

# Missing the Message

## HIV/AIDS Interventions and

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*Cet article examine le travail fait dans les écoles de l'Afrique du Sud ces cinq dernières années pour juguler la progression du VIH /sida . Les auteures déclarent que ce ne fut pas un succès parce qu'on a utilisé un langage neutre et une argumentation insensible à la sexualisation du problème.*

In the last decade AIDS has become identified as the major factor threatening South African democracy and its people. Only in the last five years however, has the impact of the epidemic on education been appreciated and interventions to prevent the spread of HIV initiated. In this article we examine the discourses of AIDS interventions in schools. We show how these discourses ignore gender and then examine how school learners make sense of the messages. We argue that the learners "hear" the messages in gender-distinctive ways and that the interventions "miss" their target.

### HIV/AIDS in South Africa

South Africa is one of the countries most affected by AIDS in the world. The rates of new infections are amongst the highest in the world. An estimated 4.2 million people are HIV positive, and children are infected at the rate of 50,000 a year (McGreal). This represents nearly one quarter of the population (22.4 per cent using 1999 estimates) who are infected, although the numbers affected as partners, children, family members, friends, community members, political representatives, workmates, or employers are much larger (AIDS Foundation; Whiteside and Sunter). Women are estimated to

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comprise approximately 56 per cent of those infected, with the single largest group of women comprising those aged 15-34 (Whiteside and Sunter). In Kwazulu Natal province it was estimated that on account of projected deaths associated with HIV/AIDS, by 2015, the population would be six million less than previously forecast (Kwazulu Natal).

We do not know what the rates of HIV infection are in schools. Data taken from a 2000 national Metropolitan Life study estimates that amongst 15-19 years olds, 15.64 per cent of African females are likely to be HIV positive compared to 2.58 per cent of African males. This is explained by the fact that males tend to have sex with females the same age or younger whereas females tend to have sex with older males who, particularly in the age category above 30, have high levels of infection. The raced nature of the pandemic can be seen in equivalent figures for white (1.25 per cent and 0.26 per cent) and

Indian (1.29 per cent and 0.26 per cent) females and males respectively.<sup>1</sup>

### Education and Intervention Programs

In 1997, the government introduced the Life Skills and HIV/AIDS Education Program as a major intervention in response to the pandemic in schools. The Department of Education set up a central group of life-skills trainers throughout the country who developed a core curriculum for teacher training and for classroom use. The impact of the life-skills initiative was limited partly because of its very prescriptive approach to dealing with HIV (Crewe) and partly because of insufficient attention to the program by the majority of school principals (Snyder). But a fatal flaw was its gender-blindness. No attention was paid to the gendered nature of the messages or consideration given as to how learners would receive the messages.

In 2000, the new Minister of Education, Kader Asmal, prioritised HIV/AIDS. Some of the interventions advocated by the Department of Education to address the epidemic are aimed at achieving gender equity in schools, promoting conflict resolution, developing self esteem, building a democratic school culture, and securing schools against violence (Harrison, Smit, and Myer; Mahlobo). There has recently been an acknowledgement that "quick fix" solutions are inadequate, and that embracing a more holistic approach is more appropriate. However, a key question is whether schools that failed to utilize the "simple" life-skills solu-

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tion are equipped to engage the more complex whole-school solutions. These require giving attention to a broad set of issues present in any one school, including gender equality, violence, and a lack of democracy.

Outside the formal education system, other interventions targeting the youth exist mostly from non-governmental organization (NGO) and community-based organization (CBO) sector, funded primarily by international and private sector agencies. Notable among these is the Canadian International Development Agency (CIDA), the Department for International Development (DFID) and OXFAM. In particular, through OXFAM Canada, CIDA funds the Shosholoza Soccer Club, a very successful peer-education project based in Pietermaritzburg. On a recent visit to South Africa, Canada's Minister for International Cooperation, Maria Minna, announced a \$300,000 contribution to this project. The project educates its players in HIV prevention and aims to change sexual behaviour by teaching respect for women and women's rights ([http://www.newswire.ca/releases/July\\_200/09/c2004.html](http://www.newswire.ca/releases/July_200/09/c2004.html)). Despite such efforts by government, NGOs, teachers, parents, and learners inside and outside schools, the rate of infection has continued to rise. All South Africans are currently affected by HIV/AIDS, but the ability of society to act effectively in response is severely constrained. One of the constraints is the absence of an appropriate language to describe the nature and reach of the epidemic.

