

## **18. Rebels at risk: young women and the shadow of AIDS in Africa**

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Everywhere AIDS poses new dilemmas for young people, circumscribing their life choices and impinging on the way in which they explore their sexual identities. For young women, whose sexuality is frequently characterised by less autonomy than that of males, the situation may be particularly acute (Holland *et al.* 1992b). Our research in Tanzania and Zambia<sup>2</sup>, has indicated the nature of some of these dilemmas for young people and the way in which they are responding, underlining in the process the ways in which young women, especially, can be seen as 'rebels at risk' in the epoch of AIDS.

### **Introduction**

AIDS casts a deep shadow of uncertainty and danger as young women face unenviable choices in a changing world. It is in this context that we shall explore the extent to which a peer culture of

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<sup>2</sup> The research, which was initiated in October 1994, was funded by the European Scientific Research Council and involved teams working in Tanzania and Zambia. Research was conducted at three sites in each of the two countries: Dar es Salaam, Lushoto and Mbeya in Tanzania, and Lusaka, Mansa and Mongu in Zambia. Sites were chosen so as to include differing cultural traditions, both rural and urban settings and areas with differing levels of HIV prevalence. Among other research activities small surveys (N=100) were carried out at each site to gain some initial understanding of the beliefs and practices of the local population in respect of HIV/AIDS and protection against the threat which it poses. Though quota samples were used to ensure coverage of the gender divisions, various age groups and socio-economic categories, no claims are made about complete representativeness and therefore findings must be seen as indicative rather than conclusive.

This paper presents findings drawing on illustrative material primarily from research diaries and group discussion in two sites, peri-urban Mansa in Zambia and rural Lushoto in Tanzania, but it also incorporates analysis of survey data covering all three sites in Tanzania and two of three in Zambia. It draws on insights generated at team level by all of the researchers engaged in the project.

adolescence is emerging and how it is gendered, the way in which familial relations are being tested and tried, the extent of communication between those of different generations regarding sexuality and protection, the way in which marriage is being rethought by some young women, and the potential for women to create futures in which they are autonomous of male support.

Norms describing sexual behaviour have undergone considerable change over recent years within many African countries, including Tanzania and Zambia, particularly in urban areas and among those who are more educated. While marriage may be occurring later,<sup>1</sup> sexual experimentation has often come early, sometimes leading to worrying levels of STD infection and teenage, extra-marital, pregnancies.<sup>2</sup> At the same time former mechanisms of instruction in sexual matters have in many cases broken down (Ntukula 1994). Among many groups it was and remains improper to speak of sexual

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<sup>1</sup> Data from the early nineties indicates that 21 percent of females aged 15-19 years in Zambia were married as compared with only 2 percent of males of the same age category (GRZ 1993). The median age of first marriage for women in their 20s at this time was 18, while that of women in their 30s and 40s was 17 (Gaisie *et al.* 1993). In Tanzania there is a trend towards later marriage for both sexes. In 1978 the mean age for marriage of men was 24.9 years while that for women was 19.1 (Cleland and Ferry 1995: 31). By 1989/90 a national survey conducted in conjunction with the WHO's study of sexual behaviour and AIDS found the mean age at marriage for males to be 25.2 while for females it was 20.6 (*ibid.*).

There is also a pattern across both Tanzania and Zambia of women with higher levels of education marrying later. In Zambia the median age at marriage of those with secondary school education was 19.9 in the early nineties as against 16.7 for women with no education (Gaisie *et al.* 1993). In the early seventies in Tanzania the median age of first marriage of women aged 20-24 with no education was 17.06 years as against 19.39 years for those with 9 to 13 years of schooling (Tumbo-Masabo and Liljestrom 1994: 24)

<sup>2</sup> In the early nineties, teenagers (aged 10-19) accounted for 22 percent of deliveries at Mubimbili Medical Centre in Tanzania (Chambua *et al.* 1994). In Zambia at this same time, about a third of all teenage women had either had a child or were pregnant with their first child, although there was a considerable urban/rural differential with a figure of 28.5 percent for urban residents and 40 percent for rural residents. The aggregate national figure for those aged 17 was 30 percent and of those aged 19, 66 percent (Gaisie *et al.* 1993). There is a more significant trend whereby fewer very young teenagers are currently giving birth. For the cohort aged 45-49 in 1992, 14 percent had had their first child when they were less than 15 years of age. For the cohort 15-19 the relevant figure was just 1.8 percent (*ibid.*)

It is difficult to know what proportion of teenage mothers were unmarried and undoubtedly the figure varies considerably across rural areas as well as between rural and urban settings. Of those teenage women giving birth at Mubimbili Medical Centre in Tanzania in the early nineties, however, 40 percent were unmarried (Chambua *et al.* 1994). Ntukula's (1994) research at several sites in Tanzania led her to conclude that premarital adolescent pregnancies were fairly common, many of the young girls whom she studied having given birth before marriage. Certainly in both countries there has been a strong perception (reflected in policies of expelling pregnant school girls and sometimes their male sexual partner as well) of teenage pregnancy prior to marriage constituting a social problem and a manifestation of the breakdown of former norms and practices.

matters in the presence of one's parents or for parents to teach their children about sex, particularly across gender lines. But as Tumbo-Masabo (1994) notes, whereas pre-colonial patterns of initiation were rule governed and characterised by an 'openness,' today there is more commonly a socialisation of 'silence'. Although this 'silence' is being challenged within the context of the AIDS epidemic and many parents recognise the need to fill the gap, they frequently find themselves, in practice, not always able to do so. Some sex education occurs in schools, but its limited nature means that young people are often left to learn about such matters from their peers.

Both young men and women are questioning traditional norms and seeking to define their own mode of experience. With horizons stretched by education, training and the influence of the media, they are often prompted to move beyond the confines of their parents' lives and experience. Their hopes are matched, but also driven and distorted, by economic necessity. Limited schooling, delayed marriage, a contraction of wage employment and a squeeze on peasant farming have rendered some young people a drain on family resources, and have placed young women in particularly problematic situations. Young people have often been forced to forge their own futures with only limited family support, and in the case of young women, sometimes *against* what remains of a moral consensus about appropriate female behaviour. Young women are seeking autonomy through independent migration to towns and through work on their own account. But such lives, often involving new relations, sexual experimentation and sexual exploitation, can put them and their futures at grave risk in the context of AIDS. Both young males and young females may take on the role of rebels (or have it thrust upon them). But in view of the very nature of the options available to and taken up by young women and the way in which gender dynamics discourage their assertiveness within sexual encounters, they are particularly at risk.

