless, parents do have to contribute to a school development fund, and these fees tend to exclude some children from attending school (LeBeau, 2004). Therefore, Nordtveit (2010) proposes that Namibia's current education policies do not protect vulnerable children from dropping out of school. He argues that in areas where there are large numbers of orphans and vulnerable children as well as substantial poverty one must rethink education. Schools could be in the position of protecting, caring for, and socializing these children. He argues that schools should be the institution that can assume some of the roles that parents and the community traditionally provide.

The theories presented in this section focus on ways in which people construct their identity according to global and national notions, as well as according to their immediate surroundings and individual agency. By relating these perspectives to my findings, I explore how male youths experience the world, and how these experiences have affected their relationship with schooling.

FINDINGS AND DISCUSSION

The purpose of the study was to examine the lived experiences of five male youths, former "street boys," with regard to schooling, with the aim of gaining an understanding of the role of schooling in their lives. According to Davies (2008), one must learn to better understand street children and their cultures before developing appropriate approaches for working with them. This section presents the five male youths' shared unique understanding of their experiences with schooling as members of a community within the larger community.

The five male youths come from similar backgrounds in many respects. Because of family separation and death, none of them grew up with both of their biological parents. They all had at least one parent that had died, and one had lost both parents. All of them said that they had experienced much violence and alcohol abuse in their homes. In addition, all five described how it was difficult to live at

home and attend school when their parents did not have enough money for food and clothes. Another central factor in why they left home to live on the street was because they had been influenced by friends that indicated that the street was a better place for life and money. When this research was conducted, the five male youths were no longer living on the streets; all were living in a shelter, although two of them were going to a farm school (a boarding school), and for that reason they were staying in a dormitory at the school most of the time. One was attending a high school in Windhoek, and the last two had previously been attending farm schools and normal schools, but were not enrolled in any school at the time of the research.

In the interviews, the male youths shared how their home, friends, shelter, and different types of schools conditioned their experience with education. In various ways they all described their families' poor economic conditions as one of the main reasons for why they ended up on the street. When describing poverty, they often touched on other factors as well. It is difficult to explore poverty without also encountering other causes, like HIV/AIDS, physical abuse, and alcoholism. When Charlie was asked why children drop out of school, he gave lack of food as a reason:

I go to school in the morning on an empty stomach and I come back home and there's still no food at home, so I must make a plan. Go somewhere and steal, maybe in the supermarket. So I go to town to get food. That's how it starts.

Later Charlie also shared that he was sent to beg on the street so that his father could buy alcohol, and Edward said that he decided to beg for money so that his mother could get medicine for HIV/AIDS. Both Charlie and Edward begged on the street in order to provide their families with medicine, food, and alcohol. Charlie's need to make a plan to get food and Edward's choice to beg for money for his mother's medicine are two examples that support Freire's (1979/1996) theories, which describe how street children and out-of-school children are forced to make more difficult choices than other children because of the situation they find themselves in. They made daily choices on how to live their lives. The poverty and other circumstances that they were born into was not their choice. Street children are forced to adapt to their surroundings because they lack other alternatives (Rodriguez-Kiino, 2014). This is in line with Layder (2004), who argues that people that come from difficult circumstances can find it hard to drastically change their situation. This is in contrast with male youths that did manage to drastically change their situation many times—for example, by deciding to move to the street from a difficult family situation, or by moving to a shelter after living on the street. This example agrees with Rodriguez-Kiino's (2014) theory, which suggests that when street children find themselves in difficult circumstances they will try to adapt to the situation. However, what the male youths are saying also agrees with Davies' (2008) theories, which suggest that street children's choices are based on push and pull factors, but that the children are still making competent life choices. This demonstrates that street children are not passive recipients of society, but

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instead actively engaged beings with shared understandings, as suggested by Davies (2008).

During the interview with Wayne, he described how he ended up living in abusive conditions after his father died. He explained how alcoholism and his father's death were the reasons why he left home:

When I was a boy my father died because he was sick. Then my mother married a new man. He wasn't a very good man. He was drinking every day. He also used to beat me and my mother. Together they got three new children, one boy and two girls. After they got the new children they stopped giving me food, just my sisters and my brother. Then I ran away.

The five male youths said that their family circumstances were not the only reasons for dropping out of school. They all said that they engaged in behavior that they associated with street life before they actually ended up living on the street. Edward, Wayne, and Malolo described how peer pressure was one of the reasons for dropping out of school. Giddens (2000) argues that peers play a significant part in shaping children's perception of schooling, and could partly explain the three youths' decision to leave school. In addition to peer pressure, Edward mentioned a lack of food as another major reason for leaving school. Regarding peer pressure, he said the following:

They [some of his friends] always used to go in the morning. They would go to *zula* [hang out and beg for money on the street] and then they come back, afterwards they're at the house, partying. And I thought, oh, I could just stay with these guys. My friends were telling me that if you go to school it wouldn't give you anything. If you're going to the street then every day you'll get money. So I followed their advice. That's how they manipulated me.

Edward described how he was first influenced by his friends to hang out on the street instead of going to school, and later he was tempted and encouraged by them to drop out. Edward was finding it difficult to stay in school because his other friends were still on the street. According to Lewis (2004), street children tend to be more vulnerable to peer pressure due to lack of other positive role models. Berger and Luckmann (1966/2000) have asserted that people are conditioned by the society they belong to, and during interaction people habituate to each other's concepts and actions. Edward talked about the importance of belonging to a group, and said that he did not belong to such a group in school. Later in the interview, Edward explained how school was also boring for him because he did not have friends in school. He had spent 2 years living on the street with his friends before getting back into school. After staying in his new school for 1 month he dropped out. Edward said that this was because he did not fit in well with his new classmates like he did with his friends on the street, and he preferred the freedom on the street to being in school. Learning happens through engagement with others in particular setting. Hodkinson et al. (2007) propose that learning be seen as a process of becoming. This could be helpful when theorizing Edward's learning

because one of the things that makes his learning particularly distinctive is that it occurs in unusual contexts away from the life he is used to with his friends on the street. This example demonstrates that different learning cultures offer different opportunities to learn, and inhibit or even prevent others from learning or participating in them, as suggested by Hodkinson et al. (2007). According to Berger and Luckmann's (1966/2000) theories, one could suggest that Edward had been conditioned by the street life he had become used to. The term *social construction of reality* indicates that the way people present themselves is shaped both by interactions with others and by life experience. How a person is raised and what that person is raised to believe conditions the person's beliefs and actions. Ansell (2005) suggests that the expectations concerning the role children should play in their society will influence the role they actually do play. Children and youth learn to reason from those that are already socially proficient (Modeell, 2000, cited in Ansell, 2005).

This section has portrayed how family and friends influenced male youths' experiences with schooling. The five youths mentioned several reasons for their exclusion from school. Some of these were lack of school uniforms, birth certificates, and school lunch, as well as being over age and inability to pay school fees.

