

THE MEASURE OF A MAN

Boys, young men and
dangerous ideologies of
masculinity in the time of
HIV/AIDS

A Report for Save the Children Sweden
by Anthony Simpson



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Executive Summary

Increasingly more attention is being given to children and young men and women in the fight against HIV/AIDS. The young, especially those under the age of fifteen, are often described by activists in the field as “our window of hope”. HIV/AIDS throws a spotlight upon gender; there is an urgent need to understand the contexts in which gender is learnt and performed. This is especially important where masculinity is concerned as boys and men can in many ways be identified as those who are driving the pandemic because of the particular constructions of masculinity that may prove to be obstacles to behaviour change. This report reviews major recent literature on HIV/AIDS, particularly in relation to gender, presents some findings of my current research in Zambia and offers some recommendations concerning key issues and strategies for promoting safe sex practices in the time of AIDS.

The literature review highlights the importance of kinship and gender and draws attention to the roles of kin in the manner in which gender is learnt. A major weakness of earlier studies has been that insufficient weight has been given to the fact that gender is always a *relational* term. Notions of masculinity only make sense in relation to notions of femininity. Concurrent with this, insufficient attention has been given to exploring the *contexts* in which gender is learnt and performed and in which sexual encounters take place. The investigation into these contexts can never exclude history and political economy. The body has a history, as does sexuality.

While acknowledging that many boys and young men are beginning to take heed of the potential dangers of sex in the time of AIDS, this report reveals the high degree of anxiety surrounding fertility, the measure, for many boys and young men, of what it means to be a man. The fear of infertility increases the risk of infection. While many boys and young men considered that they had sufficient information about HIV transmission, their self-reported sexual activity revealed that this knowledge had not, in many instances, lead to consistent behaviour change towards the avoidance of risk of infection. The research reveals that the respondents’ anxieties concerning their virility, largely understood, in the first instance, as sexual potency, cause many of them to place themselves at risk.

One aspect of risky behaviour concerns the use of local medicines (*muti*) to

increase the size of the penis and testicles and to ensure the production of an optimum amount of semen ejaculated in as forceful a manner as possible. Grandparents, male cousins, friends and others with whom the boys and young men enjoyed a “joking relationship” were identified as the main providers of this medicine, and the ones to whom the respondents turned for advice on sexual matters. While use of “traditional medicine” was widely reported, it was more prevalent among those living in rural areas. Indeed, “the bush” and “the village” were said to be the proper source of such medicine and also the places where many of the secrets of manhood were learnt. The rural areas are the areas that have received the least attention from the various government and non-governmental organisations involved in HIV/AIDS prevention. My fieldwork among older men revealed that many of them were also regularly taking such medicine, acquiring it at markets or at places where they drank local or bottled beer.

Another aspect of risky behaviour concerns the inconsistent use of condoms and this is, at least in part, directly related to constructions of masculinity. For some respondents, especially the younger ones and some of those in rural areas, availability and affordability were issues. Reduction of sexual pleasure was commonly reported, together with the idea that to use a condom meant that the sexual partners did not “really meet”, suggesting for some the desire for intimacy, but for many the sense that they were not having sex “properly”. “Sex” for all respondents meant penetrative vaginal intercourse. They exhibited varying degrees of disapproval towards non-penetrative sex, indeed not considering such activity to be “sex” at all. Among many who had relatively easy access to condoms, there was a general attitude of distrust. This distrust was explained in a variety of ways: condoms found in Zambia had probably been dumped there and therefore were of inferior quality, stored in an incorrect way, or past their sell-by date; the virus was small enough to pass through the condom; some people deliberately made holes in condoms. The boys and young men also reported that condoms affected their sexual performance as it took them longer to ejaculate - which both increased their anxieties about their performance and made them so tired that they had to rest longer before further “rounds” of penetration. Furthermore boys and young men claimed that to introduce a condom often meant that the girls would question their manhood with such comments as, “So, you are not a man! You don’t want to do it [have sex] properly.” Girls were also said to dislike condoms for reasons of the reduction of pleasure and either to distrust boys who suggested the use of a condom or felt that the introduction of a condom

implied that the girl was “not trusted” and that she might well already be infected with HIV. Boys and young men expressed distrust of any girls who had their own supply of male condoms. None of those interviewed or who took part in discussions had any experience of female condoms.

Boys and young men’s lack of trust of girls and young women, and *vice versa*, was a common theme and mirrored the often reported lack of trust between men and women, husbands and wives. Boys and young men were aware of the sexual activities of their parents’ generation. From an early age, both in play and in work, they imitated what they understood to be appropriate masculine behaviour and this was mirrored in their sexual experimentation.

Attitudes of self-denigration, and expressions of inward-looking censure common in the pejorative associations that many young Zambians have with notions of being “African” or being “Black” may well hinder efforts to promote health and well-being, especially with regard to sexual health. While boys and young men claimed physical superiority over “Europeans” or “Whites”, they did not extend this with regard to self-control over sexual matters. Indeed many, in both urban and rural areas, bought into a particular notion of “African sexuality”. Both boys and young men argued that ‘African desire’ was greater and less easily controlled than “European desire”. They said that kissing was a European invention and that young Africans became overexcited when they saw men and women kissing in films, leading them to engage more easily in sexual activity. Such comments as “ We Africans are weak, we cannot stop doing that thing [i.e. having sexual intercourse]” were not uncommon. Often, sex was said to be the only readily available pleasure in impoverished circumstances. Respondents attributed the spread of HIV/AIDS both to poverty (especially the poverty of girls and young women) *and*, especially in the case of men, to the sudden acquisition of individual wealth, claiming that “Africans” in such circumstances easily got “excited” and “boastful” and this caused them to have a number of sexual partners and become “very careless”.

Frustration, resentment and depression were commonly expressed by many young men because of their inability either to continue with their education or to find reasonably-paid work and hence escape from their continuing dependence on their parents and other family members who had to endure daily demands and expectations. This dependence was read by them as a failure to achieve true manhood. Tensions found expression in a number of ways, sometimes in the suspicion of the witchcraft of family members (see

also Colson, 2000). While caution has to be exercised in recognising a difference between rhetoric and behaviour, the sheer numbers of people dying of AIDS-related conditions only exacerbated a fatalism expressed by some in remarks such as “Here in Zambia, we are living in a coffin”; “This is just another disease sent for us humans”; “Even doctors and nurses are dying of AIDS, so what can *we* do?”

In Zambia, as in many countries, we cannot leave out ideas of God and the teachings of various churches regarding HIV/AIDS, yet churches have hardly been touched upon in any detail in efforts to promote behaviour change or in the manner in which boys and young men receive the safe sex messages of government campaigns. Churches’ denunciation of the use of condoms, and their questioning the reliability of condoms as barriers to infection, for example, clearly resonate with the attitudes of many young people, though the alleged sexual misconduct of ministers and priests lead some, at least, to question official church teachings. A number of young men reported how a religious conversion experience had caused them to change their sexual behaviour, either by abstaining or by remaining faithful to one partner. The commitment to abstinence was a more common feature among some religious groups, for example Seventh-Day Adventists and Assemblies of God, than among other groups such as Catholics. More research is needed in this area. Commitment to abstinence or safe sex was also evident among some of those who expressed clear goals for a better life, access to which was often thought to be through education

My participant observation in Zambian households revealed how the respect due to fathers from boys and young men was marked by distance and formality. It was also expressed bodily in the presence of fathers by children and young men kneeling before fathers and adult males. While the performance of respect doubtless masked a wealth of perhaps contradictory emotions, the father’s role of carrying out physical punishment did little to promote the father as a figure of care and concern. Rather it reinforced a particular idea of the adult male that entailed the physical strength necessary for disciplining boys. Fathers’ absence from domestic spaces reinforced the sense of distance between fathers and their children. In work, play and sexual activity boys and young men explicitly imitated or took on what they perceived to be masculine roles.

I conclude this report with a number of recommendations. Foremost is that Information, Education and Communication strategies can be enhanced by the use of process drama (described below) to enable boys, young men and

others to address harmful ideologies of masculinity. Process drama has the potential to address the wide range of contexts in which gender is learnt, sexual encounters take place and gender relations are made manifest, to explore situational constraints, to confront participants and to frame prevention as an issue of social justice and human development. It can assist in the creation of enabling environments in which participants, both young and old, in school and out-of-school, can work together towards the reformulation of notions of masculinity away from notions of sexual conquest and towards ideas of strength and manliness as self-restraint, responsibility and care. Process drama can be used with all age groups. It can be used with parents and grandparents to invite them to reconsider their roles in a time of HIV/AIDS. There is an urgent need to challenge the many parents, especially fathers, whose uncompromising silence about sexual matters where their children are concerned and whose rejection of the promotion of safe sex messages to the young do nothing to safeguard the health and well-being of their children. The same applies to grandparents whose entrenched notions of masculinity and femininity, together with their skepticism about the existence of a “new” disease called AIDS and about biomedical explanations of the transmission of HIV unwittingly place boys, young men and their sexual partners at increased risk of infection.