Thus the themes which characterise the prevailing situation — and which will be explored in this paper — relate to the way in which economic crisis in Africa leaves many young people to fend for themselves, with the breach between the generations (expressed in part in a socialisation of 'silence' as regards sexual matters), and greater personal freedom extending to sexual activity, leading to an increased danger of disease from unprotected sex. Our data, drawn from a comparative study of Tanzania and Zambia, underline the commonalities in regard to young people, and especially young women, whether they come from rural or urban areas, are educated or illiterate. We begin by considering the way in which problems associated with negotiating safer sex have been dealt with in the literature on AIDS and young people.

### **Empowerment and the negotiation of sexual encounters**

In Africa the young have been regarded as representing a 'window of opportunity' with respect to protection against HIV/AIDS (GRZ,

Strategic Plan 1994-98). As they enter adolescence almost all are free from infection. To the extent that they can retain this status, they and subsequent generations could, in theory, effectively avoid the trauma and social dislocation associated with HIV/AIDS. In practice so optimistic a projection is unrealistic, not least because it is customary for women to have older male partners. And indeed the reported rates of infection show that women begin to be infected at ages some five to ten years younger than men.<sup>1</sup> Even so, the promotion of safer sex and other preventive strategies among the young remains crucial for reducing rates of HIV prevalence.

While young women may be well aware of the dangers presented by HIV/AIDS, the way in which their own sexuality is defined and socially ordered undermines their ability to ensure protection. Based on their study of sexual behaviour of young British women, Holland *et al.* (1992a) conclude that their empowerment is crucial to their successful negotiation of safer sex (or more specifically, for ensuring their protection against HIV). For them such empowerment has two dimensions: the development of a positive conception of female sexuality and the ability to put this conception into practice. They caution, moreover, that realisation of the first does not necessarily entail enactment of the second. As they explain:

“The relationship between the intellectual and the experiential is never static, but develops and changes over time, as young women try to bring expectations and control of sexual situations more closely together. While empowerment always depends on gaining men’s consent to women’s definitions of the terms of sexual encounters, effective strategies for safer sex do not seem possible without some congruence between the intellectual and the experiential levels of empowerment” (*ibid*: Holland *et al.* 1992a: 148).

As they report, it is frequently the ‘complicated issues of trust and commitment’ (*ibid*) which undermine a young woman’s ability (and in some cases a young man’s) to ensure that empowerment at the intellectual level translates into practice. The complication is sometimes manifested in differences between young men’s and women’s expectations of the relationships they enter into. If young women not only equate a sexual relationship with love, but also with a presumption of permanency through eventual marriage in a manner not necessarily shared by their partner, then they may unwisely acquiesce to sexual relations and forego protective measures.

As our research shows, a different sort of complication may relate to the economic benefits which some women perceive to accompany sexual relations. These benefits are usually expected to follow from a

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<sup>1</sup> This is manifested most forcefully in recent statistics from Tanzania. In the age groups 5-14 AIDS cases are negligible amongst both males and females, but in the age group 15-19 female cases are already more than three times the level of males. The peak for female cases is in the age group 25-29 whilst for men the highest proportion of cases is in the 30-34 age group. As the Tanzanian National AIDS Programme (1996: 14) reports: “the AIDS epidemic is continuing to affect women at an earlier age than males. The Programme is aware of this gloomy situation and continues to encourage all efforts to curb the problem among youth and especially the women”.

permanent union, but can also apply to short-term relationships entered into either casually or as a means of survival. As Komba-Malekela and Liljestrom (1994) note for Tanzania, this can lead to a mismatch of understandings or expectations between males and females. Thus if "men hurt young women by harassing them for sexual intercourse without mentioning marriage", it may also happen that "young women hurt men by their desire to obtain money and gifts instead of appreciating the man himself" (*ibid*: 142).

Our research confirms that strategies for ensuring protection through refraining from unsafe sex or abstaining from sexual relations altogether are complicated in a more fundamental sense by the very manner by which sexual experience and intimate relations are often so closely bound up with the development of an adolescent's self-understanding and sexual identity. This may be true for young males where the demonstration of sexual potency is seen as crucial to maturity, but it may equally figure in the development of young women's sense of identity and self-worth. However, to the extent that the construction of sexual identity involves others as partners (and, moreover, where the separate construction of male and female identities may be at cross purposes with one another), strategies of protection cannot be put into practice if based solely on the intellectual empowerment of individuals, and particularly not if hinging on the intellectual empowerment of the female individual alone, whose position within sexual encounters is so frequently subordinate.<sup>1</sup>

Holland *et al.* argue that while safer sex requires 'male consent', it also entails a challenge "to the ideas, identities, expectations and practices of men" (1992a: 160). To be effective, such a challenge to dominant views of masculinity cannot rest solely on individual negotiation, but must be a "collective project which shifts the balance of power between women and men throughout society" (*ibid*: 145, 158). This is the point from which our own work began (Baylies and Bujra 1995).

The specific way in which sexuality and sexual practices are constructed varies not just along gender lines but also across societies

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<sup>1</sup> As Holland *et al.* (1992a) argue, this subordination is effected not least by virtue of the way in which a male model of sexuality is taken as the norm, having as its complement a passive model of female sexuality. A fundamental assumption underlying this male model is that sexual intercourse necessarily involves, and indeed is centred around, penetration. The strong association between condom use and notions of safer sex is largely founded on this model, which, while helpful in providing some means of protection, also constrains choices about what might be seen as constituting sexual practice and sexual pleasure. In addition the promotion of condom use is also problematic in some cultures given its association with unnatural or immoral sexual encounters (Ulin 1992). Another aspect of what Holland *et al.* denote as the male model of sexuality is the assumption that an individual is free to engage in sexual relations without personal obligation. Their own concern is to encourage a positive female model of sexuality which goes beyond individual assertiveness but does not merely supplant male with female power. Such a model would presumably recognize both equity and mutuality of interest in ensuring pleasure without physical, psychological or social harm.

and indeed across groups within a given society. But the general principles outlined by Holland *et al.* (1992a; 1992b) have been affirmed by those writing within or about specific African contexts (Ankrah 1991; de Bruyn 1992; Longwe and Clarke 1990; Heise and Elias 1995; McFadden 1992; Seidel 1993; Ulin 1992). Ulin (1992), for example, refers to lack of power in decision making, especially in sexual relations, as being an important contributor to the vulnerability to HIV infection, not just of young women, but of women of all ages. Our own work confirms this view.