According to Nordtveit (2010), the Namibian government and education administration have not been capable of providing quality education to the most vulnerable children in society. One crucial excluding factor is that children need to have a school uniform in order to stay in school. This rule affects poor children the most. Thus, Hodkinson et al. (2007) suggest that social structures make it difficult to think of education as a field with precise boundaries. Nordtveit (2010) reports that it is common for teachers and school staff in Namibia to send learners home if they are not dressed in their uniforms or have uniforms that are not up to standard for various reasons. He also argues that this leads to children feeling inferior and thus ending up out of school. Nordtveit (2010) also describes some projects that have shown positive results in relation to street children and education in Namibia. He presents an example from 2006 concerning schools called "Centers for Care and Support." These Namibian schools were a pilot project involving 40 schools and "focused on building a partnership with the communities, providing psychosocial support, ensuring food security, and implementing health and sanitation services" (UNICEF, 2007, cited in Nordtveit, 2010, p. 236). According to the project's teachers, these implementations of additional services changed learners' outlook on schooling and behavior. For instance, they did not need to beg for food on the streets during school hours because the schools provided them with food. One of the outcomes was that fewer children dropped out of school. However, this project also had some negative aspects. For instance, it did not stop learners from spending time on the street after school hours, and at night children were reported begging, working, or selling sex. The project, however, did not continue, and Nordtveit claims that in Namibia there are very few programs that provide for street children and other children in difficult circumstances.

The boys also said that the experience children obtain from living on the street can make them realize that going to school is of great value and will create a better life for them than living on the street. The five youths spoke much about the importance of having an education in order to secure a better future for themselves. Still, they all saw the difficulties that former street children had regarding staying in school, especially because they had previously come across programs that cater to their needs. The five of them all agreed that farm schools are better options for children that have been living on the street. Nordtveit's Centers for Care and Support do have some similarities to farm schools. Still, in order for the reader to get a better sense of what a farm school is, I briefly describe this type of school.

A farm school is a boarding school that sometimes has a farm next to the premises, hence the name. The farm school the two youths in this study were attending was a 2-hour drive from Windhoek, the capital. The farm school is also a boarding school, and the two youths slept at the school and only stayed at the shelter during long weekends and during school holidays. For 500 Namibian dollars (about USD 60) per term, learners are provided with three meals per day, a bed in a dormitory, healthcare, and lessons. Furthermore, according to the youths, the ages among the learners in the same grade are more varied in a farm school than in a city school.

The youths gave several reasons why farm schools are better options for former street boys. The most pronounced reason was that these schools are far away from cities and villages and therefore keep youths away from the street and the problems life on the street can cause. According to Hodkinson et al. (2007), the location and resources of a school can facilitate or prevent attendance. The fact that farm schools are located in rural areas was also seen as negative because it was difficult to get transport to and from farm schools during holidays and long weekends.

Kris had been attending a farm school for almost 2 years; this is what he shared concerning his own experiences there:

For me it was a little bit difficult because the first time I was there I felt that it wasn't a normal school. It's a farm; it's just like a prison. It's only a small school, if you look around there's just bushes and so on. But later on, when I stay there for maybe 3 months, then I felt that this school is very nice. And especially if you also like to smoke, if they send you to a farm school you'll stop smoking. I think that orphans, those who've stayed on the streets, who are supposed to begin with grade four and grade five. I think it's better for them to go to the farm school, most of them.

Kris was also asked if he would have liked to go back to school himself. The interview went as follows:

If they took me in the school I'll go back. Researcher: And which kind of school would you prefer? A school in Windhoek or a farm school? Kris: A farm school. Because I'm used to Windhoek. Because, as I said, it will be very difficult for me to stay in the class after one o'clock. So it's better to go

back to a farm school and sit there maybe for the whole school day. For me it's better to go to a farm school instead of going to a school in Windhoek.

At the time of the research, Kris saw farm schools as the best option for himself, which is a big step forward from first comparing a farm school to a prison. Eventually Kris came to believe it is the very same conditions that make the school seem like a prison that he values as ideal for helping him stay in class. Kris's experience supports Ansell's (2005) theories on how children respond to their childhood conditions. She argues that children have the ability to transform through individual agency and resist what is expected of them, and that children are therefore actively a part of shaping their childhood. Giddens (2000) also argues that it is possible for people to change; however, when people attempt to make big changes in their lives, it involves greater risk. This is because in such situations people will be confronted by relatively unfamiliar possibilities. Giddens (2000) suggests that people might find it difficult to make drastic life changes because they have a fear of losing their established security.

While living at the shelter, Edward started school in Windhoek; however, he dropped out after 2 weeks because he missed his old life. He said that one of the reasons for dropping out was because his friends that were still on the street influenced him. Like other children, street children also seek familiar and comforting environments to belong to. Unfortunately, their environments often consist of street gangs or abusive households (Rodriquez-Kiino, 2014). Rodriquez-Kiino further suggests that even though these settings are repressive they can still provide consistency and normality. Edward exercised his agency when choosing to drop out of school and go back to the life he was used to. One could argue that Edward's choice was self-destructive, as in Gigengack's (2006) theories. Gigengack argues that the self-destructive aspect of street life is often overlooked, and that researchers "have the tendency to romanticize the survival instinct of street children and evade self-destruction" (Gigengack, 2006, p. 60). In the interview Edward said that his choice would have been different if he had gone to a farm school:

It would have been better there. I don't have friends there, and all the friends I get there, their attention is on school. I'm sure at a farm school would have been better.

Edward believed that it was important to have peers that were also in school, instead of on the street. For that reason he thought the culture at a farm school would have been better. Gutierrez and Rogoff (2007) suggest that when a person is exposed to a group's culture over time this will affect how the person is engaged in learning contexts. Edward's experience of dropping out of school because of his friends on the street is an example of this. However, Freire (1970/1996) argues that all individuals, including those from marginalized communities, can rise out of their present state and transform their lives drastically. According to Freire, marginalized individuals such as street children or other out-of-school children should critically analyze their own state of being in a dialogue. This could enable

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them to create positive change in their lives. Malolo managed to do just that; however, he found that the best thing for him was to change his learning culture. Malolo believed that a farm school is the best option for those who are not serious about school. When he was asked what he wanted to do when he finished grade seven, he answered:

When I finish grade seven where I am now I want to go to a school which is about 80 kilometers away from Windhoek. It's also a boarding school there, but it's in a town. But I think it will be good there because I don't have a house there and I'll be studying because I'm staying at a boarding school. I think these boarding schools are very good for children who are like me. It's very good for you because if you're living on the streets and are going to a boarding school you won't be able to run away from there because there's no way that you can run away because there are no cars. Because if you're going to school in Windhoek, then you're only going to school from seven till one, then you go back and do your homework at home. You aren't going to concentrate if you aren't serious on your schoolwork. If you're really serious you can do that. But if you aren't really serious then I think a boarding school is very good.