There is an urgent need to involve boys and young men as partners in the development of initiatives and material. Almost everywhere young men and women show a great eagerness to engage in sex education and to have their voices heard in the time of HIV/AIDS. We need to draw upon this important resource. This is in line with the stated guiding principles of many national responses to HIV/AIDS: to place people in the centre of the solution and to respect the basic human rights of *all* persons.

While concentrating on efforts to promote behaviour change, we need to recognise that many boys and girls, young men and women, have taken responsibility in this pandemic and either abstain, delay the time of sexual debut, are faithful to one partner, or practice safe sex. Indeed, they may well behave in a more responsible way than their parents. (See Rivers and Aggleton, 1999.) It would be informative to focus on this group in order to gain some insight into what promotes the creation of an enabling environment for young people. We need to attend more to the contexts in which both safe and risky behaviour occur and to bear in mind that not all boys or young men are the same – either within one context, between contexts in the same country or between different countries. Yet, while

recognising difference, it is also true that many similarities also emerge from research on boys and young men in different regions of the world.

Literature Review and Theoretical Issues

Certain studies about AIDS have rightly argued for the need to put girls and women at the centre of analysis because they bear the brunt of the multifaceted consequences of the pandemic and are deemed to be particularly at risk and in need of empowerment, especially with regard to the negotiation of condom use (Ackroyd, 1997, Baylies and Bujra, 1995, Hamlin and Reid, 1991, Heise and Elias, 1995, Reid, 1997, Wallman, 1996). The 'woman in development' approach has proved a much needed corrective to the assumption of men as the only significant actors. But, it should not in turn blind us to the role of boys and men. Mobilization of women by itself is not sufficient; men also must also be involved in the fight against AIDS (Bujra and Baylies, 1999, Baylies and Bujra, 2000, Bujra 2000). Women's empowerment will not be a solution in itself, Ulin (1992: 67) notes: "men too must acknowledge their joint responsibility, and all members of the society must be willing to redefine sexual roles in relation to the health of the family and the community."

An essential component in any understanding of the dynamics of sexual expression is the degree to which notions of gender, sex and sexuality are inextricably intertwined (Heald, 1994; Moore, 1994). It is because of this that I recognise the need to focus upon the manner in which notions of masculinity and femininity are part and parcel of one another in particular cultural contexts (see also UNESCO, 2000). While many studies have located women's vulnerability to HIV in their relative poverty, the same might be true for men, though in a way which is less self-evident from a Western viewpoint. (See Ferguson, 1999, Foreman, 1998, Scalway 2001.) Further, gendered inequality, the unequal distribution of power between men and women, and the consequent forms of masculinity and femininity, witnessed in many different parts of the world put both men and women at particular risk in the time of AIDS. Baylies and Bujra (2000: xiii) comment: "The challenge is to devise interventions which, whilst recognising gender inequity, essentialise neither 'men' nor 'women'. Masculinity comes in many guises."

Until recently, in Africa, little work has been done explicitly and specifically on masculinity, and even less on children and young people. A major exception here is the work of Heald (1989/98, 1994, 1999) in her analysis of the concept of manhood among Ugandan people. (See also Gutmann, 1998, Morrell, 1998, Murray and Roscoe, 1998, Niehaus, 2000, Sweetman, 1997, Shire, 1994.). Now men and masculinities are receiving increasing attention both in social sciences in general and in efforts to reduce the spread of AIDS. Recent attention has been focused on the role of men in the lives of children (UNICEF, 1997), on young men and women (UNICEF, 1997, UNAIDS, 1999, PANOS, 1999, Chevannes, 2001, Jacobson-Widding 2000, Ahlberg, 1994, Tumbo-Masabo and Liljestrom, 1994) and most recently on the health of boys and young men (WHO, 2000, Population Reference Bureau, 2001) and specifically young men and HIV (UNAIDS/Panos, 2001). Throughout the 1990s there were repeated calls to place the study of men and masculinity firmly on the agenda in the fight against AIDS. Ankrah (1991:972) argued for an urgent reappraisal of the meaning of the concept of maleness, contending that men needed to be “intellectually and emotionally released from the cultural entrapments that require the female to be submissive”. Similar pleas were made by de Bruyn (1992), Obbo (1993) and Heise and Elias (1995). Recognising that some recent work (Carovano, 1995, Rivers and Aggleton, 1998) has focused attention on men’s engagement and positioning in regard to heterosexual transmission, Baylies and Bujra (2000) note: “However, there is need for more work in this area. As Whelan’s (1999) review of publications and practice in respect of gender and AIDS suggests, there remains a substantial lapse in understanding about male sexuality and the social and economic forces which sustain it.”

The emphasis on “men making a difference” has been highlighted in the UNAIDS 2000 – 2001 theme: “Men and AIDS – a gendered approach” and the 2001 –2002 theme: “I care ... do you?” which is intended to create a sustained focus on men in the AIDS epidemic.

Gender is itself a relational concept. Gender and gender symbolism can only be understood relationally. There can be no discussion of masculinity without reference to femininity. For many commentators, influenced by the performative theory of gender developed by Judith Butler (1990, 1993), gender must be understood as the result of actions, not the origin of them. H.L. Moore also notes: “The social and symbolic manipulation of gender – as the basis for reproduction and continuity - legitimizes and disguises social orders of inequality, distinction and reciprocity” (1999:7). We need

to explore the cultural construction of gender and sexuality and investigate how notions of masculinity and femininity develop in relation to each other in a particular context, how they vary in different cultural settings and in different historical periods, and – equally importantly - how they transform through the life-cycle. In African societies, as elsewhere, knowledge is linked to age and understandings of gender change in the course of a life in response to a changing relation to knowledge. (See Moore, 1999: 23.) What is the impact of HIV/AIDS on notions of gender? How do changing economic factors influence these ideas? These issues concerning the structural context of HIV/AIDS are coming to the fore in recent thinking. (See, for example, *Gender and HIV/AIDS*, UNAIDS, 1998.)

The importance of context in attempts to develop strategies for promoting safe sex messages in the time of AIDS cannot be stressed too much. In this report there is a contrast between urban and rural sites. It is a matter of concern that many efforts by governments and NGOs are largely restricted to urban sites. The particular history of sites needs also to be explored. This is an aspect that is being emphasised by more and more researchers in the field. The following observation by Setel (1999: 16) is typical of current academic thinking and something that needs to be taken more seriously by practitioners in the field:

“Sexuality is about much more than what takes place at the interpersonal level between sexual partners; it is embedded in a whole array of contextual forces that are antecedent to any particular encounter. The significance of sexual action encompasses not only individual desire and interpersonal power dynamics but also the patterned relationships among persons, their bodies, and social process for a population as a whole.”

“Young people” or “Youth”, everywhere locally differentiated by gender, class and occupational group, form in any society a culturally constructed category often riven with ambiguity and contradiction. Foucault (1979) noted how when youth become defined as a concrete category of social analysis they become a socially problematic category. Issues of knowledge, power, and conceptions of agency, personhood and generation must always be central to any investigation involving such a category. Studies of boys and young men are too often studies of deviance or of problems needing programmatic intervention (see Durham, 2000).

While boys and young men are often identified in many societies as a major part of the problem of HIV/AIDS, the reality is that they must be brought in

as partners in finding solutions in a time of AIDS. It is high time to give a platform to what Obbo in her work in Uganda (1995:89) has called “the ignored voice of the young”. Perhaps only this can justify doing research *on* boys and young men. Indeed, as far as possible, we should be doing research *with* people and not *on people*. It is only by trying to understand both the contexts in which sexual encounters take place and the perceptions of boys and young men about those contexts and the situations they find themselves in that we can hope to fashion appropriate strategies for the effective promotion of behaviour change.