### **Challenging norms in the context of economic constraints**

While not overthrowing male models of sexuality or overturning gender roles which dictate women's primary association with the domestic sphere and reproduction, young women are reflecting upon and challenging these social constructs. Our research uncovered several forms of rebellion among young women, including their demanding an equivalent education to that of their male peers, meeting with the opposite sex, engaging in sexual experimentation and deferring marriage. In some cases young women were living away from their parents, migrating to towns, setting up alternative forms of income-generation to those putting them under parental control, creating alliance with other girls and women for support and seeking forms of sustenance independent of both their parents and of men. Not all can be classed as rebels, but there is evidence of attempts by some to push back boundaries around accepted behaviour and accepted economic roles. In many cases these developments are positive, but their value is contested and in some respects consequences might be regarded as harmful, increasing women's vulnerability and responsibilities without expanding their real access to resources, increasing their level of participation in decision making or allowing them to gain greater control over their conditions of existence.

To some extent young women's exercise of initiative and exploration of new avenues of economic self-sufficiency are borne of necessity and may signify less a bid for increased freedom of choice than the breakdown of existing systems of economic and social security. Persistent national indebtedness and economic crisis—reflected in declining or largely stagnant real per capita income for large sections of the population and deterioration and increased cost of basic social services—describe the context in which many young people find themselves. Because women in many societies have characteristically had limited access to land and faced obstacles to gaining the educational qualifications affording access to wage employment or salaried position, marriage has often figured as fundamental to their survival strategies. But marriage also accords with societal understanding about their 'natural' destinies. These points were articulated during the course of a discussion of office workers in Mansa, Zambia, as detailed in the following excerpt.

- Marriage is occurring later. Sometimes it is postponed because of education. People go to secondary school and then further, but they may have to wait two or three years before getting a job. Some are refraining from marriage altogether.

*Researcher:* Do you mean the women?

- No, the men. They cannot marry because they do not have the means to support a family [given the state of the economy]. Women are different. Women strive hard to find someone to marry.

*Researcher:* For economic reasons?

- Not only that [although one of the women present voiced some disagreement on the point]. If a woman doesn't get married people will look on her in a negative light (Group discussion, 12 April 1996).

The comments reflect prevailing gender ideologies as well as the severity of the impact of economic factors on behaviours and life styles. In practice women must often 'do more' than merely find a husband. They must fend for themselves. But whether by design or necessity, the attempts of young women to forge new paths in seeking economic security often result in their facing a range of dilemmas. By putting themselves outside parental protection they can become easier prey to men and other unscrupulous adults. To the degree that they lack knowledge or experience, their bids for sexual freedom can end up in pregnancy, abandonment or risk of infection, not least from HIV. Given that income-generating prospects for women are limited, they often find themselves in new relations of dependency.

In explaining how HIV is spreading, particular emphasis was placed by respondents to our questionnaire on the way that poverty specifically affected young women, so often forcing them to sell sexual favours to survive, whether as an adjunct to trade or as a business itself. But recognition of the dilemmas and economic constraints faced by young women does not mean that they escape moral opprobrium. One consequence of challenging norms is that they can be subject to blame for social and physical ills, not least for the spread of AIDS. Thus in Lushoto in Tanzania, any rationale that their daughters' behaviour was founded in poverty was drowned by voices speaking of young women's growing moral turpitude and accusations that they fled to urban areas to enjoy the money and freedom which a life based on prostitution was deemed to allow them, only to return home infected 'to count their days'.<sup>1</sup>

The general tendency for sexual relations to have an economic dimension, entailing a distributive mechanism from males to females has been remarked on by a number of writers. McGrath *et al.* (1993) note, for example, that 63 percent of their sample of women in Kampala cited economic reasons for seeking sexual partners outside of marriage or their primary union. Doyal's (1994) review of research

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<sup>1</sup> It is important not to give the impression that this is a novel phenomenon. AIDS travels on paths well-beaten by those moving between the village and urban areas. The trend began in colonial times, exacerbated by male labour migration and the alienation of land to more commercial farming; in the postcolonial period it borrows strength from the economic crisis in Africa (see e.g., Van Onselen 1976; Bujra 1982).

findings of Africa shows that increasing numbers of women are being pushed to sell sex to meet subsistence needs and that growing numbers of young schoolgirls are entering into relations with men in the explicit anticipation of money and 'gifts' to make good the shortfall in their maintenance requirements. This observation has resonance for our own research. Various accounts collected in the course of our work illustrate the way in which young girls are essentially being preyed upon by their elders (including family members) and pressed into sex work, often in consequence of financial insecurity

One story involved a young woman who was working in a shop in a small town in Tanzania. When asked whether she had a boyfriend, she conceded that she had a '*bwana*' with whom she had regular sex. She then recounted how she had been tricked into the relationship with him by her aunt, with whom she was staying. One night she had woken to find someone touching and fondling her. On realising that it was a strange man she cried out and jumped up, but he barred her way and put his hand over her mouth, forcing her back to the bed. Thereupon, she said, something painful had happened to her, something which she had never previously experienced. The next day she could neither walk nor eat, but just cried and cried. Her aunt's response was to laugh at her. Three more times she was similarly accosted by the man, until finally she resolved to tell her mother. But her aunt threatened to throw her out should she do and she was forced to confront both her sense of shame and the fact that she had nowhere else to go. She believed that her aunt was receiving money from the man for these rapes. She explained that she had been forced to 'fall in love' with the man, was now used to him, and was now having sex regularly, but always without condoms. Indeed she had never seen a condom. She said that she was aware of AIDS, but had left the matter to God, as she had no power to do other than what the man desired and her aunt dictated (Research diary of Julius Mwabuki, 9 August 1995).