The youths mentioned different reasons why farm schools could be better for them. They all agreed that farm schools are better at keeping children out of trouble and that it is easier to concentrate on schoolwork in farm schools. However, the most important reason they all gave was that these schools keep children away from the troublesome life of the street that they were used to. Hodkinson et al. (2007) suggest that people become through learning in one learning culture, and do so again when moving to another learning culture. This is what Malolo described as his experience when starting at a farm school. Edward and Kris, who were the only ones who were not attending school when the research was being conducted, said that they would have chosen to go to a farm school instead of a normal school if they had had the chance. Even Kris, who had started the farm school experience by comparing it to a prison, now saw it as the best option for himself and other former street children. In the light of these findings, farm school's impact on the boys on the street and education is new research that deserves more attention.

The findings show that the Namibian male youths' lives are unique and complex. The five of them have changed direction in their lives many times. They chose to leave their parents, chose to stay on the street, and later chose to leave the street life in order to live in a shelter. At the shelter, all of them chose to go back to school, and three of them succeeded in staying in school. However, their choices have been complicated, and their path has been heavily influenced by circumstances such as poverty, HIV/AIDS, alcoholism, and abuse. This chapter has focused much on the male youths' agency. They have been viewed as individuals that are actively taking part in constructing their own social lives. Their choices have been seen as both constructive and self-destructive in line with Ansell's (2005) theories.

FIVE FORMER NAMIBIAN STREET BOYS' EXPERIENCE WITH SCHOOLING

One may argue that I, as a researcher, have given the male youths too much agency, that living on the street was not only up to them, or perhaps that their decision to leave home was not a real choice. Yet, I have not presented them as the only actors in their lives. Instead I have attempted to illustrate how the five male youths responded to their situation by deciding between the available alternatives. The male youths described the choice between being mistreated at home or living on the street. Later they had to choose between staying on the street and moving into the shelter. Unfortunately, the research did not focus on the youths' move to the shelter, nor on the shelter's role in schooling. This could have been valuable information. Nevertheless, the five youths chose to leave life on the street in order to live at the shelter. However, this is not always an option for street children in Namibia because the country's government and education administration have not been capable of providing quality education to the most vulnerable children in the society, and education policies do not protect vulnerable children from dropping out of school (Nordtveit, 2010).

The male youths described how it was difficult for them to stay in school when neither their parents nor their school could afford to provide their basic needs. I agree with Hodkinson et al. (2007) that people and their choices are conditioned by various types of social capital, culture, and economics, as well as their position or deposition in society. According to Hodkinson et al. (2007), such broader perspectives are not always fully incorporated into existing learning theories, and research seldom gives consideration to learners as individuals and their agency, and often does not address the importance of learning as a process. It is clear that national challenges such as poverty, HIV/AIDS, and government policies, which children have little or no control over, influence their experience of schooling. Such challenges have an impact on how people are conditioned, as well as how people understand and experience schooling (Apple, 1996). My research demonstrates how poverty is a serious excluding factor. The youths' families were unable to pay for school uniforms, school fees, transport, and food. The "Government of the Republic of Namibia Education for All National Plan of Action from 2001 to 2015" notes that, in order for all children to have access to school, completely free primary education for marginalized children must be implemented. This would include free school uniforms, no school fees, free transportation, and school meal programs. According to Nordtveit (2010), these programs have not been fully implemented, and for this reason marginalized children are excluded from school, as was the case for the male youths in this study. In other words, policy was not accompanied by discipline in implementation.

CONCLUSION

Numerous factors influence efforts to help former street children into schools in Namibia, and there are many reasons why it can be challenging for children that have lived on the street to go back to school. Even if the youths in this study wanted to stay in school, external factors such as national policies or what they

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internalized in early childhood could hinder their desire to stay in school. It is difficult to speculate about the reasons for some of the male youths' failure to attend school when others succeeded in doing so.

The five of them described how they had no other recourse but to move between different social fields. They all moved from their homes to the street and then to the shelter, in addition to between various schools. This constant change might partly explain why they experienced difficulties going to school, and how a disharmony is apparent between what they had already been through and the new social field they found themselves in. What seems to be complicating the situation is that there is a large difference between what the male youths experienced while living at home and on the street compared to their experiences at school. The knowledge they acquired when living at home and on the street has given them knowledge of how to cope in those settings, but also could have set them back in other settings, such as when adapting to normal schooling. Nevertheless, three of them managed to go back to and stay in school.

This chapter explored what the youths see as their world. The focus was on how they experience their position in society, how they react to these experiences, and how they are influenced by others. The meanings and experiences of street children are structured through the power relations of the political economy (Gigengack, 2008, p. 206). When considering the male youths' experiences with schooling, it seems clear that there are no quick solutions to the complex problems street children face. The male youths described how their challenges started early at home. This suggests a need for more focused intervention. It is clear that creating employment opportunities and reducing the levels of alcohol and physical abuse would be positive prevention contributions. In addition, the research findings show that research on farm schools could help street children get back to school. As suggested by Hodkinson et al. (2007), children are individuals and come from various backgrounds, and therefore they also need different learning cultures that offer differing opportunities to learn. During my research I did not come across any earlier research on farm schools in Namibia or other African countries. It is clear that more research on the quality of farm schools and farm schools' effect on street children and other vulnerable children is needed. I would like to end this chapter with one of Wayne's statements. After having a difficult upbringing at home, he was influenced by his friends to drop out of school. However, at a later stage when a friend of his again tried to convince him to drop out of a farm school, he illustrated how change is possible:

One at school told me: just leave school and go and look for work. And I told him: No brother!

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11. LESSONS FROM CHILDREN'S PARTICIPATION IN CEYA CAPOEIRA CLASSES, CAPE TOWN, SOUTH AFRICA

INTRODUCTION

Despite the positive rhetoric that grew out of the abolition of apartheid in 1994, promising a rainbow nation ahead, the inherited discourses, spaces, and categories are deeply rooted in society and will take a long time to heal (Barbarin & Richter, 2001; Bray, Gooskens, Kahn, Moses, & Seekings, 2010). Although the country is considered the most industrialized on the African continent, unemployment remains high. Not only are many young people unemployed, unequal distribution of wealth is also a pressing concern because wealth and economic opportunities are still concentrated mainly among the minority of “whites” (Amtaika, 2010). This legacy of injustice rooted in historically imposed racial categories can be illustrated through numbers showing that, of the country's unemployed, 29% were “black” South Africans, 20% “colored” South Africans, 9% of Indian origin, and 3% white South Africans (Amtaika, 2010). Hence, it has been suggested that economic inequality has become the new hierarchy (Bray et al., 2010). As a consequence, social mobility becomes challenging for those historically bound to the lower social strata. With the unequal distribution in wealth, including malfunctioning governments and corruption leading to hardships and frustrations among certain groups in the population, this may have contributed to the high levels of crime and murder in Cape Town (Gie, 2009). Crime statistics from 2012/2013 show that interpersonal violence has increased, including the number and rate of murders and attempted murders, which has led to increased fear and trauma among the public (Africa Check, 2013).