Boys, Young Men, Masculinity and HIV/AIDS in Zambia

Background

The research discussed here forms part of a larger project, which has a longitudinal dimension. In 1982 and 1983, I conducted a set of in-depth interviews with twenty-four young men whom I had taught for a number of years just as they were about to finish their schooling or in the year immediately following the end of their secondary education. The interviews, conducted in English with students from a variety of ethnic backgrounds – but predominantly Bemba-speaking and Tonga-speaking - covered a wide range of topics around their memories of childhood, their family life, relations with parents, their early sexual awakenings, attitudes towards women, aspirations regarding marriage, starting a family and careers. With one exception students reported that they were sexually active. They reported early sexual experimentation from the age of five or six in childhood play and sexual debut at an early age, usually their early teens. On the whole, they reported having had a number of sexual partners. The students were mostly from poor rural and urban backgrounds. They had great expectations that their education would deliver them a brighter future. I am currently engaged in research following-up and living with the survivors of a cohort of students I taught in the early 1980s to explore their notions of masculinity in the time of HIV/AIDS.

My years of practical engagement, teaching in Zambia, assist me in my investigation into issues of gender identities, topics already present in my ethnography (Simpson 1996; see also Simpson, 1998, 1999). The school

where I taught was run first by Canadian missionary Brothers from Quebec, - and later by Spaniards of the same religious Congregation, dedicated to the Virgin Mary. The students were predominantly Bemba-speaking and Tonga-speaking, though many ethnic groups were present in the school, and they belonged to a variety of Christian denominations. In my earlier ethnography I illustrated the manner in which students engaged in the education process as a civilising mission. Yet while granting 'white supremacy' in some aspects of life, students rejected Marian teaching in the area of sexual expression, producing a counter discourse, especially in backstage student initiation where their own performative modes of hegemonic manhood were revealed. (Cf. Connell 1983; 1987; 1995 and, on contemporary schooling of masculinities in British schools, see Mac an Ghail 1994; Haywood and Mac an Ghail 1996.) The students of St. Antony's initiated newcomers through a process of "mockery" (a "custom" widely reported in Zambian boarding schools), a central part of which was the requirement of new boys (called kwiyo) to give a speech in the dormitories at night. Newcomers carefully rehearsed their speeches many times and often offered practically verbatim accounts of them. Here is an extract from one of them from my 1990s fieldwork.

Richard, a stocky eighteen-year old Grade Eight, described his speech in this way:

"So, the speech in the wing. In my speech, they said you had to describe how you started your Grade Seven, the family you come from. I started my speech like this: 'I come from a poor family. Yes, because my father is not well-educated. So we are four in our mother's family, in my father's family, three girls and one boy.' Then they said, 'You have to tell us how you started school.' 'I started my schooling in 1985, and then completed my Grade Seven in 1991, when I wrote my examination. And the result comes. I've qualified! With 790 marks.' After that they said, 'O.K., how many girlfriends do you have?' I said, 'I don't have any girlfriends.' So they started forcing me to tell them about my girlfriends. Then I said, 'O.K., I have one girlfriend.' 'Did you chop her?' [i.e. have sex with her] 'Yes, I chopped her. That's how my speech was."

While exceptions were made for very young Grade Eights, the "mosquitoes", the kwiyo had to claim to be sexually active, acknowledge his sexuality, and indeed disclose accomplishments in his sexual career. The "proof" of the kwiyo's maturity was acted out, in narrative, upon the female body. The kwiyo was required to demonstrate, in Herzfeld's phrase (1985:16), that he was "good at" being a man and, in this context, that demanded an account of

sexual knowledge and experience (Herzfeld, 1985: 16). Even before giving the speech, a kwiyo was often summoned by senior students, including prefects, and ordered to demonstrate how he "chopped" girls.

The current situation in Zambia as described in the latest Zambia Sexual Behaviour Survey (1998) suggested that sexual behaviour had not changed drastically from 1996 to 1998. 30% of adolescent males and 34% of adolescent females thought that a man could not be satisfied with one wife and no sexual affairs. A recent series of reports on surveys, interviews and focus group discussions in urban and rural sites in Ndola, on the Zambian Copperbelt, jointly published under the draft title "Heads, Tails, or Equality" reported that men and women in all age groups were "somewhat resistant" to the concept of gender equality. Both men and women recognised men's difficulties in living up to ideals of self-sufficient manhood and the limited outlets men had for emotional expression and support. Survey material also revealed that young men were said to need to "test their blood" (semen being seen as a type of blood) before marriage (cf. Ndubani, 1998, Feldman, 1998, Dover 1995, Bond and Dover, 1997). There was general agreement across generations that a man should have a woman to look after him and that a man was not seen as capable of sustained sexual abstinence. Female sexual desire was recognised, but it was believed to be controllable unlike men's sexuality.

Boys, Young Men and HIV/AIDS in 2001

Most of the research reported here was conducted between September and November 2001. I use the terms "boys" and "young men", for the sake of this report, following WHO (World Health Organisation) definitions as follows: youth or young men – those aged between 15 and 24, and boys - those aged below 15. These Euro-American categories deserve a study of their own! However, it is, of course, very important to bear in mind local status categories regarding age. In Zambia, some twenty-year-olds describe themselves as boys while others will say they are "young men". In contemporary Zambia adult status is more often defined by one's achievement of some measure of economic independence. (See below.) In political party terms "youth" are normally described as those under thirty-five years of age.

This research employed the qualitative methods of social anthropology. Fieldwork consisted of participant observation, semi-structured interviews and some focus group discussions. I describe the perceptions, attitudes and self-reported sexual activity of a number of boys and young men. This section of the report discusses some findings from my long-term participant observation in Zambia and also from interviews with 50 boys and young men, and three group discussions, each involving 5 participants conducted specifically for this report. With the exception of the boys' focus group discussion and some interviews at Ingwe, which were conducted in Bemba, most interviews and discussions were conducted in English. I also interviewed a number of young women, parents, teachers, youth workers and AIDS activists. Most of the fieldwork was conducted at three sites, two of them urban – Mtendere, a middle to low-income Lusaka compound, Kalulushi, a town on the Zambian Copperbelt, and a remote rural Catholic mission, Ingwe (a pseudonym) in central Zambia. The age ranges of those who took part in the discussion groups were as follows: boys at Ingwe, between 12 and 14; young men at Ingwe between 17 and 24; young men in Mtendere, between 17 and 21. All the boys at Ingwe who took part in this research were attending primary school; most of them were in Grades 5 and 6. Some of the young men were in secondary school, while others had dropped out either at Grade 7 or Grade 9. All of the young men in the discussion groups claimed to be sexually active. Some of the younger boys at Ingwe and those interviewed at Ingwe and elsewhere claimed to be sexually active. All those interviewed and all discussion group participants described themselves as Christians. Among the various denominations represented, the largest number described themselves as Catholic. Others belonged to the Seventh-Day Adventist Church, the United Church of Zambia, the New Apostolic Church and the Assemblies of God. They all claimed to attend church, though reported frequency of attendance varied considerably. Respondents belonged to a wide range of ethnic groups, though Bemba, Tonga, Lozi, and Lala were predominant.

Participant observation afforded me the opportunity to record the spaces of childhood both domestic and extra domestic and everyday interaction between parents and children. In most households there was a marked restraint and distance between fathers and sons. The only general exception was that many fathers in their forties and fifties maintained a demonstrably warmer and more affectionate relationship with their young last-born sons. This was in marked contrast to the everyday interaction with boys above the age of six or seven; indeed the older boys seemed to adopt a modus

vivendi of keeping out of their father's way as much as possible. When fathers spoke to their sons, it tended to be in a rather cold authoritative manner and boys and young men replied respectfully using appropriate terms of address. Here were no signs of physical affection; indeed one father, at Ingwe, – a thirty-five-year-old Lozi commented to me on the inappropriateness of such demonstrations of physical affection in the following terms:

“Well, we show affection but not in the style of the Whites of course. We don't hold the child or kiss the child. Such things don't look right. Look, a child or a parent won't feel free when he or she is held by the hand or the parent kisses the child, no, no. Affection is shown by buying a present for the child or perhaps by saying some words to the child, praising the child. A very young child can be perhaps lifted sometimes but not a child of ten or twelve! No, no, just shake hands. ‘This is very good!’ you can say.

More demonstrably affectionate relationships are maintained with some grandparents. Indeed a son born late in a man's life is often said to enjoy the type of relationship that ideally obtains between grandparents and grandchildren. Grandparents are often the ones with whom boys and young men discuss sexual matters and they are also one source of local medicines believed to enhance a boy's potency.