In the writing on HIV/AIDS in South Africa and internationally the literature dealing with schools as impor-

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tant sites for education about HIV/AIDS and for transforming risk-taking behaviour is scant (Hubley; Casey and Thorn; Grunseit). The limitations of the idea that schools can simply be a site for the transmission of knowledge has begun to be realized. For example, Harrison *et al.* note that the cognitive-behavioural model which is based on the idea of rational actors using knowledge to make changes in behaviour is not always valid. Acknowledging the importance of gender equality, they conclude that those most at risk from infection (young women) need to be empowered by "the development of negotiation skills" and that young men's interventions should include "respect, care, self-esteem" (285). Whole-school based interventions rarely proceed from an understanding of schools as gendered institutions. The notion that violence might characterize the behaviour of teachers or young people is generally not countenanced. The emphasis is on

schools passing on information and building skills in negotiation and self esteem.

Although figures indicate the enormous gender disparities in rates of infection between boys and girls, no particular mention is made of gender politics in the strategies being developed by the Department of Education. The language of the policies and plans under discussion is either universal and ungendered, or else refers to "stakeholders," particularistic interest groups without social location.

All interventions aimed at school children in South Africa draw on a model of HIV/AIDS caused by unprotected (hetero) sex. The learners receiving this message are thus constructed as rational and self-controlling agents, who therefore will act in accordance with knowledge and advice they have been given. Nationally, most HIV/AIDS education programs operate with an ABC mantra—Abstain (from sexual intercourse), Be faithful (have one sexual partner only), and Condomize (don't have unprotected sex). However the learners receive these messages in much more complicated and ambiguous ways mediated by context, personal histories, and discourses of sexuality, masculinity and femininity.

## **Learners' Understandings of HIV/AIDS and Violence**

The fieldwork for this article was conducted in two black working-class township schools in Durban, the largest city in the KwaZulu Natal province in South Africa. Initial methods of data gathering included a survey of children in the school to

gather baseline data, interviews with principals and teachers, whole class discussions and small group discussions with single sex groups of learners in the senior school.

A survey of 450 students at these schools revealed that 92 per cent of the learners had had lessons on AIDS in the school system even though the Ministry of Education's Life-Skills Program had not yet been implemented.<sup>2</sup> Most of these lessons (38 per cent) were not given by class teachers but by "others" (probably NGOs). Health Officers were responsible for 27 per cent of classes, teachers for 21 per cent, and Department of Education officials for ten per cent.

In small group, single-sex sessions, the authors discussed issues of risk, gender violence, life opportunity, and understanding of AIDS with school learners. The researchers checked learner reception of HIV/AIDS interventions in the schools and specifically probed the impact on learner attitudes and behaviour. The interviews were recorded and then transcribed.

Most of the learners (88 per cent) in the schools knew about HIV/AIDS, with 70 per cent identifying unprotected sex as a cause. However, the generalized awareness of AIDS—a high level of knowledge—is not associated with more particular understandings that have to do with the body, oneself, and relationships with others.

On the one hand, the girls viewed their knowledge about HIV/AIDS as disabling, given their vulnerability to rape and other forms of violence linked to their sexuality. On the other hand, they refused normative aspirations to simply marry. They viewed themselves as agents able to achieve an education, pursue professional careers, and make a productive social contribution.

### Girls' Perception of HIV/AIDS

The girls' knowledge about HIV/AIDS seemed set in a powerful context

of their first-hand experience of rape and sexual assault. Indeed, amongst the 15 girls interviewed, at least three had been raped or sexually assaulted. All the others spoke of knowing at least one friend or relative who had been raped. A number of the girls spoke, too, of the stigma attached to having been raped and the fear of

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telling anyone, including their mothers. As one young woman declared, "...I think if I told my mom it [would] hurt me." A second concurred:

*Yah... I had a problem when I was doing grade two. After school the old man come to us with my friend, Philile and he take us to the... far away at school, at the bushes... Then he abuse us, he raped us.... "Don't tell anybody because I will kill you" [he said.] So I was afraid to tell my mom until now. (Thabi)*

It is possible, therefore, that due to this fear several may have been raped or sexually abused but chose not to disclose to the researchers.

The girls' fear of rape was often associated with the fear of contracting HIV. As one young woman commented, "I'm scared of being raped because if they rape you will get HIV." They were clearly aware of the trans-

mission of the virus through unprotected sex. One the one hand, they had been taught that they should insist on the use of condoms, or abstain and remain virgins. Another young woman added:

*I'm scared of AIDS. I'm scared of it because these days there are many people who get raped. No to sex! I am not ready for it. I am still a virgin. (Gugu, translated from Zulu)*

On the other hand, the girls also felt they lived under the constant threat of rape or coerced sex with a boyfriend (which they did not always define as rape). They felt that having a boyfriend involved the choice of having sex with him, or losing him. For some, this choice was one they accepted. However, not all of them did so and many were not prepared to readily submit to a boyfriend's sexual demands. In fact, as Dudu pointed out, she was "afraid of being in a relationship" precisely because she wished to avoid a "boy who says you must sleep with him to show him how much you love him...."