It is found that children and adolescents residing in townships are exposed to significant amounts of community violence (Shields et al., 2008; Ward et al., 2007), which can have severe implications for children growing up. It can lead to detrimental socio-emotional consequences, and an increased likelihood and reinforcement of deviant behavior for children that experience it directly or indirectly (Burton, Leoschut, & Bonora, 2009; Moses, 2006; Shields et al., 2008). This is problematic because South Africa carries the weight of a young population, with 37% of the population under 18 years old (South African Human Rights Commission & UNICEF South Africa, 2011). Another complicated aspect of the societal makeup is demonstrated by Shields et al. (2008), who found an imbalance in exposure to violence when comparing diverse “racial” neighborhoods. According to Lemanski (2004), the fear of the violence of “the other” has

perpetuated the construction of segregated communities in South Africa. Colored children reported significantly more exposure to all forms of violence than children living in predominantly black townships. This widespread violence in colored communities is linked to heavy involvement in gang activities (Ward & Bakhuis, 2010). The availability and use of drugs in disadvantaged communities has also become an increasing problem in the country (UNODC, 2002). This is negatively affecting young people, as evidenced by a high prevalence of the use of *tik* (methamphetamine) among school-attending adolescents in Cape Town (Plüddeman, Flisher, McKetin, Parry, & Lombard, 2010). The study by Plüddeman et al. (2010) suggested that adolescents living under difficult social circumstances such as high unemployment rates, overcrowded neighborhoods and houses, and high exposure to crime were more susceptible to start using methamphetamine. Drawing a link from the prevalence and exposure to violence in colored communities, Burton et al. (2009) found drug addiction to be symptomatic for colored communities in Cape Town.

CAPOEIRA: PROVIDING ALTERNATIVES

For children, it is imperative to introduce activities that serve to counteract the potential likelihood of adapting to delinquent behavior. Sports have received increasing recognition as a means for capacity-building and social development among children and young people. This chapter sheds light on efforts by a non-governmental organization in Cape Town that teaches the Afro-Brazilian martial art of capoeira to children living in selected disadvantaged areas. The Capoeira Educational Youth Association (CEYA) aims to help children living in disadvantaged communities by offering free capoeira classes twice a week. Their belief is that capoeira can facilitate young people's development and social integration in communities where children are living with direct or indirect harmful influences, such as violence, crime, and drugs. How this is possible through the teachings of capoeira is focused on below.

A brief description of capoeira is difficult due to its many components. Very simply, it consists of a group of participants that form a circle (or *roda*), where two players inside the circle play against each other using acrobatic, martial arts movements to rhythms of the accompanying music of the orchestra (or *bateria*). MacLennan (2011) refers to capoeira as "the dynamic dance-fight-game of African-Brazilian origins" (p.147). This is intended to denote the way in which it involves collaborative, choreographed movements that are often acrobatic, while simultaneously also being aggressive and competitive because the pair fight each other with kicks and head butts, as well as a game of move and counter-move in which no contact is made. Thus, Downey (2002) states:

Although practitioners typically refer to capoeira as a "game," it might also be described, borrowing a phrase from Clifford Geertz (1983), as a "blurred genre," combining elements of dance, folklore, martial art, sport, ritual, and training for unarmed (and sometimes armed) fighting. (p. 490)



Figure 1. Forming a circle where capoeira is played (roda de capoeira). Photo credit: CEYA/ Syd Willow

These elements mean that capoeira is often interpreted, as it is in this chapter, as contradictory and dialogical, being a source of both cooperation and resistance. Its counterhegemonic tendencies derive from its history as a form of martial arts that originated in Brazil during the African slave trade, where it is believed to have developed as a tool of resistance against slavery. African slaves were considered a commodity and coerced to work under oppressive conditions. Slave owners managed to restrict slaves' mobility with chains and physical punishment, and did not allow them to nurture their identities and cultural expressions. Despite these oppressive conditions, slaves were able to develop "an extraordinary cultural, social and political universe parallel to the social systems imposed on them, keeping alive many expressions of African culture" (Almeida, 1986, p. 15). Of particular relevance to this study is how capoeira was a means for the slaves to find enjoyment in their lives and, borrowing from Röhrig Assuncao (2005), "even for an ephemeral moment, the taste of liberty" (p. 209). The music and songs are essential components of capoeira because they reflect the conditions of social injustice during the slave trade, as well as of the present day. The songs are often about comradeship and deception, but the meanings are hidden in proverbs, metaphors, and ambiguity, making different interpretations possible (Lowell Lewis, 1992).

The game starts when the orchestra has found the rhythms of all the instruments, with the characteristic string instrument, a musical bow called a *berimbau*, in the lead, and two players are given permission by the master (*mestre*) to enter the

circle. The movements are performed in close proximity to the opponent, which demands quick responses to attacks, making improvisation a fundamental value in the game. Lowell (1992) suggests that the emphasis on improvisation is related to the ideas of liberation integral in capoeira. It is an understanding that the players “go out” as they physically enter into the circle. This is reasoned in the circle being considered a metaphor of the world, with its dangers and risks. The players thus have to exert control and foresee attacks from the opponent to avoid strikes when inside the circle (Lowell Lewis, 1992). After the abolition of slavery, capoeira continued to be a tool to criticize oppressive systems. Even today it can still function as a practice where people have the potential to be liberated from any kind of oppression they feel (Röhrig Assunção, 2005).

Using findings from mainly child informants living in a disadvantaged community in Cape Town, I argue that their participation in capoeira can be a tool for their liberation from hardships and difficult circumstances. These arguments are presented in the discussion after the methodology section, which describes how the study was conducted.

METHODOLOGY

The fieldwork for this study was conducted from August 2011 to October 2011 in a colored community, which, for the sake of anonymity, is referred to as Gerber Park. Gerber Park can be placed geographically under the umbrella term of the Cape Flats, located in the outskirts of Cape Town’s city center. It was formed when the apartheid government designed the Cape Flats as a part of its social engineering strategies separating constructed racial categories from each other. Today, despite it being over 20 years since the official transition to democracy, the Group Areas Act of 1950 still echoes in the lives of people and is visible through the continuing segregated living situations of apartheid’s various “racial” groups, especially keeping the economically poorer constructed township communities alive.

In looking at the Gerber Park children’s participation in capoeira, a qualitative research strategy was used so that their words and personal stories could form the basis for understanding their experiences. This approach recognizes that the interpretivist, constructionist lens, through which the participants’ social world was examined, is necessarily colored by one’s interpretations as a researcher and individual. Thus, the epistemological and personal biases as part of the research instrument must be taken into account in the knowledge production process and final results. Data were collected with semi-structured, in-depth interviews with children, children’s parents, instructors, and the principal from the nearby primary school. In order to make a more comprehensive presentation of the participants’ reality, observations in addition to diary writing and participatory learning techniques were used to triangulate the findings. Acknowledging children’s rights to set parameters and participate in the project on their own terms, considerable time was allocated to building trust and rapport, and to making child informants feel comfortable and in control during interviews. The section below introduces the theoretical framework through which the findings were interpreted.