Knowing Children

All the boys and young men in this study reported that they knew people in their families or among their friends and neighbours who had died from what they believed were AIDS-related conditions. They also, without exception, claimed to know how HIV/ AIDS was transmitted. Among both rural and urban boys the use of infected razor blades while having a haircut was the most frequently cited source of infection; the next most frequently cited were penetrative sexual intercourse and wet kissing with an infected partner. There appeared to be no understanding that dry sex, preferred by all respondents, exposed sexual partners to greater risk of HIV infection. Some boys and young men thought that masturbation following penetrative sex was an effective means of preventing HIV infection. The respondents held different views about the origins of HIV/AIDS, though they were all in agreement that it had come from “outside” (see Setel, 1999:163, and Farmer, 1992 for similar explanations in Tanzania and Haiti

Many boys and young men recalled early childhood experiments in sexual experience, though they commented, “You know, at that time, we didn’t know what we were doing and we didn’t feel anything.”

The pervasive associations between sex and eating are present even in children’s play. Here is just one brief example from the many I recorded. This young man, a Bemba, now aged twenty, recalled childhood play when he was six or seven year old. There is a clear sense in which children’s play reflected an attempt to imitate the world of their parents and other significant adults. Sexual position also mirrored the assumed superior status of the male. (Most boys and young men also commented that if the girl or woman was on top of them, they would risk being hurt by the weight on their penis).

“You know we used to steal some mealie-meal (maize flour) and go in the bush. It was a game. We called it “cooking in small quantities” – but that wasn’t all we did! We would pretend that it was dark. Then the older boys would start to divide us – boys and girls – “This is the wife of this one. This is the wife of this one. Now we young ones we were told that we were the animals in the village – dogs and hens and cocks. Then they would say, “Now, it’s time to sleep!” And the older ones would go into the shelters we had made. Now, those older boys and girls, they would do it (i.e. attempt to have sexual intercourse) and we young ones we would peep and then later we would try for ourselves. I didn’t really do anything, but as a boy, as long as you were on top, then you felt o.k.”

A considerable number of boys and young men reported having witnessed (i.e. either seen or heard) their parents or other family members engaged in sex, often in situations where the child slept in the same room as parents or older people and at a time when the child was assumed to be sleeping. Some reported that this aroused in them an early curiosity to experiment.

Demands, Expectations and Fears

In the Zambian contexts described in this report, notwithstanding the pursuit of sexual satisfaction or, in many cases what was described as “release”, most boys’ and young men’s anxiety to ensure that they can reproduce and their fear of infertility are palpable. H.L. Moore, speaking of

gender in East and Southern Africa notes: “It is the fact of reproduction, and its often precarious nature, that accounts for the focus both on gender and fertility in the cosmologies, rituals and quotidian practices of many societies in the region” (1999:19).

There are a number of ways in which the boys and young men in this study demonstrated how they felt they had to live up to certain demands and expectations of being a man.

First there was the requirement to be physically strong. This was partly demonstrated through the performance of tasks considered to be the preserve of males, tasks such as, especially in the rural areas, farming and cutting firewood. It further entailed the avoidance of tasks thought to be strictly for girls – especially washing plates and clothes and sweeping. In households where there were few or no girls or where the girls were absent, some boys were prepared to undertake this task, as long as the girls did not observe them. The fragility of their male identity was repeatedly demonstrated by such phrases as “Girls will laugh at us!”

Most boys and young men spoke of the need for physical fitness which they aimed to achieve through lifting weights, doing physical exercises such as frog jumps, star jumps, press-ups and playing football. They spoke of the need to appear strong as also necessary for marriage as the following comment from the boys’ discussion group at Ingwe demonstrates:

“Here if you are a man and you have no physical power then you are nothing! To be strong is very important. If I am not strong people will not let me marry their daughters. And then people will laugh at you.”

The notion of physical strength was often tied to the idea that the boy should achieve independence from parents at the earliest possible stage. Indeed the absence of this independence, for the “fortunate few”, the result of extended years of education, and for all more and more exacting in a period of economic decline led to clearly expressed feelings of frustration. For some it was the frustration about the inability to continue their education, for others it was the frustration caused by their inability to find waged employment and hence to make the first moves to adult independence. For this reason, many young men identified themselves as boys or not-yet-men, as this extract from the Mtendere group discussion demonstrates:

Tony: "How do you think of yourselves? Young men? Men?"

R1. "No, no we are boys. If we were men, then it wouldn't happen that we are still being cared for by our parents. At least we could be residing alone. But look at us – we are still residing with our parents and we depend on them. So obviously, they think of us as boys too. In fact most of us are still at school. You won't find men schooling at secondary school."

Tony: "So when will you become men?"

R2. "As for me, when I marry."

R3. "Yes, when I marry. That's when you get away from dependency."
Others joined in simultaneously: "When you are alone." "Just when you marry." "When you are alone. That's when you are fighting for yourself."

For all boys and young men a concomitant of being married was having children, both as proof of their virility and, for some, as an insurance of care in old age.

The shadow of death lay over much of the desire to achieve early independence, a desire, I suggest, that has been exacerbated because of the lived experience of many young Zambians who have witnessed the deaths from AIDS-related conditions of so many family members, neighbours and friends. In an interview a young man put it like this: "Here in Zambia, we are living in a coffin." David, a thirteen-year-old a miner's son on the Copperbelt, longed to go away to boarding school:

"I would just like to experience life without my parents 'cos here in the world we live in there's life and there's even death. So if my parents die and they keep me like a baby – doing everything for me – now if both of them died and maybe I was taken to my father's sister – well, it cannot be easy for me to cope with the situation. If you go to a boarding school – there you have to look after yourself."

There was also the requirement not to express feelings of distress or pain. With only one or two exceptions boys reported experiencing regular beatings from their parents –mainly from a father, an uncle or older brother. The boys, and young men who had received similar correction when they were younger, expressed no resentment of such beatings. Indeed they claimed that parents who didn't beat their children to correct them when

they did something wrong obviously did not care about them. They felt they should not cry or show distress during beatings, either at home or at school – especially in situations where girls might see them.

Another demonstration of their supposed superior strength was said to lie in the fact that while girls could not be trusted with secrets, boys and young men knew when to keep quiet, evident in the Ingwe boys' discussion group:

R1: “And if you sleep with a girl, if you have a small penis or a very big one, ah, she will tell all her friends, ‘That one has a big penis! That one has a small penis!’ – because they don't keep secrets.”

R2: “It's true. They like playing together. For instance, when they go to the stream, they start discussing boys, but for us boys, well, we play together, but none of us is going to reveal his secrets. Boys just keep things to their hearts.”

The use of local medicines to ensure potency and to enhance sexual performance

In the area of sexual activity boys and young men expressed considerable anxiety about the need to prove their manhood. The majority of the adolescents considered the teenage years to be a period of testing and “proving” that they could make the grade. Anxiety to test and prove one's manhood appeared greater at Ingwe in both the younger and the older groups. For all boys and young men much anxiety surrounded issues around the size of the penis, the amount of sperm produced, the quality of the sperm, the force of the ejaculation and the number of times a boy or young man could ejaculate in one session. I was repeatedly told that in order to prove your manhood the girl had to feel your power in the act of sexual intercourse. In order to prepare for this trial of manhood and to test oneself the boys were given a variety of “medicines”. It is important to note that while the boys agreed that it would be a serious lack of respect to speak to parents about these issues, grandparents and older members of the extended family, and males described as cousins or people with whom a boy had a joking relationship with, and other older friends were the ones

most identified as the purveyors of various medicines.

The taking and testing of this medicine (*muti*) was likened to the initiation given to girls at puberty; it was part and parcel of becoming “real” men. All of the boys and young men aged 14 and above said they were currently using or had used at least some of the local medicines available. The various medicines were said to enlarge the size of the penis and the testicles and to increase the amount and quality of “sperm” (i.e. semen) and the force of the ejaculation. Boys reported all-boy sessions especially bathing after work or football or while swimming when they compared themselves with their friends and age-mates. Masturbation, normally said to be not a good practice, was engaged in in order to check the production and the quality of sperm. This was usually done by putting the sperm in water. If the sperm sank it passed the test; if it floated on the surface more medicine was required.

The point of proving one’s strength in this way - I was repeatedly told – was at least three-fold: one, to find out whether you could produce children; two, to ensure that when you had sex you would feel satisfied; three, and apparently equally important where a girlfriend as opposed to a “prostitute” was concerned, to make sure that you could satisfy a woman. This was said to be especially important because all girls were also said to take medicine that increased their desire to have sex.