Two further cases come from the fieldnotes of a researcher in Zambia. The first was an 18 year old girl whom he met at a funeral house. She recounted how a lack of funds had led to her difficulties two years earlier, precisely at the time that she was writing her primary examinations. For want of commodities such as soap and body lotion she had engaged in sex and become pregnant. She described her ensuing humiliation, the feeling that every eye was on her and the emotional distress associated with being repeatedly called to account for why she had become pregnant when still so young. The labour had been difficult, nearly claiming her life, and she had been strongly advised against becoming pregnant again for several years in order to give her body time to recover. In view of her experience and the information about HIV/AIDS imparted to her at the family planning clinic, she had resolved to refrain from sex altogether until she married (Research diary of Arnold Kunda, 8 February 1996).

The second was a girl of 15 who was involved in commercial sex. When asked whether she was aware of the prevalence of HIV/AIDS, she replied with some vehemence that she had no one to support her. 'If I

do not engage in this business', she countered, 'what shall I eat?' (Research diary of Arnold Kunda, 11 February 1996).

It is clear from the case of the young woman in Tanzania, that while women are often victims, they are not always innocent of contributing to the victimisation of other, younger women. A situation of economic hardship which pushes women into commercial sex may also undermine their integrity and sense of worth as well as their relations with other women. And of course this process also makes them vulnerable to HIV infection. While sexual relations involving financial dependence on partners do not always lead to AIDS, their prevalence both inside and outside of marriage underlines the limitations which women experience in negotiating safer sex on their own (Doyal 1994) and the necessity of a more general change in gender relations to ensure mutual protection.

### **Economic autonomy without sexual dependency?**

As well as documenting constraints, our research also indicated that some are now beginning to question the risk which sexual partnerships, including marriage, entail. As one woman argued (although her views were vociferously contested by both a man and another woman participating in the same discussion), 'if I had what I wanted, if I had enough money to have what I wanted, I would not marry' (Group discussion, Mansa 12 April 1996).

An attempt to put this view into practice is illustrated by the case of two single women, 'Augustina' and 'Jane' who shared a house and jointly ran a shop in a small town in Tanzania. Having met and become friends, they had elected to depend on one another and each was reluctant to exchange her level of autonomy, so hard won, for a long-term relationship with a man. One of them commented that there were many women these days who were unwilling to accept male domination in a marriage and preferred to remain unmarried and to rely on themselves. Men, they said, simply made you into a slave and could refuse permission for you to do things, citing in support of this conviction the case of a woman they knew whose husband had refused to allow her to accept a scholarship to go abroad to study. One of the two, the mother of a 7-year-old boy, was asked whether she would have another child. Her reply was straightforward and blunt: 'How can you think of having children these days with this AIDS problem?' (Research diary of Janet Bujra, 7 June 1995).

'Augustina' and 'Jane' would appear to represent a high level of intellectual empowerment, broadly translated into experiential empowerment. This has involved the apparent strategy, not of trying to alter men's power in the context of sexual relations, but essentially of sidestepping it by avoidance and through forging their own independent destinies in alliance with other women.

While some women may be choosing to forego marriage (if not the bearing of children), however, this is not an option which is always desired, let alone within young women's capability of grasping. The

example of 'Augustina' and 'Jane' is an important one because it illustrates the extent to which the heightened urgency created by the presence of AIDS has prompted women to reflect on their lives and their relationships and in some cases to choose an unconventional path. But the decision to turn their backs on marriage may be easier for those who have already experienced it, and to resist entering into relations with men easier for those who already have children. The feasibility of making such a choice may also be greater for those with higher levels of skill or education who are employable in scarce salaried positions or who have access to some resources which enable them to begin a viable enterprise.

Realisation of the importance of gaining skills or otherwise securing a degree of economic autonomy in order to reduce economic dependence on men seems increasingly to characterise young women, whether or not they are intending to forego marriage. In rural Lushoto a number of young girls coming together to initiate an income-generating enterprise insisted that 'we don't want to marry until we have become independent through learning some skills' (Minutes of meeting held 5 August 1996). They viewed married life with decidedly mixed feelings, seeing it as an onerous condition, with men giving little support to their wives. In seeking a positive way forward they drew up plans to buy cloth, sew it into clothes and sell them in the market. The limited prospects of success of this endeavour, however, given that the market for ready-made clothes has all but been destroyed by the import of second-hand clothes, underlines the way in which economic constraints, so frequently exacerbated by liberalisation and structural adjustment policies, restrict possibilities open to young women (and young men) and propel them toward more dangerous territory.

Indeed, the very attempt to gain skills or an education, and thereby some independence, can be fraught with danger, given attitudes which can both condemn young women who tread new paths and see them as fair game for satisfying male pleasure. This is illustrated by the case of 'Miriam' who told her story to a member of our research team working in Lushoto. Having come some distance to attend the local secondary school, she was staying in rented accommodation, but found herself periodically troubled by older men, who tempted her with 'money and luxurious things'. In the past one of these men had forced her to have sex on a number of occasions. He had left the area, but had now returned, and had tried to gain her consent to sex through boasting of his high level position in government. Persuasion having proved unsuccessful, he went to her room in the middle of the night in a drunken state and kicked down the door. On forcibly entering he proceeded to break utensils and other goods. The owner of the house chased him off but the incident left 'Miriam' distressed and depressed, wondering how, in her state of agitation, she could possibly attend school or have the peace of mind to concentrate on her studies (Research diary of Julius Mwabuki, 4 August 1995).

### **Competing pressures and continuing uncertainties**

While many young women are challenging the inevitability of gender destinies formerly adhered to in regard to education and work as well as to sexual experience and marriage, we wish to emphasise that the picture is a mixed one. Norms are undergoing change amidst pressures from many sides: parental pressure to abstain, peer pressure to experiment, the possibility that economic hardship might be alleviated through the exchange of sexual favours for cash or desired goods, penalties exacted by school authorities and family members should experimentation result in pregnancy, as well as penalties in the form of ill health and early death should experimentation result in HIV infection. The impact of competing pressures is further complicated by a model of sexual behaviour which places young females in a position of relative passivity and subordination and which ascribes to young males the requirement to assert their masculinity and claim a position of relative dominance. The result for young people is often a confused one, replete with mixed messages.