Girls feel pressure to have unprotected sex with their boyfriends, regardless of their knowledge about the use of condoms to reduce the risk of pregnancy, HIV, and other sexually transmitted diseases (Holland *et al.*). A demand to use a condom was regarded as a mark of distrust. Girls reported that not using condoms, and, indeed, becoming pregnant was seen as a way of expressing love and trust, albeit a dubious route towards a permanent relationship. As Gugu explained, "in order to keep the boy you have to get pregnant...." However, the girls also acknowledged that it is not only the boys who put pressure on girls to refrain from condom use. As the following excerpt illustrates, some girls also demand the same from their boyfriends—if you trust me, you won't use a condom.

*Other girls they say [to their*

boyfriends], "Oh! You want to use a condom. I don't want to use a condom. You don't trust me. I'm the only girls for you.... They don't want to use protection... (Zandi).

The underlying assumption for these girls seems to be that condom use is a sign of disloyalty or unfaithfulness.

The implication of girls demanding unprotected sex with their regular boyfriends is, of course, that they have agency within the heterosexual relationship. This agency was also expressed in descriptions of girls choosing to exchange sex for money or having sex with someone to achieve a certain status. One girl states:

*And my mother, she does not have any money. So I will think of something and that will make me to do something very bad, maybe I will sleep with someone to get money ... and it's very bad.... (Lungi)*

What this illustrates is that girls are neither simply victims nor rational recipients of a straightforward message. The gender messages of interventions positioned girls either as victims without agency or as gender-neutral, rational actors responding to choices presented to them. While the girls sometimes referred to experiences of domination (which locate them as victims without agency), they were more often articulate about their capacities and actions. This contradicted received messages of passivity and showed them also to be operating in gendered ways which were at odds with the rational, gender-neutral representations of intervention discourse. However their capacity to act is severely constrained by conditions that reinforce a powerful gender regime of inequality in the family and society. Thus one of the simplest messages in HIV/AIDS education—advocating condom use—is strongly countered by these girls' experiences and

understandings of love, sexuality, and violence.

### **Boys and the Power of HIV/AIDS Knowledge**

The response of boys in the class discussions varied a great deal. Some appropriated AIDS knowledge and used it as a basis for power and status in the school. Schools are saturated with AIDS messages and mastery thereof is a newly available arena for the construction of masculinity. AIDS knowledge discourse confers power in relation to those who do not have it. However, it is not a discourse that currently suggests behaviour change. In the interviews, some boys, particularly those who had been involved in AIDS education outside schools (e.g., in special courses) deployed their new-found knowledge to give them status in the school. Kenneth, a Grade ten student, about 17-years-old, dominated a 35-minute long discussion of AIDS (during October 2000). Not only did he answer, or attempt to put himself forward to answer, virtually every question asked, he also asked the big questions: for example: "Am I going to have a future? Because of AIDS, I may not be a father." In this way he presented himself as a speaker for his classmates though his responses seldom resonated with those offered by others. Kenneth had the "right" answers because he had been trained in four-day peer educator course held at the Durban Metro Health Department.

Other members of the class struggled to express their feelings in what they found to be a difficult and painful subject. Some ignored their vulnerability to the AIDS virus and continued to vest their masculinity not just in heterosexuality, but in hyper displays of sexuality (involving many girlfriends). Schools are sexualized environments. Despite the plethora of AIDS messages—most of which promote "abstinence" or some reduction in sexual activity as "the solution"—sexual flirtation and

flaunting are still publicly sanctioned ways of displaying masculinity. Having girlfriends and engaging in heterosexual sex are defining features of township masculinity. Unfortunately, they often coincide with misogynist attitudes, violence, and hostility towards ideas of gender equality, particularly in the realm of relationships (NPPHCN/UNICEF; Shefer and Ruiters; Wood and Jewkes 2001).

Boys take advantage of the stereotype of men as uncontrolled slaves of their sexual lust. They do not feel the need to apologize, therefore, for predatory sexual behaviour or its effects on girls. This discourse is best understood in the context of the self-reported activity of the learners. In a national survey of 2000 young people it was discovered that 23 per cent of the sample found that "having many sexual partners means I am cool/hip" and 81 per cent agreed that having sex was not the result of what other people thought but because "I enjoy it" ("Love Life" 17). The earlier the first sexual encounter occurs is an esteemed feature of male maturation. For example 86 respondents surveyed at our two schools indicated that their first sexual encounter took place at the age of twelve or younger. Seventy-two of these were male, 14 were female. Although we cannot make any inferences about the consensual nature of these acts, it seems plausible that as the boys were actively seeking to express their masculinity by having sex at least some of the girls may have been coerced. At the other end of the spectrum, 36 respondents indicated that they had sex three or more times a week—29 of these were males. Finally, of the 50 respondents who had three or more sexual partners "in the last month," 44 were male and six were female. In terms of these three key indicators: first sexual encounter, frequency of intercourse and number of partners, the males were clearly predominant.