While some medicine was considered more effective than others, boys and young men were generally convinced of their efficacy. The translations of the names of some of the medicines are “Double Sword”, “Mending the Broken Drum”, “Don’t See My Thighs!” They explained: “We take the medicine when we are 14 or 15 then we experiment on girls. And even in yourself you feel it – that desire to have sex all the time.” The girls were often said to be aged around 14 or 15, though many boys reported being initiated into sex by considerably older girls and women, sometimes in a group.

Boys and young men commented on the power of these medicines in the following manner:

“They work! Too much! *Luswati* makes the penis big. It’s important to have a big penis because if you don’t have a big penis the girls won’t feel it and they won’t feel satisfied with sex. Girls also use medicines. We don’t know what they are – they keep them secret but you have to have a big penis to satisfy them.”

“It’s very important to satisfy a girl. If you fail to satisfy the girl it’s something very shameful because the girl is going to spread the news – that guy – he’s not a real man. He cannot satisfy a woman!”

“It’s important to have a lot of sperm in order to have many children. You can tell how much sperm you produce by the number of times you can have sex in one night. It should be at least three and above – four or five. The medicine is so that you can have sex many times without getting tired.”

There was, however, a degree of ambivalence about local medicine. While boys and young men recognised the need to take such measures to increase their sexual potency, they also attributed infidelity and the spread of HIV/AIDS to these medicines. This can be seen, for example, in the Ingwe young men’s discussion group:

R1. “No, no, older people here – they are not faithful. The married men here have other women.”

R2. “Yes, we can see.”

Others (in chorus): “It’s true! It’s true!”

R3. “Yes, especially for those who drink beer. When they drink beer they add medicine - *mubamba ngoma* (literally “mending the broken drum”) and then their penises become erect, so they have to find somebody.”

R1. “Yes, it’s those medicines which are forcing them to have sex with different women. If they stopped taking medicines, the sex would be less, but they don’t stop because they are used to them. If they stopped taking that medicine, their penises will not be strong enough and even their wives will not be satisfied with the sex with their husbands and they will go and look for other men.”

The younger rural boys and many boys and young men interviewed in urban areas expressed a similar ambivalence regarding the medicines, at once saying that they were necessary but at the same time emphasising their negative “side effects”.

The belief that in order to make a girl pregnant you need to have sex at least three times in one session common among boys and young men in the 1970s and 1980s remains prevalent among some of the boys and youth

today. There is also the idea that young people are not potent enough to produce babies. Here is one young Bemba who discovered, to his surprise, that he had fathered a child at fifteen:

“I was in Grade Seven at primary school. The girl was not schooling – I think she stopped school in Grade Three, but her brother was a friend of mine. Most of the time I used to play at his home. In fact, he is the one who even made the mistake – “Oh – this is your wife!” And telling his sister, “Oh – this is your husband!” - telling the girl such things. I knew her for about six months. There was a time – that lady, she didn’t have a blanket – so most nights she would come to my hut. So we would have sex most nights.”

Tony: “Weren’t you afraid that she might get pregnant or something? Or were you taking some precautions?”

“ No, we were not taking precautions. Ah – at that time – pregnancy – no. At that age I did not think I could make someone pregnant. Pregnancy was not on my mind. At that time, I thought that people who made people pregnant were big people – not boys of my age, no! And again, looking at the girl it didn’t come into my mind that when a lady gets matured, then she can become pregnant. No! I didn’t expect that. It never came into my mind!”

When the girl’s family brought a case he decided to deny paternity because it would be the end of his education and he saw no way that he could support the baby. The woman did not marry, apparently in the hope that he would later marry her. She subsequently died and the young man finally brought his son to live with him and his wife.

The notion of feeling satisfied and the achievement of ejaculating in a short space of time – another indicator for these young men of the achievement of manhood – led them to prefer girls who were tight and dry. With very few exceptions, the young men stated a great preference for this kind of sex and claimed that the girls also preferred sex that way. One young man in an interview at Ingwe explained, “Girls who are tight and dry we enjoy very much. The boys enjoy. The men enjoy. The girls also enjoy.” In response to my question whether the girls and young women said that having sex like this hurt them, he replied, “No, no they also enjoy it like that. It doesn’t hurt them. Some of them tell you – ‘It feels nice.’” It was however occasionally acknowledged that a girl or a woman might be hurt in

this way, though whether this mattered or not depended on how the girl or woman was perceived and on the context of the sexual encounter. If the woman was a “prostitute”, whether she was hurt or not did not matter. One nineteen-year-old young man in Mtendere explained:

“The fact is you get what you want; you don’t love her, but you want to be satisfied. If she is a prostitute and I’ve paid money, well I will be happy that at least I have hurt her. Even if you’ve hurt her, she is a prostitute, a bitch. After all, you’ve paid her.”

(Cf. Scalway, 1998)

Without exception the boys and young men reported that they had to be the ones to make the first move. However more than one of them commented that girls might “make the first move” – not by talking but by their actions. They explained that using appropriate “sweet talk” was essential. Again this was proposed as a quality of true manhood – having the language and not being shy (like girls) to employ it.

Tied to this, in both age groups, was the idea that boys and young men’s greater economic power relative to that of the girls gave them the advantage when “proposing a girl”. It was striking that from an early age, the boys learnt that they had economic power. In Ingwe boys explained how part of the approach – in addition to the “sweet words” was the offer of some reward. The most usual offered, they explained, was money. The amounts they reported paying varied from two thousand kwacha to a little as two hundred kwacha (from around 50 cents (\$US) to around 5 cents. Apart from money, in the younger group regular “gifts” included bought items of food such as sweets and biscuits. The boys and young men also spoke of buying underwear (“something very precious like some panties”) for their regular girlfriends. All exhibited an awareness that some girls’ and young women’s greater relative poverty made them willing to have sex to obtain money for food, to pay school fees and for “luxuries” like soap, shampoo or Vaseline. (See CARE 1997 and UNICEF 1997 for similar observations.)

In their ideas around their superiority in strength and knowledge, I noted that boys and young men exhibited a considerable degree of contradiction and ambiguity. It is also worth noting the majority of boys and young men reported that their sexual debut was with a girl both older and more experienced in sexual matters which, in some ways, would appear to be a moment when “male superiority” was at least temporarily suspended. I collected many such accounts like the following from a young man in Mtendere of first experiences in which the girl was older and “organised”

for the boy by older friends or cousins:

“The first time was when I was about 8. I wanted to find out about sex. So my friends organised a girl for me. She was older than me. So they told us, Now, take off your clothes and start doing that thing... But at that time I was too young to feel anything. I hadn’t reached that age. But as time went on I went to secondary school. Now when I was in Grade 9, many of my friends were in Grade 12. One day they organised girls. They liked going drinking beer, playing around with girls. So even me, well, you know, when you are in a group, you can’t just leave your friends doing such things. It’s like they will look at you as if you are not good or you are not feeling good about what the group is doing. Just to please my friends, I must do what they are doing. So, they organised a girl for me. So with that girl, we talked, we talked, but I was failing to say ‘I want that thing’. But the girl was very experienced. She had had sex many times before. She was the one who started touching me. She kissed me. She took off my clothes. I didn’t have a condom or anything. But you know – these experienced girls... Well, that’s how we came to sleep [have sex]. I was around twelve years of age and I felt something. So I thought, ‘So that is how they feel!’ Then I always had that interest. Whenever I saw a girl, I had that appetite.

Blaming girls and the absence of trust

Boys and young men often blamed girls and young women for “tempting” them into engaging in sexual intercourse, saying that this was as a consequence of the way in which girls and young women dressed and behaved. In this way they also blamed them for the spread of HIV/AIDS among people in Zambia. (See also the prominence of this theme in Obbo’s analysis of children’s essays in Uganda, reported in Barnett and Blaikie, 1992.)

David, the thirteen-year-old miner’s son had this to say:

“If we talk about AIDS, I think it’s the girls to blame, the girls and the women. It’s the girls who tempt the men into doing something that was wrong. Girls are the ones – even the way they dress, like dressing in a short skirt; and the way they behave. If a person isn’t, I don’t know, isn’t – well

I don't know how I can describe that person, but what I mean is that if that person can get easily carried away, it's very easy for him to be tempted and to do something."

This notion of boys and men being unable to resist girls and women was regularly stated by boys and young men, as it was by men, and at least some women, in older age groups. Ingwe boys were all in agreement on this score:

R1: "For us boys, it's very difficult. If a boy goes to sit where a girl has just been sitting – well, you are already carried!"

Others, in chorus: "It's true!"

R2: "As for the girls, well, they can sit anywhere. They can sit nearby and they don't feel anything. But for us boys – ah, it's very difficult."

Tony: "What's difficult?"