While there is widespread technical knowledge among young people about HIV/AIDS and the means of its transmission, there are also gaps in understanding. *Can* the virus be transmitted through mosquitoes? Is it possible to get HIV by using a toothbrush of someone who is infected? What if that person had sores on their mouth? (Focus group discussion, Mansa, 12 April 1996). There is considerable knowledge about condoms and increased use of them, particularly among young people. Indeed some of those involved in the distribution or sale of condoms calculate that young people are the most significant consumers of condoms. But familiarity jostles with embarrassment, in a way that may frustrate their use. This is illustrated by a conversation which a member of our research team had with two students at a technical college:

As I was having a cup of tea, I noticed a yellow plastic bag made by Maximum to advertise their condoms. I got curious and asked if they were being sold at the institution. 'John' first laughed before telling me that they were given out freely a month earlier. 'Christine' added that one time when there was a heavy rainfall she could see many condoms being washed away by the rain. She said she was embarrassed because the flow was passing past her door. She felt people would think it was her who had used them. I looked at 'John' and he just burst into laughter. He then said that they never use them (Research diary of Tashisho Chabala, 21 November 1995).

In many cases a strong strand of denial is evident among young people. A survey conducted among teenagers in the Northern Province of Zambia in 1994 found that a third believed they were not at risk from HIV (Maarugu 1995). Yet this was not because of abstinence, for the group, two thirds of whom were between 13 and 15, was characterised by a high level of sexual experience, applying to 81 percent of the urban component of the sample and 85 percent of

the rural component.<sup>1</sup> And that they were not immune from infection was evidenced by the fact at least 16 percent had suffered from STDs. Some used condoms, but seldom routinely, and as many as half of the urban group and fully 86 percent of the rural group had never used condoms at all, although it must be acknowledged that in some cases this was owing to their non availability.

### **The generation gulf**

The situation of teenage sexuality is one about which there is much ambivalence and, indeed, a degree of denial on the part of their parents' generation. In some respects a rigidity towards the young can be observed, manifest in a desire not to acknowledge that their children have girlfriends or boyfriends and strenuous adherence to the view that premarital sex and childbirth outside of marriage are against tradition, improper and immoral. But tradition, while not without its force among the young, is at odds with the behaviour of many. There was some feeling among participants in one session in Zambia, held in conjunction with our research, that the sexual experimentation among the young was partly *because* of their parents' generation's stubborn insistence on chastity. This message just encourages them, said one woman. 'Why? They want to know why?' What is so special about having girlfriends or boyfriends which makes it so wrong? (Group discussion, Mansa, 12 April 1996). Perhaps it is not so much that there is silence on the part of parents as an adamant affirmation that 'traditions' be upheld, coupled with a reluctance (or inhibition fostered in its own right by 'tradition') to speak explicitly about sexual matters with their children. This is not a matter of indifference. Parents fear deeply what may happen to their children and also worry about what others may think of them should their children go 'astray.' The strength of feeling engendered by the issue is apparent in the reaction of some parents (particularly fathers) to the admission of an unmarried daughter that she is pregnant. Puja and Kassimoto (1994) record cases of women being thrown out of their homes when such a pregnancy comes to light and Ntukula notes that many of the young unmarried mothers whom she encountered during her research in Tanzania lacked financial support either from their families or from the father of their child (1994).

But if the penalties exacted by parents are sometimes severe and a demonstration of their (formal) adherence to the morality of their forebears, there is frequently a reluctance to acknowledge that their very rigidity may be contributing to the confusion their children experience and inadvertently lending itself a curiosity which leads to experimentation. In the era of AIDS, the lack of a positive and

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<sup>1</sup> The question of whether early sexual experience is common in Africa is a contested one. See Ndeki *et al.* (1994) for some general and some Tanzania specific data suggesting it is. Carael reports other findings implying that the majority of unmarried people were not sexually active in either Tanzania or urban Zambia (1995: 80).

productive parental response to the changing economic and social context in which young people find themselves can be particularly worrying. If behaviour of young people is at odds with 'culture' and parents are in a state of partial paralysis and unable to communicate effectively with their children, then the dilemma faced by the young is all the more acute.

Many parents seem caught up in a web of feelings of despair, fatalism, and anguish, unable to accept or agree to their children engaging in premarital sex but equally unable to provide them with means of protection should they do so. Their dilemma is illustrated by an episode when people gathered to watch a televised game of soccer between Zambia and Algeria. At half-time an advertisement sponsored by the European Union on an HIV/AIDS condom awareness campaign came on the air. Two parents reacted negatively, arguing that this sort of message contributed to the rise of immorality among young people who should not be taught about condoms but should rather be encouraged to refrain from sex. The parents expressed embarrassment at being in the room with their daughters, sons, nephews and nieces when the advertisement was screened. One admitted that the depth of his unease led him to leave the room (Research diary of Arnold Kunda, 26 January 1996)<sup>1</sup>.

In many cases parents cite not just 'tradition' but their religious convictions in support of their views about teenage morality and seem to be banking on the church as a means of saving their children's physical health as well as their spiritual well-being. And indeed religious belief — whether Christian or Muslim— can act as a powerful support to young people who wish to refrain from premarital sex.<sup>2</sup> But for many, neither religion nor tradition can resolve the situation. As the executive director of a large AIDS NGO declared, when asked how she, as a Christian, could allow herself to be involved in programmes which advocated the use of condoms as an option to young people, 'it is necessary to respond to the situation as it is'. Whatever her own preferences and ideals, she considered it essential to recognise that not all young people feel able to refrain from premarital relations and in this context, in view of the AIDS threat, a preventive response was necessary ('Palaver Time', ZNBC, 18 October 1994).

It is indeed the case that the very severity of the AIDS crisis is opening up debate across and within the generations so that the lapses or silences are being challenged. But circumstances still remain problematic for the young. To a considerable extent they are caught up in a situation where former mechanisms of instruction or socialisation in respect of sexual behaviour have largely broken down or become less relevant to their lives and where an effective replacement has not materialised. The pace of change in respect of social behaviour and the constraints which inform it have not been

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<sup>1</sup> The discussion on this occasion came to an abrupt end when the second half of the game began.