Figure 2. Improvising movements is central in capoeira. Photo credit: CEYA/ Syd Willow

THEORETICAL FRAMEWORK

Children's contextual realities will be understood in the light of Freire's understanding of oppression: "Any situation in which A objectively exploits B or hinders his and her pursuit of self-affirmation as a responsible person is one of oppression" (Freire, 1998, p. 55). Hence, the hindering of someone to be fully human is a state of oppression. To be fully human is the key in Freire's ideas and, as such, the desire for greater humanity should be the overarching goal of human beings. This can only be achieved through freeing oneself from oppression. Freire notes that to initiate a struggle against oppression can only be accomplished by the oppressed because such powers can exclusively emerge from the weakness of those oppressed. These powers will be strong enough for the oppressed to liberate both themselves and their oppressors. However, despite the importance of freeing oneself from oppression, there is a likelihood that the oppressed will attend to the behavior of the oppressor and reinforce similar properties of oppression. Freire identifies this phenomenon as the power of prescription, which entails that the oppressed does not know of any other reality than the situation of oppression. As Freire (1998) writes: "one of the gravest obstacles to the achievement of liberation is that oppressive reality absorbs these within it and thereby acts to submerge human beings' consciousness" (p. 57). Consequently, their identification with the oppressors will lead the oppressed to become oppressors themselves because this is the only model of human nature that they are familiar with.

Freire's pedagogy of the oppressed is an empowering means for those oppressed to break out from oppression to regain their humanity. The objective of pedagogy of the oppressed is for the oppressed to discover that both they and their oppressors are "manifestations of dehumanization" (Freire, 1998, p. 49). Through careful reflection and learning to question their situation, they will develop capacities to become aware of their subjugation. This is possible through a critical and liberating dialogue with others in the same situation. Freire achieved this with the organization of cultural circles for peasants in Brazil. The objective was to make formally illiterate peasants reflect on their situation while they learned to read and write. The role of educators was to offer the peasants empowering tools through the use of dialogue (Freire, 1998). Through the processes of reflection inherent in the dialogical methodology, the oppressed increase their ability to question the injustice and initiate a struggle against oppressive circumstances (Freire, 1998). Important to note is the need for hope in such a process of liberation. Freire (2003) wrote that "the more sombering present there is, one in which the future is drowned, the less hope there will be for the oppressed and the more peace there will be for the oppressors" (p. 44). A condition of hopelessness will stagger an individual's growth, and so, in order for the oppressed to initiate a struggle there must be a belief that liberation is actually possible. Having hope then becomes imperative for the oppressed to start their journey to liberation.

Following Freire's ideas about liberation, it is argued that capoeira can be understood as a physical response to people's oppression. This may be seen as a critical pedagogical interpretation of this "dance-fight-game" after all, as MacLennan states: "Because of its fluid nature, a practitioner is able to make it what is desired: A fighter will perceive the defensive aspects, a dancer will perceive the rhythm, an acrobat will perceive the artistry" (MacLennan, 2011, p. 147). Through the educator-activist lens applied here the various elements of capoeira can be linked to Freirean philosophical principles such as the emphasis on hope. A premise of a struggle for liberation is the belief that this vocation of the oppressed is actually possible. Freire (1994) asserted that "hope is an ontological need" (p. 8), and, thus, a necessary means for humans to become liberated beings. With the importance of hope it is argued that this can be extended to the children living in a disadvantaged community through their participation in capoeira classes. Lowell Lewis (1992) asserts this foundation of capoeira:

The underlying *communitas* between capoeira players extends in principle to all slaves, or oppressed people, and is an expression of the solidarity which exists, or should exist, between them in the face of the oppressor. (Lowell Lewis, 1992, p. 204)

As this quote suggests, participation in capoeira classes will provide individuals with a community for belonging because the organization, structures, and integral rules of the game facilitate a platform for solidarity between participants. Lowell (1992) suggests that the circle is a ring of liberation because capoeira was originally used as a means for African slaves to criticize the system of slavery. Being forbidden to express their cultures, they could play out their cultural

expressions inside the circle. This space became a parallel universe where their fight against dominance and submission was actually possible.

As such, capoeira is understood as a metaphor because players could develop hope and belief in liberation as a living opportunity (Lowell Lewis, 1992). The philosophy, routines, and rules of capoeira can encourage participants to take part in their struggle with reflection, solidarity, and comradeship. Playing and winning over an opponent in the circle can be associated with Freire's ideas of fighting the oppressor and the oppressor's system.

Another important aspect of Freire's philosophy is his insistence that one's understanding of and action in the world is historical and located within a concrete reality. In identifying his approach with capoeira, the body is recognized as the chief site for a liberatory praxis with the Gerber park children. Darder (2010, p. xv) acknowledges "the undeniable centrality of the body" in Freire's thinking when she quotes him:

The importance of the body is indisputable; the body moves, acts, rememorizes, the struggle for its liberation; the body in sum, desires, points out, announces, protests, curves itself, rises, designs and remakes the world. (Freire, 1993, cited in Darder, 2010, p. xv)

Critical thinkers inspired by Freire tend to align their transformative agenda and praxis-oriented approach with the idea of knowing as a bodily experience. As Shapiro (1999, p. 10) puts it: "how we think" is implicated in "how we live." The ways in which the body is implicated in our internalization and externalization of the society around us is explained by McLaren (1995) as follows:

I will refer to the body as a "body/subject," that is, as a terrain of the flesh in which meaning is inscribed, constructed, and reconstituted. In this view the body is conceived as the interface of the individual and society, as a site of embodied or "enfleshed" subjectivity which also reflects the ideological sedimentations of the social structure inscribed into it. (p. 64)

Thus, the body becomes a site for learning diverse ways of being in the world with capoeira being symbolically understood to be a microcosm of life with its challenges, opportunities, and responses. This is because of the qualities of the game where the interaction between two interacting bodies reflects social life and its constant struggles between dominance and submission. It also involves a dialogue in which the two dancer-player-combatants can, through their engagement, negotiate ways of being in an essentially antagonistic space. This mirrors comradeship and deception present in the world and captured by the body through the capoeira techniques and movement sequences (Lowell Lewis, 1992; Talmon-Chvaicer, 2008). Bearing this in mind, the following section presents the informants' voices and how they view children's participation in CEYA capoeira classes, along with the interpretation of these perspectives.

FINDINGS AND DISCUSSION

The idea of children defending themselves from and “winning” over their difficult circumstances in Gerber Park is informed by the findings. Despite the importance of the struggle, it can prove difficult for children to fight their dehumanizing conditions. However, through the process of learning new skills, developing solidarity with other children in similar situations, and a potential increase in self-confidence, they can be empowered to protect themselves psychologically against being drawn into gangs’ rules or sub-cultures. Such resistance can be possible through participation in CEYA capoeira classes, as presented in the following section.