R2: "It's difficult to control our feelings."

Girls and young women were known to use medicine, either in the beads that they wore around their waists, or in the medicines that they drank or applied to their bodies, that also made their bodies warm. Older men regularly blamed women for arousing their sexual desire by the way they dressed.

One of the most striking findings in my work with all age groups in Zambia is the self-reported lack of trust between boys and girls, men and women, husbands and wives. My day-to-day lived experience in Zambian households revealed this to be a common theme, in spite of the considerable genuine affection that boys and girls, men and women, husbands and wives clearly have for one another. Boys and young men were almost unanimous in saying they did not trust their girlfriends. (See CARE 1997 for similar findings among adolescents in peri-urban Lusaka compounds.)

In all interviews and discussions, I asked respondents to name all those they trusted. I was often asked to explain precisely what I meant by this term. I defined trust first in the general terms of a relationship in which a person would confide to another person their most intimate secrets and who would feel the person could be depended upon in all circumstances. For those

sexually active, I added a second definition of trust as their confidence that their partner was faithful to them. Among boys the person almost unanimously cited was their mother. Fathers were rarely mentioned. While several young men also cited their mothers, among them as among men of their parents' generation, the overwhelming response was: "I trust no-one". David in Kalulushi was an exception. He told me that he trusted all his immediate family:

"I am close to all the members of my family. I trust my family – my parents, my brothers, my sister, more than anybody else. If I had a big problem, I would call a meeting and explain my problem to them so that they could give me some advice."

To know or not know one's HIV status?

Among respondents opinion was divided as to whether it was good to ascertain one's HIV status by having a test. The majority was against knowing. Reasons given included the idea that knowledge of a positive result would cause the person to lose hope and "die sooner". Several suggested that a positive result would cause them to contemplate suicide, like this thirteen-year-old at Ingwe:

"I wouldn't feel o.k. Maybe when Father [the priest] is passing with his vehicle, I can just jump in front of it and die."

Among a number of young men, as among their fathers' generation, many of those who had had a considerable number of sexual partners assumed the worst and preferred living in "ignorance" to having their worst fears confirmed. Among the Mtendere residents opinion was divided. Two of the young men interviewed had had a test, but others were wary, as this group discussion extract demonstrates:

R1. "As for me, I think it is better not to know, because if I remember how I was playing [having sex] some time back... You know, I went out with so many girls, so I can't just let myself know."

R2. "No, it's better to know. If I knew I would change my attitude towards life. If I knew I had been caught in it, then I would help my friends not to

succumb to these temptations.”

R3. “It’s better not to know, as R1 has said. I have played [had sex] with so many girls. I think the time for me to know will come.”

Condoms condemned

In all my discussions with boys and young men, either individually or in groups, I found a considerable degree of distrust of condoms (see also UNICEF, 1997 and CARE 1997). Some of this was explained in terms of experiences when a condom had burst during intercourse. There was also a reluctance to trust some of the condoms brought to Zambia as, many assumed, that they had been dumped there because they were past their sell-by date. Some reported a preference for condoms bought at a pharmacy or shop in preference to those obtained at clinics as the former came with clear written instructions. Among those sexually active, while the self-reported use of condoms varied considerably, only one young man reported their consistent use from the time of sexual debut. Boys and young men, with only one or two exceptions, expressed distrust of girls who carried condoms – either male condoms or the less readily available female condoms. The boys and young men, seemingly unaware of the double standard they employed, said that such girls and young women were “prostitutes”, or at the very least, people who were engaging in a number of sexual relationships at the same time.

Availability of condoms varied in different sites. At Ingwe mission clinic, in line with official Catholic teaching, condoms were not available for anyone. There were no shops that might have sold them. Condoms were, however, distributed to married adults by a government-funded Development Committee. In urban areas, boys and young men reported a number of sources of supplies.

The reasons given for the inconsistency of use were several and indicated general confusion and contradiction. These were some of the reactions from boys at Ingwe. In response to my question, “Is it always a good idea to use a condom whenever someone has sex?” Peter, a thirteen-year old Bemba who had spent his early childhood on the Copperbelt but now lived near Ingwe remarked in a group discussion:

“Well, it’s a good idea, but this condom, it may have a small hole. Sometimes they are made like that and sometimes men make holes in them.”

Tony: “Why do you say this?”

“At my place, at one time, my mother used to brew beer. So I would be in the house, studying. Now, when these people come to drink beer, they start discussing these things.

Now, I was not concentrating on these studies. Instead I was listening to what they were saying. You see, some women fear condoms because some men, what they do is they cut off the end of the condom, the tip of the condom. They make a hole because, they say, to spoil the sperm is bad. It’s very bad. It’s the person’s blood.”

Paul (a fourteen-year-old Lozi): “Well, for us, well some people say there is not much pleasure, but, for us boys, what is important is that the sperm comes out; the sperm is released so we ease that pressure.”

When I asked the Ingwe boys, three of whom were altar-boys what the Catholic priest preached about condoms, none of them were able to tell me, although Peter commented “He speaks about them. I remember one time or another, he speaks about them but I cannot remember what he was saying.” In fact, the priest was vehemently opposed to anyone using condoms and brought his opinion into quite a number of sermons where I, and the altar boys, were present. (I did not have the impression that the boys were being deliberately evasive, rather that the priest’s preaching had genuinely passed over them.)

David, the thirteen-year-old Catholic miner’s son on the Copperbelt said he was not sexually active and planned to abstain from sex until marriage, at which point he planned for himself and his wife-to-be to have an HIV test. He too distrusted condoms because of the number of AIDS cases:

“Even if they advise people to use condoms, I don’t think it is safe. I think even the people who died from AIDS used condoms, but if they used condoms, then why didn’t these condoms protect them? Why is it that so many people are dying from AIDS if the condoms are protective?”

Tony: “Do you think they were always using condoms or only sometimes?”

“Well, I should think no one wants to die, to say ‘I’ll do this. If I die, it’s o.k.’ No! If they buy condoms they will make sure they will use them. So they buy condoms and they think if they use them, they will protect them, but they don’t.”

The young men in the Ingwe discussion group, all of whom described themselves as sexually active gave no indication that they were using condoms consistently; nor, according to them, were their peers in the area. All said that they were confident about the girls they had sex with. “We know them. We know how they move!” They gave a number of reasons for preferring to “go in live”, “flesh-to-flesh”:

R1. “When you are using a condom, you are not really having sex – you are not meeting, because of that plastic [rubber].”

There was general agreement that using a condom would mean reducing the pleasure. They also expressed the anxiety – reported to me by a number of older men also – that their sexual performance would be impeded and their manhood questioned. Wearing a condom would entail taking longer to ejaculate and this would also reduce the possible number of further “rounds” of sex in the same session as the young men reported that they would get tired too easily.

The young men in Mtendere reported a more frequent, if still rather inconsistent use of condoms, even though they said that condoms were readily available at the small shops (*kantemba*) scattered throughout the compound. They said they usually had sex in uncompleted buildings or by the side of the road or in wasteland in the compound at night. They also said they had friends who would rent them a room for a few hours. Simon, a twenty-year-old Cewa, reported having had in excess of sixty sexual partners. He put his sexual debut at the age of fourteen. In his first holiday from boarding school while in Grade Eight, he became involved with a girl who was seventeen:

“When I was having sex, that first time, at the end of it I felt bad, I didn’t know what had happened, but then I thought I must do it again, So the next day we did it again. But I felt sad again. So when I went back to boarding school, I asked my friends: ‘You know, I had sex with this girl, but I felt bad, I didn’t feel good. I mean while I was having sex, I didn’t feel good.’ Then the boys told me that when sperms are coming out and it’s your first

time, you feel bad. So I started to have sex in the school and then, well, it was like COMESA Free Market! I kept changing girls all the time. I had at least sixty girls.”

Tony: “Aren’t you exaggerating a little?”

Simon: “No, no! I am telling you the truth. And that continued until I stopped school.”

Tony: “And were you using condoms?”

Simon: “No, not in the first year or two. No, I wasn’t using condoms.”

Tony: “Were you not afraid of making a girl pregnant or getting AIDS or another disease?”

Simon: “At that time I was young. I thought we were just playing. I didn’t know that I could make someone pregnant. But later I started using a condom because I was afraid of getting one of these venereal diseases. Now I always use a condom, unless I know the girl and we continue for some time. Then, no, I don’t use a condom.”