<sup>2</sup> This is a point which has been clearly demonstrated in televised debates among young people and HIV/AIDS in Zambia in the programme 'Palaver Time'.

matched by changes in mechanisms of communication or of the imparting of the requisite knowledge to ensure that behaviour is neither individually or collectively harmful. Ntukulu (1994: 113, 116) makes this point in respect of her research findings on initiation ceremonies in Tanzania. Though she found such ceremonies still to be important for defining womanhood, she became 'increasingly conscious of the inadequacy of traditional institutions in today's society'. In failing to accommodate changing social needs associated with the delay between puberty and marriage, their effectiveness has become compromised. Moreover, in some cases they seemed to be disappearing altogether, with aunts and grandmothers seldom giving fertility instruction any longer to young adolescents. But it was also her judgement that 'so far no proper replacements have evolved'. Because it remained taboo for mothers to talk about sexuality with their daughters, the latter were left with no reliable person to help them.

Our own research confirms this breakdown of traditional mechanisms. Through baseline surveys of 100 individuals in six sites across Tanzania and Zambia, we collected information about changing patterns of sexual education as well as attitudes towards AIDS and means for its prevention. While necessarily not definitive, this data is illustrative of prevailing beliefs and practice. It suggests that there has been a considerable change in the way in which instruction in sexual matters is imparted to young people.

Of those providing information on the subject, in our survey in Mansa, Zambia, for example, over three fifths of respondents aged 46 years or more reported that traditional initiation ceremonies had been their key source of information on sexual matters, compared with only about 23 percent of younger respondents. In the urban setting represented by Lusaka, Zambia, the pattern was similar, with a declining proportion across the age groups having received sexual instruction through initiation ceremonies (i.e., about two fifths of those 46 or over, a third in the middle age group and only about a sixth of those under 21). Moreover, very few at any age identified initiation ceremonies as their key source of information. In contrast, friends of their own age were reported to be an important source of information, especially among the youngest group, applying in this age category to two-fifths of all those interviewed. In the Tanzanian surveys the importance of friends of one's age as the primary source of information on sexual matters for young people (15-20 years) was even more striking, applying to about 70 percent of those responding. At the same time, very few in Tanzania, of whatever age group, indicated that initiation ceremonies served as their most important source of information on sexual matters.

However, if initiation ceremonies figure relatively little in imparting sexual knowledge to the young, the role of older relatives in this regard has by no means disappeared altogether. In the case of Lusaka, relatives other than parents were the major source for between 40 and 50 percent of those in the middle and older groups, if only about a fifth of the youngest. In Tanzania, relatives other than parents were cited as a major source of information by about a fifth of all

respondents among the youngest and the oldest groups and about a quarter of all of those of the middle-age group. In the Lushoto sample, for example, over a third of male respondents said they learned about sexual matters from their grandfathers.

One important setting through which parents and their contemporaries offer explicit instruction in sexual matters is in gatherings or parties held prior to weddings. These are typically single sex occasions and perhaps most common among women. In Zambia the latter are known as kitchen parties. Ntukula (1994) refers in Tanzania to send-off ceremonies, held on the eve of a wedding. They are attended by female relatives and friends of the bride's mother who bring gifts, as well as their acquired wisdom. Through story telling, singing and dancing they instruct the bride 'how to handle her husband' (*ibid*), with explicit advice on sexual behaviour and means by which she might attend to her husband's sexual needs and desires.

An underlying assumption behind such ceremonies is a norm of pre-marital chastity. While applying in many cases, it surely does not in all, and it might well be that such instruction would be more valuable to many young women at a much earlier age. The content of instruction at the parties is also firmly oriented towards servicing the needs of one's husband. In this regard a model of sexuality involving female passivity and male assertiveness is not just implied but explicitly detailed. Women are taught their place, with the message being impressed upon them that decision making in sexual matters lies within the province of their husbands and not with them. It might be suggested that in the era of AIDS such messages contribute to the vulnerability of women and make protection more difficult. An exchange at a Mansa discussion group involving a man and two women illustrates this fundamental point which has been repeatedly confirmed throughout our research:

- |                     |  |
|---------------------|--|
| <i>Researcher</i>   | Can a woman decide that a condom should be used?   |
| <i>Man</i>          | It is fifty/fifty.   |
| <i>First woman</i>  | No, it's not.  |
| <i>Man</i>          | Women have the right.  |
| <i>First woman</i>  | Yes, but taking into consideration tradition, women have no say.   |
| <i>Second woman</i> | In marriage at times women have no say, but maybe if they are single they do.  |
| <i>First woman</i>  | But even if they are single they may have trouble in trying to ask for a condom to be used.  |
| <i>Man</i>          | We are talking about married people. If a couple confine themselves to each other then they cannot catch AIDS.   |
| <i>First woman</i>  | Sometimes a woman feels that she cannot advise a man to use a condom. If she tried to do so the man would not have confidence in her (Group discussion, Mansa, 12 April 1996). |

While the question of negotiating protection has at least become a permissible subject for discussion in some quarters, male authority to

shame and to coerce is still powerful. A middle-aged man in rural Lushoto argued that a woman who suggests using a condom 'is not a wife but a prostitute,' while a middle-aged woman said she could not ask for a condoms to be used because 'he (her husband) will hit me' (Lushoto Survey, 1995).

Mothers who attend kitchen and send-off parties may not be consciously conniving in the perpetuation of their daughters' sexual subordination. But if they fail to question and critically examine the messages they are conveying, they may miss the opportunity for what could otherwise be a powerful means of encouraging a more positive model of female sexuality, in the process helping to secure their daughters' safety in the context of AIDS.

Although there are silences between the generations, mixed messages and missed opportunities, we would not wish to overstate existing rigidities in communication nor paint too negative a picture. For there is also evidence of increasing awareness by parents and elders of the need to respond to changing times and changing threats to the health and life of young people. Ntukula (1994) gives the example of a traditional herbalist in Tanzania, who, having become convinced of the need to continue and improve initiation for girls, has set up clubs to accommodate this end. While acknowledging and giving instruction in specific customs and traditions, the membership of these clubs typically crosses ethnic lines. They teach girls good manners but also self-reliance and self development, with a view towards their being enabled to look after their own economic needs. They also provide instruction in reproductive health and means of contraception and include material on both the care of AIDS patients and means of protection.

Tumbo-Masabo (1994) notes, moreover, an increasing tendency for mothers to be a primary source of daughters' information about menstruation in Dar es Salaam and Ujiji, marking an important change from the past when sexual matters were discussed by alternate generations but restricted between adjacent generations. She regards this development as evidence of a response to changing social conditions.