A Protected Space

As mentioned earlier, the capoeira game is a space where capoeira participants protect one another by establishing a circle around two opponents inside the circle. This tradition of encirclement of the two opponents is an expression of solidarity and comradeship, and is believed to have developed as a means to hide and protect slaves from slave masters seeing their activities (Talmon-Chvaicer, 2008). These values are integral, and contribute to shared feelings of difficulties and triumphs. Lowell Lewis (1992) identifies an ideological *communitas* when describing the feeling of equality between capoeira players and the solidarity that is developed. The formation of a circle is further believed to generate spiritual energy. This emerging energy is called *axé*, and, along with songs and music performed by the fellow capoeira participants, is vital for the creation of a good dynamic between the two opponents. Capoeira is always played in pairs, with the capoeira participants that form the circle making comments and encouragements to the two opponents. Capoeira, with the circle, looks beyond all social boundaries of class, color, and the like, and is a space where equality and racial democracy can be nurtured (Röhrig Assunção, 2005). In this case, however, it also needs to be a space of safety and for encouraging alternative behaviors.

For the children in Gerber Park, there are not many recreational opportunities or safe spaces to play and venture in their own right. For many, their own home is considered a safe space in comparison to “the streets,” which are associated with harmful exposure. However, their house is also described as a place where drug dealing and substance abuse occur.

Jensen (2006) describes the slums (*die agterbuurte*) as the spaces within these neighborhoods dominated by “deviant” youth and the kind of behavior that he feels contests the dominant morality and its denigration of them:

In this way, *die agterbuurte* are simultaneously concrete physical and metaphorical spaces. They are concrete because they constitute territories, which can be known and marked, where young men can be “safe” and relax, and which often provide them with economic livelihood. They are metaphorical because they provide young men with the material for identity production as men of the back streets. (Jensen, 2006, p. 277)

LESSONS FROM CHILDREN'S PARTICIPATION IN CEYA CAPOEIRA CLASSES

There is thus a competition for space, physically and metaphysically, that compromises children's wellbeing. The informants therefore recognize that CEYA capoeira classes provide a nurturing space for children, one that is free from the territorial contestations of gangs and the constant exposure to undesirable behavior and substance abuse. Caregivers highlighted how capoeira classes contribute to reducing the time that children spend in the unsafe street ("being kept busy"):

I prefer to keep him busy. I think it's gonna be for the best just to keep him busy, there is not a lot of time for him to play and see all the activities [engage himself in criminal activities] that's going on around here. (Rose, mother)

This was also pointed out by children themselves, illustrated by Danny, 8 years old: "Capoeira keep us out of trouble, keep us off the road and ... capoeira must just go on." From their words, the capoeira classes appear to be an activity preventing them from the constant exposures to gang behaviors. Probing whether the participation really had an impact due to the limited hours per week, informants still asserted that it had a vital contribution:

So this capoeira was just one of those things that took him from the streets and I know he's there. Even if it's just for an hour. I can feel reassured, then it's okay. ... It's just that 1 hour the gangsters might run around here. Shooting amongst one another. Then I know my son is safe there. Cause that is what happened once, when capoeira was on and they started running up and down here and we knew our kids were safe there. (Louise, mother)

The informants spoke about gang fights taking place anytime without warning. Thus, the few hours when children are inside the community center training capoeira they can avoid attending gang fights. One might view this in the way that De Martini Ugolotti (2014) does, when she suggests that capoeira can be about marginalized young people turning a space or gap into an opportunity.

Within capoeira, space can be an arena to display publicly physical and artistic abilities and gain, even if temporarily, public recognition. However, space, its use and management, is also a fundamental component of the bodily dialogue enacted by capoeiristas, who look for cracks and fissures within the opponent's game to use them as spaces to maneuver, escape, counter and perform successfully unexpected blows and sweeps. (De Martini Ugolotti, 2014, p. 5)

Capoeira, then, exposes a crack in the limiting environment of the Gerber Park children, and offers them a chance to learn to evade the kicks and blows of life in the township. The space that it creates is therefore also a platform for internalizing various forms of conduct.

A PLATFORM FOR REFLECTION

The informants' accounts of the psychological effect of participating in capoeira classes are interesting. The teaching of capoeira as a martial arts dance is an important objective; however, the instructors emphasized that human development—to “create a man, woman to grow” (José, capoeira class instructor)—is more imperative in the overall ideology of capoeira. Teaching children different aspects of life is presented as being of greater importance than the training itself:

You have to teach them why they go to school, why they don't use drugs, you don't eat sweet drinks, you don't drink fizz drinks, how to eat, how to be healthy. ... It's not only the physical, but all these aspects of life. They'll need it while they grow up, have to be a guide on that and that's one of the main thing is to create a human being who's capable of being integrated and good in society, you know. (José, capoeira class instructor)

Implicit in the instructor's statement is the idea that developing alternative ways of thinking and behaving involves re-creating the whole body. His approach is one that teaches that positive attitudes and behaviors are inscribed through conditioning the physical body. These ideas echo Shapiro (1999) when she says that embodiment refers to the process by which the body becomes a vehicle for socialization. Fay argues that learning is not simply a cognitive process, but also a somatic one in which the “oppression leaves its traces not just in people's minds but in their muscles and skeletons as well” (cited in McLaren, 1995, p. 67). Capoeira classes and the game therefore become a time and place where children are taught to know differently by exposing their bodies to different ways of being in the world.

This also entails exposure to adults such as the capoeira class instructors, who have different priorities, attitudes, and responses to the harsh township circumstances compared to many other adults with whom the children interact. They recognize and respond to the children's need for someone to rely on and to be present in their everyday life. If children are dealing with difficult issues, they have an opportunity to talk about these in the classes. The instructors emphasized that they “are not only there to teach capoeira. It's more than capoeira” (Emmanuel, capoeira class instructor). José also agreed: “but capoeira is a base. It's a way to bring them close to us. It's a way we can easily attract them to be able to teach them all these things. It's basically a tool where we can like have them [a platform for reflection on children's realities]. This way they can talk about problems and try to find solutions or give emotional support.” The instructor reflected:

And whenever they have problems you're being there for him or her even if it's like just emotional support that will definitely make a difference. That's what we're doing. (José, capoeira class instructor)

And for me to be there at least 1 hour, talk to them, ask them questions, you know, sometimes they tell me, like the boy Alex. Cause he didn't tell me his

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father was in jail. Like 1 month or so and then he explained to me that his father was in jail, he was shy. And it was good, I feel good after he told me, that means he trusts me, you know. (Emmanuel, capoeira class instructor)

The quotes above illustrate how the capoeira class instructors attempt to support children through their presence and accommodation. The capoeira classes are not merely a space where movements are taught and rehearsed, but also a platform for therapy and dialogue, where children can talk about burdensome issues in their lives. The instructors explained that they conducted the classes as “therapy on the hoof” (Brendtro, Brokenleg, & Steve, 2002), where different issues were raised as they naturally demanded attention:

These messages we give in regular basis. It can be in normal class where they're behaving bad with other kids, and then you can stop and tell them that's not the way you do things. You must help each other, care about each other. (José, capoeira class instructor)

The instructors and the school principal problematized some parents' roles in the lives of their children, as illustrated in this statement: “That's the thing, a lot of the children's parents don't, you know, care about them. And it's very sad. It's very, very sad” (Emmanuel, capoeira class instructor). Drinking problems and long work hours can be detrimental to the relationship between parents and their children. The instructors pointed out that parents appreciated that their children are attending capoeira classes, but few parents seemed to know what it was. This was also the impression during the fieldwork. Although most of the parents lived close to the community center, where the classes were held, they rarely came to watch. Also, in interviews with parents some asked what capoeira actually was all about. As José explained: “Some parents don't even know that their kids are doing capoeira” (José, capoeira class instructor).