In all age groups boys and young men reported that one of the difficulties in suggesting the use of the condom was that some girls read this as a sign that they – the girls – were not to be trusted, usually implying that they were already infected with the HIV virus. Several boys and young men commented: “They think you think there is something wrong with them,” though a number of them said the girl was later persuaded. Gabriel, a twenty-year-old Bemba at Ingwe commented: “Most of us young people here at the mission don’t use condoms, mostly because of the girls. They don’t want to use them. The boy may decide but the girl refuses. But if you want to use it, then you just use it. Sometimes, you just force her, either with a condom or without. But most girls don’t like condoms. They think you are saying they are sick.

Tony: “Don’t they think about protecting themselves?”

Gabriel: “No, they don’t think about protecting themselves. They just think you suspect them.”

Tony: “But don’t they suspect you?”

Gabriel: “Yes, some may suspect some boy, but if a girl suspects a boy, then she won’t accept – with or without a condom. She’ll say, ‘Ah! You want me, but you have been moving with so many girls! Why are you coming to me? I don’t want to die early!’”

Subsequent discussions with a small number of girls in each site, and with local youth workers, confirmed that this was not an uncommon attitude. One seventeen-year-old girl commented to me, “If they know [think] I am already infected, then why are they coming to me?”

A common response to the condom question which poses a real challenge to the effective promotion of proper and consistent condom use among the young was that condoms should only be used by adults within marriage as a means of spacing their children. It was suggested by more than one person that using condoms *outside* marriage was immoral. Here is a comment from one of the members of an anti-AIDS drama group at Ingwe who was sexually active and who had multiple partners at the time of our interview. Though unmarried, he told me a member of a local Development Committee, who distributed condoms free to married couples, had given him fifteen condoms. The condoms were a secret. He still had all fifteen and appeared to have no immediate plans to use them in his sexual encounters:

“Condoms are for those who are married. When you are not married and you have sex, well it’s like you are stealing. That’s why you can play [have sex] with many girls – just like you are stealing. But when you are married, you are supposed to respect yourself.”

Among the most common reasons for not using condoms consistently was that the longer a relationship lasted, the more awkward it seemed to use a condom – “After all we know one another” - a temporary suspension of the general distrust described earlier (see also Ahlberg, 1994). Other reasons for inconsistent use were “getting excited”, being too drunk, and “the girl was too sweet”.

Throughout all groups, beer was recognised as a major reason for not using a condom. However beer drinking did not seem to be perceived as a type of macho behaviour among boys and young men. Rather it was described as a form of relaxation and as a means of forgetting one's' problems. It was generally recognised that alcohol reduced inhibitions. Mtendere young men in group discussion illustrated some of these points:

R1. “As R2 has said, when you are drunk, you don’t really care whether you are going to die or you are going to live. If someone is crossing the road, he doesn’t care if there is a car coming. So, you see, it’s like beer can kill you. O.K. You may take condoms with you when you go drinking. You reach there. You drink, you drink, you look around, you see a girl. You say, ‘Ah, that girl – No! She can’t have AIDS. So you go there. You talk to her. If she says “Yes”, you pay. Then you go with her. You have sex. You get AIDS. You die.

Drink was generally said to increase sexual desire and the need for sexual satisfaction.

AIDS – a punishment from God

The whole area of their sexual activity is for many boys and young men a site of ambiguity, confusion and contradiction. All of those who participated in this study identified themselves as Christians. In many parts of Africa – and elsewhere – more attention needs to be given to the role of religions and churches both in knowledge about HIV/AIDS and in the promotion of strategies to avoid the risk of infection - as well as such beliefs in the activities of spirits and the efficacy of witchcraft (see, for example, Yamba 1997, Seidel 1993). In Zambia, boys and young men resorted to the Bible and God’s command to Adam and Eve in Genesis “Go forth and multiply” as a justification for their felt need to prove themselves as “men”, through sexual activity. However, hand-in-hand with this was their professed belief that sex before or outside marriage was a sin, the sin of fornication.

This was repeatedly explained to me in Zambia – not only by boys and young men, but also by parents, teachers, youth workers and by those working to promote safe sex practices. An anti-AIDS programme officer commented to me in interview:

“After all, most of us are Christians, and so apart from the risk of getting AIDS, we know that sex outside marriage is a sin and it is immoral.”

Among boys, whatever their particular religious affiliation, there was

overwhelming agreement that AIDS was a punishment from God because of people's failure to follow His commandments. This notion, together with a felt need to experiment sexually, and with a negative sense of themselves as Africans created a potent mix of ambivalence and confusion, illustrated by the Ingwe boys in discussion:

Tony: "Some people have said that AIDS is a punishment from God. What do you think?"

R1: "It's true. It's a punishment from God because even those who are married have also started going outside, leaving their wives and going for other women."

R2: "Yes, yes. Adultery and fornication are just too high – that is why God has sent AIDS to punish people."

Tony: "But do you think that people's behaviour here is any different from other countries – for instance my country?"

R1: "Well, with us Africans, it's just too much! Africans are having too many sexual relations. You see, you white people – in your countries – a man can have a wife and they love each other. So, there, the men can't go with other ladies. And maybe those who are not married, maybe they just limit themselves to having sex maybe once in every three months. But for us – well, even those who are married are going outside. They have more girlfriends outside."

Other discussants in chorus: "Yes, yes! It's true what he says."

Tony: "I still don't understand."

R3: "It's also because you people, you are the ones who make condoms and you don't have that system of breaking them. But here we break condoms and that's why we have so much AIDS."

R1: "And the other thing is we do use medicine. If you have a small penis, you ask people and they give you medicine so that you can have a big penis. Now, to prove you are a man, you have to test it. That's why there is so much AIDS."

R3: "It's a punishment from God. It's God who said, 'No, you Africans, you have to be dark like this, and dull like this.' He gave a lot of brains to

white people, but to us Africans He gave fewer brains.

Others, in chorus: “It’s true.” “It’s true.”

The young men in the Ingwe group expressed very similar views:

All, in chorus: “Yes, yes. It’s a punishment from God.”

R1: “Yes, because in the Bible it says that there will be a disease that cannot be cured. People are dying from that disease from being thin.”

R2: “Yes, and these days men and women are prostitutes. God brought AIDS to punish and to test people – in order to know who is following his commandments and who is not.”

The young men in the Mtendere discussion group were more divided in their opinions. While two of the group considered AIDS punishment from God because of their sins of “fornication”, the others were not so convinced, though one of them said the Devil was the one responsible through tempting people: “You see, when you die from AIDS, the Devil rejoices.” The others agreed, however, that “fornication” might also be because of the activities of evil spirits.

Silence and Stigma

“Not in front of the children”

One of the consequences of the enduring stigma around HIV/AIDS, in a context in which a certain distance is maintained between generations, is the manner in which children orphaned in the pandemic are told little or nothing about what is happening. This does not, of course, mean that they do not see and know, or, at least, do not come to learn the circumstances in which they lose their parents. Paul, a twenty-year-old university student, told me of his distress and bewilderment at losing both his parents, as a young child, within the space of two years and of the continuing silence of his family as to the cause of their deaths:

“I lost my parents early. I didn’t understand. I was seven when I lost my dad and nine when I lost my mum. I didn’t know what was happening. They never told us what really transpired. It’s a Zambian thing that parents

don't tell children very much – or perhaps it is an African thing. My dad had gone out [abroad] for studies. He came back sick with tuberculosis. The next thing I knew he died. I actually saw him die... It was by chance. I don't think they really wanted us to know. They were taking him to hospital. They were passing my room. I just happened to come out into the corridor. He died right there in the house...

I couldn't understand what was happening. It was only when I was at secondary school that I finally discovered that they had both died of AIDS. Going through some of their things I stumbled across some medical documents. It was very hard for me. Up to today none of them [the family] has ever told me what happened. I don't know why they haven't told me. I could understand if they were trying to protect me, but in the current situation that we are in now, well, I don't think they are protecting me at all! Some of these things are supposed to be said. I don't think my brother knows. I haven't been living with him since my mother died. It's high time we talked about these things openly.”

Paul commented that, he was “lucky” to have a supportive group of close friends, because, as he said, “I could have reacted in any number of ways when I found out. I could have done anything because of my discoveries. I think I was angry that no-one told me.”