Our research has revealed an increasing awareness among parents of the need to provide information on sexual matters to their children, a growing willingness to do so and indeed a heightened conviction that it is specifically their responsibility to ensure that their children are armed with the knowledge they need to protect themselves. Data from our surveys suggest that a majority of those in both the middle (21-45 years) and older (46 years and above) age groups list parents among those who should be responsible for teaching young people about AIDS. As one male respondent in Lushoto said, 'these days a father must speak about these things to his sons; their mother will explain to her daughters'. Another commented that 'you must tell them. These days if you are embarrassed you could lose them. But Mama will tell the daughters'. A third maintained that both parents should teach daughters: 'it's not a thing to be hidden', he said (Lushoto interviews, 1995).

Even more striking is that over 55 percent of those in the age range 21-45 years across our surveys in both Tanzania and Zambia felt that young people should be taught about condoms. The proportion concurring with this view in the older group was lower, at less than 30 percent for the Tanzania samples, but almost two thirds for that in Lusaka. As one man in the Lushoto sample said, 'it's not difficult, even parents can explain'. The response of another reflected the ambivalence, but also the sense of resignation, which some parents feel: 'Maybe, or they will be trapped' (Lushoto interviews, 1995). There was considerably less enthusiasm about children being given condoms. Responses here also reflected considerable ambivalence: 'others maybe can give them; I can't' and 'you would feel ashamed' (Lushoto interviews, 1995).

But there is also evidence of some frustration on the part of parents, with the feeling that 'children will not listen.' This was the view of several women in a focus group discussion held in Mansa in Zambia. One commented that the young persisted in the belief that 'AIDS was just among elderly people' or that someone who was healthy looking could not have contracted HIV. But they were adamant that it was the responsibility of parents to alert their children to the risks of unprotected sex. 'Despite the child not paying heed', said one, 'parents should just insist on teaching their children'. The group was divided about the wisdom of or their ability to give condoms to their children themselves. One said she could not talk about a condom with a girl, but two others disagreed, one saying that 'a girl can give a boy a condom'. But they reiterated their difficulties in talking to their children, whom, they said, simply would not listen (Women's focus group, Mansa, 9 April 1996). In this sense the generation gap incorporates rigidities on both sides.

### **Schools and health education**

Some parents, partly because of their own discomfort in speaking about sexual matters with their children, were approving of the notion that the schools should at least share in the exercise of imparting information. Indeed in the Tanzanian samples taken as a whole, as well as the Lusaka sample, a considerably higher proportion of those in the middle and older age ranges mentioned schools in answer to the question of who should teach their children about AIDS than mentioned parents.

There is of course debate among young people, as well as among their elders, about the efficacy and desirability of either source. In the course of one focus group among young men in Mansa, for example, there ensued a spirited debate as to whether the responsibility for sex education rested primarily with parents, should be shared with parents and schools, or was best placed in the schools (Focus group of young males, Mansa, 12 April 1996). Yet what is perhaps most important to note is the readily stated desire of young people to have both more formal and informally imparted information about sexual matters, and

particularly AIDS and other STDs, and the striking contrast which this presents with the prevailing situation in which so many young people in our samples said that they had had to rely on friends for such information. When three young men, the oldest of whom was nineteen, were asked how they had learned about sexual matters in an interview held in Mansa (Interview, Mansa, 30 November 1995), their reply was that they had not received instruction from anyone, meaning from any authoritative source. They were clearly aggrieved about this and began to discuss it among themselves, whereupon an older sister, who had been standing on a porch above the group reminded them that they had had some lessons in school. Yes, they recalled, there had been one lesson on Christian marriage in their religious education course and another entitled 'let's talk about sex', apparently in science and concerned with human reproduction.

Schools may well have a potentially important role to play in campaigns of AIDS prevention. But instruction at this level can be restricted by prevailing political or religious ideology, or by limitations in the level of knowledge and openness of their teachers. In some instances, as seems to have been the case for these three young males, instruction can be so minimal or so effectively buried within other subjects, that it makes little impression. And where taught at all, the approach tends to be scientific, with such issues as the psychology of developing sexuality, or of peer and economic pressures, given little if any consideration. Teaching about sex in gender-mixed classes can also be inhibiting. In a focus group with teachers in Lushoto, a female teacher said that when the subject of AIDS was raised in class the boys were laughing and jeering and the girls were extremely embarrassed and 'even their ears were closed with the shame' (Focus Group with teachers, Lushoto, 11 August 1995).

When the three young men in Mansa were asked what they would themselves do when they had children of their own, the response was firm and without hesitation. 'If I had a son', said one, 'it would be my role to educate sons on the way they should have a relationship with the opposite sex and the way they should protect themselves from this disease. It would be the same for daughters. The first role should be taken by parents followed by being taught at school' (Interview, Mansa, 30 November 1995). But while many young people feel that their parents *should* teach them and many parents agree in principle, in practice this does not often occur and teenagers are being left to their own devices to learn about sexual matters and the dangers presented by STDs and, particularly, HIV.

### **Young people relying on each other; gender complications**

There is evidence that a degree of collective 'self' reliance is occurring among young people in their response to AIDS. In some respects this is a positive development, permitting young people to speak about the dangers they face in a language which they understand, to build upon their mutual experience and develop ways of

coping which are appropriate for their time and their circumstances. But there may be problems here as well. The threat of AIDS may encapsulate them and pull them into their own generational *milieu* while at the same time it creates an even greater need for support from adult members of society and material assistance. Moreover, while the tendency toward generational closure offers significant virtues of mutual care, assistance and solidarity, it may obscure persisting gender divisions, which complicate the possibilities for protection of young women.

It must be acknowledged that young people *are* receiving important support from members of their parents' generation under the auspices of churches, NGOs or donor agencies. A case in point is the Anti-AIDS Clubs in Zambia, set up in schools as a forum for discussion on sex and morality amongst young people. Albeit in some cases with limited longevity and with mixed success, over seventeen hundred such clubs had been registered across the nation by the mid-90s. Another example is WAMATA Youth in Tanzania, with which a number of members of our research team are closely connected. The aim here is to bring together young people affected by AIDS in any way — whether as HIV positive, as members of a family in which someone has died or is suffering from AIDS or simply as supporters. A more specific example from one of the research sites is the Muchinka Teen Centre in Mansa, partially supported by the UNDP. Although its short history has been chequered with spurts of activity interspersed with episodes of fading enthusiasm and falling membership, it has served as an important means of bringing many youth together and has permitted them to seek out ways to talk to each other about the problem of AIDS and its significance in their lives.