The school principal suggested that some caregivers feel disempowered raising children in Gerber Park: “In many cases—not in all cases—parents have given up hope” (Mr. Thorne, school principal). This is not to say that it concerned all parents; yet, from the interviews with the caregiver informants, they too seemed to lack hope for their children. Some caregivers perceived the situation in Gerber Park to be unhealthy for children, and did not view the future with optimism. The consequences of growing up in a community where high levels of gang activity, drugs, and crimes are present are not only that children potentially adapt to the surrounding environment but also that the children's wellbeing and future become an overwhelming concern for caregivers. The gang activity and drug abuse present in colored communities are blamed for the deteriorating circumstances, leading some parents to express fatalistic attitudes about the future of children growing up in Gerber Park, as evidenced by a mother's words: “the majority don't make it” (Louise, mother).

LEARNING NEW SKILLS AND SELF-DEFENSE

When discussing children's role models with the capoeira class instructors, they emphasized that they would like to be role models, as reflected by Emmanuel: "I wanna be their role model. One day they look at Emmanuel, and I want to be like Emmanuel" (Emmanuel, capoeira class instructor). But they also acknowledged the difficulty with children's available role models in Gerber Park:

It's very hard to get away from bad choices, bad role models, cause if that role model is basically part of his everyday life you know he's gonna follow that We're trying to help these children twice a week. I don't think it's enough. (José, capoeira class instructor)

The quotes above reflect the instructors' limitations as role models. However, they still recognize that their minor efforts through capoeira have an impact in the children's lives: "You know, small things make a big difference to the kids. And we're trying to really to make these kids' life a lot different in a good way. Change their life in a good way ... I want them to feel proud" (Emmanuel, capoeira class instructor). Their hope is that capoeira can contribute positively to children's lives and futures, and that through learning new skills they will gain increased self-confidence and self-esteem. Learning to perform complex movements did contribute to a certain fulfilment, as reflected by Sichel, 11 years old: "You picking such stuff up ... telling yourself you can do it and then you do it. And we go one for one out to play with yourself" (Sichelle, 11 years old). Along the same line, a mother explained that her son demonstrates techniques at home: "He will also perform his capoeira in the house. Demonstrate. Just to show off how far he got with his kicking. I don't think he'll ever lose it" (Louise, mother). The physical skills acquired are linked to increased self-confidence: "Like Chris, in capoeira he is quite good. ... He probably uses skills he never knew he had. So now he does things, so he learns something" (Emmanuel, capoeira class instructor). This obtained self-confidence finds an important role in children's immediate contextual reality.

According to the children, capoeira classes represent a space where they learn to protect themselves from threats in their community. Kelly, 11 years old, identified this: "I like playing capoeira because I can protect myself and it means a lot to me. And always when you do capoeira, you can protect yourself." When Kelly was asked who she wanted protection from, she replied: "because if men wanna rape you or something you can protect yourself and fight back." She continued: "it's to defend yourself. Is defending myself." What Kelly referred to here is that the children are taught to defend themselves against danger. This seems to translate to both the psychological and physical levels. Sarah, 11 years old, highlighted this: "capoeira make you fit, and make you stay away from trouble and fighting." Yet, with the occurrence of shooting and gang violence in Gerber Park, Kelly's and the other children's claims that they can protect and defend themselves is a puzzling argument because capoeira is a martial art that merely uses the tools of the body. It is therefore more important to highlight the psychological aspects of children's

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participation in capoeira classes. The informants recognized that through capoeira they could avoid typical gang behavior such as abusing drugs and smoking cigarettes, which were considered a point of entry to becoming a gang member: "Capoeira can keep the children off the streets keep them away from drugs" (Kim, mother). A child informant also agreed to this: "And you can keep yourself from that drugs, not doing drugs, not smoking" (Kelly, 11 years old). Children's participation in capoeira classes appears to be a means to build psychological barriers against participating in gang subculture, which potentially makes them avoid associating with and following the present gang culture.

Moving on from the increased self-esteem attributed to children's participation in capoeira classes, the following subsection highlights the importance of providing children with alternative realities.

BROADENING HORIZONS

The low social mobility and isolation integral to disadvantaged post-apartheid townships offers few options to children growing up. This is true about the children of Gerber Park because they are confined to their immediate environment. Consequently, there is a danger that children will adopt the behaviors they are exposed to, as reflected by mothers:

The [violence is] not something good for kids, you see. Because they see the things and then they maybe think that it is the right thing to grow up, but it isn't the right way to grow up. (Josephine, mother)

I don't know the people. I don't know them, you know. But he knows them. He knows them. How does he know them? Because he's in the road. He's in the streets. Exposed to that type of things. It's like when you don't know how to play soccer your friends will teach you to play. If you don't know them, they will make sure you know whom it is. (Louise, mother)

Despite their young age, the informants explain that children start adapting to the behavior they see in the streets. One mother told of a recent incident where she watched her 10-year-old son involved in a gang fight with peers:

I saw some changes, he is not the same. Trying to be big now and then I was at work approximately 2 or 3 weeks ago, I was at work I come home and they were like fighting with boys from that side. It was like pellet gun stuff and stones. (Rose, mother)

The mother explained that her son was "trying to be big" through his participation in gang fighting. She further expressed concerns for her son due to an awareness of how boys become gang members: "Cause due to the fact that I know that is one of the things how gangsterism starts. ... If the stones and the pellet guns starts to get boring they want to try something else" (Rose, mother). This incident can be understood in terms of the power of prescription (Freire, 1998). Prescriptions of the dominant powers are considered to be a means where the consciousness of individuals is transformed. As noted above, when prescriptions are internalized, the

individual has conformed to the consciousness of the oppressors, and subsequently starts following the guidelines of the oppressors. By living in an environment where violence and antisocial behavior are showcased by the children's available models, the cycles of violence are reinforced in disadvantaged communities (Burton, 2008).

With this backdrop, participation in capoeira classes can respond to children's and the new generations' need for other influences and encouragements. In addition to exposing them to individual instructors, who often have foreign backgrounds, the capoeira classes also arranged meetings with capoeira groups from other communities in the city, as explained by an instructor:

... that [travelling out of the community] also bring them different visions in their lives. They are not just stuck in their communities and seeing what's wrong there. Just give them different vision of their world like what is out there, what it can give to them, what is out there, they can have it you know, they can benefit or they can learn or they, you know. I think just that change them, change them a lot. (José, capoeira class instructor)

Interaction between the new generations of diverse backgrounds is imperative in South Africa because the legacy of apartheid holds a firm grip on society. Racial segregation is abolished by law, but the categories and separations still remain salient due to economic inequality (Bray et al., 2010) According to Lemanski (2004), this kind of sociospatial segregation is accentuated by fear and prejudice. She notes: "Redressing this urban sociospatial inequality requires that exclusionary mindsets be challenged" (2004, p. 111). These sociohistorical and economic limitations to people's mobility hinder new relationships between people across communities, consequently confining their realities and exposures to those of the township only. Parents acknowledged that capoeira provides children with new exposures and relationships. The integration classes (*aulão*), organized by CEYA every last Friday of the month, are an example of a platform where children can become acquainted with other people and experience different realities. The informants recognized the capoeira classes as important in contemporary South Africa.