Process Drama

There is an urgent need to find new ways of confronting the many issues that the HIV/AIDS pandemic raises, especially around questions of gender, of prevention and care. I have had the opportunity (in Jamaica) to be able to see at first hand how process drama can be a powerful tool. Process drama, often called drama in education, ‘living through’ drama or ‘experiential drama’ is the sort of work, which is created not for a watching audience but for the benefit of the participants themselves. They are the ones who, together with the teacher or facilitator, make meaning *for themselves*. Process drama is always concerned with people and their lives and because drama is a social, interactive arts process, it creates experiences, which enable the development of cognitive, emotional, social and creative understanding and skills. It is drama that can be created by the very young and the very old and it is based upon the principle that learning takes place most effectively when it is contextualised. The dramatic context provides an appropriate lens through which the participants can

examine relevant themes. (See Howell and Heap (2001), *passim*) It is, in Dorothy Heathcote's (1995) phrase, 'education for self-direction'.

Practitioners of process drama find their inspiration in the work of Bruner (1966), Heathcote (1995) and Goffman (1974). In his work on education, Bruner insists that in order to usefully know, we need to feel. In his *Towards a Theory of Instruction* Bruner argues that a learner needs to participate actively in the learning process and that a child's feelings, fantasies and values need to be incorporated into lessons so that knowledge becomes personalised and, one might say, the learner takes possession or ownership of that knowledge. By its very nature, the drama process makes that possible in the manner in which it affords the opportunity for first-hand interactive learning experience. Howell and Heap comment: "In creating a world within a drama and inviting children to invest directly and actively something of themselves in it, the teacher creates the opportunity for understanding to be perceived which is directly transferable to the real world." (2001:2)

This is a whole-group drama process, essentially improvised in nature, in which attitude is of greater concern than character and whose aims include social learning and personal development. Howell and Heap explain: "[The] participants in process drama will not normally be involved with learning and presenting lines in a *pre-written* dramatic text – a play but will be 'writing' their own play as the narrative and tensions of their drama unfold in time and space through action, reaction and interaction. It focuses on developing a dramatic response to situations and materials *from a range of perspectives* [my emphasis]. In other words, participants in process drama *take on roles that are required for the enquiry, investigation or exploration of the subject matter of the drama* [my emphasis]. The task of the teacher is to find ways in which to connect the pupils with the content and enable them to develop responses to it through active engagement and reflection." (2001:7) "The fundamental activity in any theatre genre is taking a role – that is imagining that you are someone else in a fictional context and exploring a situation through that person's eyes." (Ibid. 37) The role may be a group role embracing all the pupils and the facilitator's main task may be identifying that role and thus helping to focus the entire group on the issues and tasks of the drama. Within the group, there always lies enormous scope for individual difference. Children are familiar with taking on adult roles in their dramatic play. As noted above, to know children is to discover how knowing they are. They are extremely perceptive from a very young age and early in life recognise that the power

to control and change the *status quo* often lies firmly in the hands of adults. Howell and Heap comment: "Having recognised this, they assume adult roles in their dramatic play in order to understand and empower themselves... One of the corner stones of process drama is a recognition that learners who gain a sense of ownership about their learning by having the opportunity to help shape its direction, have a greater commitment to it and gain more from it as a result." (Ibid:46)

Howell and Heap employ the notion of 'frame', adapted and applied by Dorothy Heathcote from the sociologist Erving Goffman, to describe the element that gives tension to drama. Goffman employed the notion of 'frame' to describe the *viewpoint* individuals will have about their circumstances and which helps them to *make sense of* an event or situation and to assess its likely impact upon themselves as individuals. In process drama terms, 'frame' situates the participants in relation to the unfolding action and gives them a sense of *investment*. Frame provides the means by which competing protagonistic and antagonist forces, that is those characters or agencies in the drama that are in conflict about the central dilemma, are introduced. The facilitator's local knowledge will assist her in selecting an appropriate frame. I have seen process drama used effectively to explore issues of gender and aspects of prevention and care in the time of AIDS with young people at school in Jamaica and with trainee nurses at the Mona Campus, University of the West Indies. The following is an extended example taken from Howell and Heap (2001) to demonstrate how the drama proceeds:

The Condom Machine

"The teacher introduced the session by explaining to the pupils that she was going to use a Teacher-in-Role approach. They agreed that when the teacher moved from behind the desk she would emerge in role. She had not indicated what her role would be but she carried in her hand a letter and almost immediately began to negotiate her fictional role: that of principal or head teacher. This fact was laid in through what she said to the pupils and, of course, she also had to make sure that they clearly understood who they were in the drama, too...Good morning, student council members!' she said. 'Is this the full number of people on the student council? Nobody missing?' So, immediately the pupils knew who they were in the drama; no longer themselves as pupils, but members of the student council. The

teacher continued by apologising for the short notice of the meeting, commended everyone for attending before revealing her own role in the drama. 'As principal of this school, I have always tried...'. So now they knew who she was and, of course, the letter was important in the drama because it, purportedly, contained an expression of concern from the student council about the rate of teenage pregnancy in the school and a request for the installation of a condom vending machine in the senior school toilets. When asked whether anyone knew about this letter, it was hardly surprising that no one among the pupils responded. However, when pressed further, one or two entered into the drama by acknowledging their part in sending the letter and began openly to voice their concern. Very quickly more of the pupils became more willing to enter the action more fully and began to consider the pros and cons of the condom vending machine as a solution to the problem. At all times the contribution of the 'principal' was slow, measured, considered, authoritative (not authoritarian) as various opinions were aired. After a very lively discussion, the teacher signalled that she was coming out of her role as principal and informed the class that the drama would now move on. Re-entering her role in the drama as principal, she then refocused the roles of the pupils so that they quickly understood that they were now parents at a PTA meeting. When the contents of the letter from the student council were revealed to the pupils in role as parents, it was like a bombshell. Many of them expressed vehement opposition to the proposed vending machine. The final result was that, after a long period of deliberation, the pupils, in role as parents, embarked upon the introduction of a mentoring programme and the development of a timetable of structured extra-curricular activities, as well as additional intervention strategies for needy students of the fictitious school." (Bowell and Heap 2001: 50-51)

Recommendations

In countries such as Zambia there has been a considerable investment in information campaigns designed to promote safer sex practices in the time of HIV/AIDS. This report disturbingly demonstrates what has become generally recognised, that the achievement of behaviour change is a slow and complex matter.

- The self-reported perceptions, attitudes and sexual activity described here indicate a continuing sense of ambivalence and

confusion among many boys and young men. More needs to be done to challenge prevailing ideologies of masculinity that endanger boys and young men and their sexual partners, the spoken and unspoken lessons of what it is to be a man that children receive in their early years. These ideologies inform notions of adult manhood, of sexuality and gender. The meaning of sexual encounters, the use of local medicines and attitudes to condoms are inextricably bound up with such ideologies.

- More ethnographic accounts of the contexts in which children learn gender, sex and sexuality are urgently needed.
- It has been noted that matters of “health” and “education” have too often been strictly divided into separate domains. In the major recent UNAIDS study “Sex and Youth” 1999, the authors lament the fact that the formal education sector, intellectually and professionally, has mostly been ignored in the narrow definition of health that exists in most countries and in many international responses to date and recommend: “A marked upgrading of effort in HIV/AIDS prevention and sexual health promotion among young people is also needed. This means introducing, developing and upgrading sex education programmes in educational institutions. This requires distinctively educational expertise...”
- Among such expertise I would place process drama, which can be used both in educational institutions and in a wide variety of contexts beyond the classroom and with all age groups – children, parents and grandparents. This drama can help to create an enabling environment where participants can become partners in the search for solutions. In some respects, this is similar to the type of “experiential or process training” which Schoepf *et al* (1991, 1993, Schoepf 1993,) adapted and employed to help in the development of “a critical consciousness” among women in Zaire (now Democratic Republic of Congo) at a community level.
- Process drama is designed to engage affectively and intellectually the participants. It can challenge a fatalism, which is at times linked, to negative self-images. It is one way of involving and sensitizing boys, young men and others in the fight for the rights of all, both infected and affected. This is especially important in a context in which homosexual boys and young men are silenced

because of the prevailing condemnation of sexual practices publicly deemed by many to be both “unmanly” and “inhuman”.

- More attention needs to be given to rural areas. There has been a disproportionate amount of attention given to those in easily accessible urban areas.
- More attention needs to be given to those boys and young men who manage their lives without respect to prevailing gender norms where sexual activity is concerned either by abstinence, fidelity to one partner and the practice of safe sex to explore what lessons can be learnt.
- There is a continuing need to dialogue with, and to lobby, church leaders in order to reduce the confusion of many young people about the causes of HIV transmission and the methods of safer sex and to challenge such notions as AIDS is a punishment from God.
- Given the enormous amount of interest, time and effort that boys give to football, safer sex messages featuring footballing icons (like the current UNAIDS poster featuring Ronaldo) should be distributed more widely.

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