Such groups offer a venue in which issues of knowledge, and of the conflicting pressures on young people can be discussed. Yet they do not always confront gender conflicts, and indeed can sometimes give expression to a predatory model of male sexuality which threatens their female peers, placing them in a position of relative passivity and subordination. The way in which this ascribes to young males the requirement to assert their masculinity and claim a position of relative dominance can be seen from the following account of a WAMATA group meeting:

“Some boys in the group were ‘religious’. They said young people practising sex before marriage is a big sin. While hearing that, another lot of boys laughed and said that they are out of date. ‘How can a young man stay without sex?’ they asked. ‘Are such people normal or abnormal?’ Then another boy who was very active in the discussion started telling others how he felt about using condoms. He explained that the first time he tried to use condoms his penis could not get up and it was so embarrassing. From that day he said that he will never use a condom because it disgraced him in front of a girl” (Mokake, 1996: 5).

The result for young women is often a confused one, replete with mixed messages.

Moreover, the tendency toward generational closure, reflected not just in the relative silence or ineffective communication with their parents, but also in the conflict of interests across generations implicit in trajectories of infection, can breed a false solidarity which further reinforces norms of female subordination. Young men in some focus groups expressed particular resentment of 'sugar daddies' — inevitably older and more well-heeled males — whom they perceived to be 'stealing,' corrupting and infecting their female age mates, thus threatening their own health and longevity (Focus groups of young males, Mansa, 12 April 1996 and 13 April 1996). While recognising a clear conflict of interest along generational lines, which encouraged them to defend their female age mates (in the interests of their own survival), however, they often articulated this in respect of the assumption that it should be they who control the bodies of those age mates. Thus, the solidarity within the younger generation is only partial and fundamentally compromised by a perpetuation of norms which largely subordinate the sexual act to men's interests and pleasure and which validate female passivity.

Young men and young women may face a common threat from HIV/AIDS, with mutual protection requiring some degree of collective co-operation and trust. But at the same time they often face each other with contradictory agendas and may confront very different sorts of pressures. There is some evidence that this is changing and, most significantly, it is increasingly featuring as an issue of explicit debate. But while in practice there may often be sympathy for their age mates, there is also suspicion and fear, mixed with entrenched ideas about who should control or be dominant in sexual relations.

## **Conclusion**

AIDS has led to rethinking among young men and women. It may threaten their employment and career prospects, their plans for life and even the expectation of generation continuity. The gravity of the situation underlines the need for increased communication between parents and young people about the dangers and about means of protection, but in the process it has exposed intergenerational silences and tensions. There is evidence that parents are becoming aware of the need to rectify this situation, but in the meantime young people have moved on their own to seek out means for confronting the problems they face in what is an increasingly hostile health and economic environment. Economic difficulties have forced many young people to seek their own means of survival, in the process putting some, especially young women, at even greater risk. The problem they encounter is founded not just on limited parental support and restricted economic opportunities, but also on prevailing gender relations which can all too often place them in vulnerable positions. Gender is thus a factor which must be recognised as fundamental to issues posed by AIDS, not least in the way in which it undermines generational solidarity. In reflecting on their situation, some are effectively side-

stepping 'normal' relations, in some cases by deciding to postpone sexual experience or even forego marriage. But all are necessarily caught up in the need to reconsider means by which mutual protection among both men and women might be achieved. In this, as in other ways, AIDS brings formidable challenges, encouraging the rebellion of young people, but perhaps also necessitating a broader consensus on changes of relations between the generations and across gender lines which preserve and protect, rather than divide.

What is most striking in all the data we have collected, are the common dilemmas faced by young women facing adulthood in the shadow of AIDS. Whether from rural or urban settings, whether educated to secondary level and beyond, or limited to a few years of primary school, whether from backgrounds of relative affluence or of considerable poverty, young women are looking for more autonomy in ways which challenge normative and very unequal gender relations as well as the power of their elders. The dilemma is that their modes of rebellion may put them at even greater risk of infection.

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Carolyn BAYLIES, Janet BUJRA *et al.*, *Rebels at risk: young women and the shadow of AIDS in Africa*

*Summary* — In Africa AIDS is predominantly transmitted through heterosexual relations, thus posing a threat to all sexually active adults. On no category does it press so hard as young people, and particularly young women, whose sexuality is frequently characterized by less autonomy than that of males. Drawing on field work from Tanzania and Zambia, the article explores the dimensions of that threat and the ways in which young people and especially young women are responding to it. In a situation where parents are often unable to speak of sexual matters, where 'traditional' forms of initiation and teaching are in decline and where new modes have so far fallen short, young people have turned to each other for support. Gendered inequity amongst young people, however, coupled with a deepening economic crisis in Africa that forces many into making a living in dangerous ways is shown to have heightened the vulnerability of young women.

*Keywords:* gender • youth • inter-generational communication • sex education  
• economic constraints.

Carolyn BAYLIES, Janet BUJRA *et al.*, *Rebelles à risque : les jeunes femmes et l'ombre du sida en Afrique*

*Résumé* — En Afrique, le sida est transmis le plus souvent à travers des relations hétérosexuelles, mettant ainsi en danger tous les adultes sexuellement actifs. Les jeunes sont les plus touchés et particulièrement les jeunes femmes dont la sexualité est souvent caractérisée par une autonomie moindre que celle des hommes. S'appuyant sur un travail de terrain en Tanzanie et en Zambie, l'article explore les dimensions de cette menace et la façon dont les jeunes — particulièrement les jeunes femmes — y répondent. Dans des situations où les parents sont souvent incapables de parler de questions sexuelles, où les formes traditionnelles d'initiation et d'éducation sont en déclin et où des modes nouvelles ont tourné court, les jeunes se tournent vers eux-mêmes pour un soutien mutuel. Cependant, l'inégalité de genre chez les jeunes, couplée avec une crise économique qui s'approfondit en Afrique et force beaucoup de personnes à gagner leur vie dangereusement, est désignée comme un facteur qui a aggravé la vulnérabilité des jeunes femmes.

*Mots-clés :* genre • jeunesse • communication entre générations • éducation sexuelle • contraintes économiques.