It's fine cause they get to know a lot of people from different cultures, it's fine. And I mean that is what we need. We have to go out and get to know more people, and then you learn something about other people from outside this place. (Rose, mother)

And that's something I appreciate at the end of the day, what capoeira does, you know. Making different communities for one no matter what your background is. And that's something that's very positive for me as a parent. And that's also the form of making them to respect the next person, you see. (Louise, mother)

The informants here touched on aspects integral to capoeira: the comradeship (*camaraderie*) and solidarity between players. Through participation, children can

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learn to interact and develop solidarity with other children, enabling capoeira classes to become a community for belonging. Alex, 10 years old, emphasized this by saying that they are taught how to behave in the capoeira classes: “to respect one another and to play with one another. One does not swear at one another out there.” Children are taught that they should help each other in the capoeira classes, and are also given the responsibility of teaching newcomers.

You need to help each other, must care about each other If a new student come in you are not gonna bully him because he can't do the exercise, must actually help that kid to actually also grow. To teach them to get integrated into the group. (José, capoeira class instructor)

However, one should not deny that there are also negative aspects to these experiences. As MacLennan (2011) points out, communicating across difference is full of contradictions because it involves making connections where few similarities are shared, and there are often even conflicting values. Her definition of capoeira as multifaceted with inherent contradictions is therefore helpful when employing this activity as a dialogical tool. She states:

Both literally and metaphorically, capoeira is embodied conflict. It therefore casts commonality and difference in new light, showing how to—in practice—embrace difference rather than erase it or assume its undesirability in efforts of dialogic processes, all the while building intersubjectivity on a foundation of expanded conceptions of conflict, equality, inclusion, and connection. (MacLennan, 2011, p. 148)

From the voices of the informants it becomes evident that the physical teaching and learning to play the capoeira game is not the only asset that children gain from their participation. Capoeira classes also provide children with a platform for reflection and protection, and provide alternatives and new relationships. The conclusion discusses the findings in the light of Freire's ideas on oppression and liberation linked to the history and philosophy of capoeira.

CONCLUSION

Children growing up in Gerber Park are faced with challenging circumstances of violence and substance abuse exposure. Using Freire's lens, it has been suggested that children's contextual realities prevent them from being fully human beings and can be viewed as oppression. This is due to the restrictions and constant considerations of safety that are hindering children from venturing out and playing in their neighborhoods. This limited freedom also extends to few opportunities to travel outside their community because they and their families cannot afford transportation. Such limitations contribute to confining children's worldview to only their immediate circumstances. These children have few opportunities to see and become familiar with other realities, and thus the violence and drug abuse present in the community becomes normal in their lifeworld. This is problematic and becomes especially harmful when gang members are the ones contributing to

children's suffering but also serve as role models for the children. In line with Freire's idea of the power of prescription (the oppressed becoming oppressors), these children, unfamiliar with other ideals of manhood, will be susceptible to adopting the characteristics of gang members. This was a concern among the children's parents, who described a high likelihood of children following and reinforcing gang behavior. Such pessimism expressed by parents can be detrimental for the children. According to Freire, fatalism is particularly harmful to those oppressed that instead need inspiration and motivation to pursue a quest for liberation. Because hope is an ontological need for human beings (Freire, 1994) parents' succumbing to fatalism can have severe consequences for the children in Gerber Park.

Freire's pedagogy of the oppressed can enable oppressed people to be liberated from their dehumanizing condition. Through careful reflection and simultaneously learning skills and gaining self-esteem, they can be empowered to fight against the oppressive circumstances, and open up to the possibility to become free from oppression. This kind of Freirean praxis can be available to the children of Gerber Park through participation in CEYA capoeira classes, as argued below.

In a neighborhood where gangs and their activities permeate children's spaces and day-to-day reality, capoeira classes first and foremost offer an option to the children. As a protected and safe space away from the violence-ridden streets, they provide children with an alternative. Participation in capoeira classes can be a means for children to avoid direct exposure to violence in the neighborhood.

By learning to show respect and help each other in classes, which are elements embedded in the rules and routines of capoeira, the children attributed a feeling of solidarity with other children to their participation. This can be translated into the language of Freire, where solidarity and support between oppressed people can provide hope and a belief among them that liberation is possible. In the same vein, capoeira classes can also provide children with emotional support through the capoeira class instructors, who encourage them to talk about difficult matters in their lives, and how this can be solved. The feeling of being part of a community of belonging can potentially lead to a stronger quest for liberation.

Further, the children tell how participation in capoeira classes opens up opportunities within themselves and their bodies. Learning complex movements and sequences that will enable them to defend themselves against attacks in the circle is transferred to their immediate environment. This can be interpreted from how children expressed that they now felt they were able to defend themselves from threats in their neighborhood. Here the link can be made to capoeira being a metaphor for the world, whereby African slaves used the circle as a symbolic ring of liberation. In the circle slaves were able to play in a protected space and be protected from slave owners' suppression, and as such they could take part in their mental liberation from slavery. For the children in Gerber Park, the acquired abilities to defend themselves in capoeira translate into an ability to also protect themselves from dangers in their neighborhood, both physically and mentally. At the psychological level, they ascribe the avoidance of smoking and drugs to their participation in capoeira. Because these elements are believed to be a point of entry

to becoming a gang member, the informants attribute what they have learned in capoeira classes as useful in resisting the gang trajectory. Learning movements while developing critical awareness towards threats can enable children to take action and to avoid following the gang trajectory.

Children can also experience a new kind of mobility in a concrete way. Capoeira exposes them to new places and influences, and lets them interact with people across communities and cultural backgrounds. By having opportunities to observe and learn from other people than only those available in the confines of their community, children are introduced to other realities and possible pathways in life. Because they are introduced to and become aware of other role models and behaviors, they can start questioning their own circumstances. As a result, the gang trajectory will not be the only option for the children.

Caregiver informants also viewed capoeira classes as a positive contribution to children's lives, which can increase their hope for their children's future, and view it with greater optimism. This is of vital importance from Freire's perspective because hope is necessary for the oppressed to see liberation from oppression as an opportunity.

Drawing the link from the context of Gerber Park to capoeira as a symbolic world, in which liberation can actually become possible, allows one to believe that the children are taught enabling tools to free themselves from their dehumanizing conditions. The increased self-confidence that children potentially gain is imperative for inspiration to initiate a struggle against their oppressive conditions. Through dialogue and the physical teachings of capoeira, they are provided with means to stay clear of the gang trajectory, and potentially seek their own freedom. Thus, by participating in classes, the children have an opportunity to take a stand against threats in Gerber Park and not end up as gang members.

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