It was not easy to get boys to acknowledge the centrality of sex in class or in focus group discussions. Nevertheless, some revealing discus-

sions took place in October 2000. When the subject of rape was raised, one of the boys commented:

*Other girls who are wearing a short skirt, like this, and they are too keen, and they check us, the way she walks, shaking herself, [and you say] "Ei, this girl is making me feel so nice" [laughter] and you imagine yourself over her rolling like a chicken in the oats [loud laughter] and you understand yourself and you say "I must get this girl" and having a sex with her and talk to her that you love her ... and if you are asking to have sex with her, and maybe she don't say yes to you, then you think I must rape this girl... [laughter]*

Later, during the same discussion, a member of the class responded to questions of relational fidelity by endorsing the centrality of sex and virility:

*Most of the boys have more than one girlfriend. ... if you have a girlfriend in bed and you do not have sex with her and you go out, leave her, she will tell that you are a stupid. But sex is the most fun you can have.*

A third type of response to AIDS messages suggests that important shifts are occurring, even if these are not the direct consequence of school AIDS interventions. While not abandoning heterosexuality, there was a move to give it emotional content and to abandon notions of unbridled entitlement to the female body. We encountered a high level of maturity and sensitivity among some of the boys. Many were already contributing to the family economy. Most of those interviewed preferred to have one girlfriend. Not all felt sex to be obligatory and some were diffident about taking relationships into the realm of full sexual intercourse. The informants were not boastful about their lives, rather they were deeply

concerned about their life prospects and valued intimacy from male and female friends alike. This is a far cry from the image of routine relational violence which much of the literature in this field reveals (Wood and Jewkes). The following excerpt illustrates:

*Rob: Siphwiwe, what's the best thing that happened to you in school this year?*

*Siphwiwe: The best thing that happened in school is that finally this year I met someone who can understand me in life.*

*Rob: Is that a girlfriend?*

*Siphwiwe: Yes.*

*Rob: Yes...*

*Siphwiwe: So it's quite good so ... because she is in my class.*

*Rob: Aha.*

*Siphwiwe: And we do some homeworks together and...*

*Rob: Is this the first serious girlfriend you've had?*

*Siphwiwe: Yes.*

*Rob: Somebody that you can talk to, you trust her, you share things with her?*

*Siphwiwe: Yes, yes.*

*Rob: And she shares things with you?*

*Siphwiwe: Yes.*

A particularly significant feature of the learner responses was a willingness to ignore peer prescription and to take responsibility for their own actions. This is in marked contrast with studies that have stressed the power of gangs to prescribe ways of being masculine. One of the boys commented:

*I go with my heart. What it tells me, and what I like. I don't just go as a friend. Seeing my friends are drinking alcohol I must drink it too. I don't do like that. Just tell my heart: I don't think I can do this and I don't do it. (Nkosinathi)*

These excerpts taken from small group discussions at one of the schools in October 2000 reflect surprising

levels of introspection and a refusal to submit to behaviours which are oppressive or dangerous. One should be careful not to romanticize these responses or the masculinities which are imbricated within them. These boys still believe that men make decisions in the house, that it is a man's responsibility to earn, that it is important not to be frightened in the face of danger. But there are important changes occurring which are easy to miss in a context where African youth are closely associated in the public mind with crime and anti-social behaviour (Hemson).

### Conclusion

The current understandings of HIV/AIDS that inform school interventions to the extent that they take account of gender identities, are generally blind to their complexity, context, or the diverse processes entailed in their construction. What emerges from our study is that girls and boys have different responses to knowledge about HIV/AIDS. However, neither girls nor boys exhibit fixed identities nor responses to this knowledge.

Generally, African working-class girls have less possibility of using their knowledge in emancipatory ways and developing gender identities which enlarge the scope for choice and transformation in their lives. This is because of their personal histories, of widespread sexual assault, and the patriarchal gender regimes they inhabit at home, at school, and in their communities. African working-class boys, on the other hand, while sometimes able to deploy their knowledge about HIV/AIDS to exhibit power, are generally positioned in a social world characterized by failure and hopelessness where they do not have control of their futures. It is in relationships with girls and other boys that they have rights and power, and this is often conveyed through violent and careless expressions of sexuality. Nonetheless this is by no means the case for all these boys.

Some boys articulate a sense of agency that is both self-reflective and optimistic with regard to friendships and intimate relationships with women.

In order to be successful, it is vital that school HIV/AIDS interventions take gender seriously. This means taking account the lived realities of boys and girls and moulding the interventions to speak to these realities. Only in this way, will the intended message of the interventions be "heard."

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