

# Perspectives on KwaZulu-Natal

Volume One - Number Two - April 2001

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## Learning about HIV/Aids at schools

Boys and girls have different responses to knowledge about HIV/Aids, which is of enormous importance in the planning and pacing of interventions in schools. This is the view contained in a paper written by University of Natal academics **Robert Morrell** and **Lebo Moletsane** and their University of London counterparts **Elaine Unterhalter** and **Debbie Epstein**. The paper, which is based on research conducted at schools in KwaZulu-Natal, was presented at the University of London's Conference on Gender and the Politics of Education in April.

During fieldwork at two working class township schools in Durban, the authors found that Aids education had reached 92% of learners, although no formal ongoing life skills curriculum had been introduced into either school at the time interviews were conducted. Most of the lessons concerning Aids (38%) were not given by class teachers, but by others, probably a non-governmental organisation. Health officers were responsible for 27% of classes, teachers for 21% and department of education officials for 10%. However, for most pupils, the HIV/Aids lesson was not the first time that they learned about HIV/Aids. For 40% of the pupils, the first information came from television, 20% from radio, 15% parents, 9% teachers and 4% friends. The relatively small proportion who learned about HIV/Aids from teachers can be explained by the lack of life skills training in the school curriculum.

The information given to the learners in schools has resulted in their having a good knowledge of Aids: 88% said they knew about Aids and 70% identified unprotected sex as a cause of Aids. No pupils said that shaking hands was risky, while 1% thought that using the same spoon was dangerous and 2% thought that using a toilet seat could be risky. These levels of knowledge are impressive, but they are also alarming when one considers that 30% of the sample did not identify unprotected sex as causing Aids even with the considerable public exposure of learners to Aids education. Quite why such gaps exist is not clear, but it may explain why respondents were confused about the symptoms of the disease. Most (69%) thought it was associated with thinning, 46% thought open sores were a symptom and 28% associated tiredness with Aids. The general awareness of Aids is not associated with more particular understanding of the body and with oneself.

### General characteristics of learners surveyed:

- Even mix of boys and girls
- Significant numbers of learners are over 20 years old
- 97% are Zulu first language speakers
- 31% live in homes with more than seven people
- 27% of fathers and 42% of mothers are unemployed
- 22% had no income earner in their homes

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## HIV/Aids in South Africa

South Africa is one of the worst Aids-affected countries in the world. Rates of new infection are amongst the highest in the world and nearly a quarter of the population is infected. We do not know what the rates of HIV infection are in schools, but using data taken from a 2000 national Metropolitan Life study, 15.64% of African females aged between 15 and 19 years old are likely to be HIV positive compared to 2.58% 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 mounting evidence of the extent of the epidemic and its appalling personal, social and economic consequences have led to HIV/Aids being viewed as a national emergency. This has been fuelled by the failure of the economy to grow, by the rise in unemployment and the increasing inability of the economy to absorb the costs of dealing with the consequences of Aids and other calamities, such as cholera, foot and mouth disease and floods. In 2001, most governments departments and non-governmental organisations subscribe to and elaborate this view, identifying Aids as the biggest challenge facing the new South Africa.

Educationists have for the last 10 years perceived HIV/Aids as an emergency. This has justified and explained a host of initiatives that have been launched in the last decade to address the epidemic and its anticipated reach into education. In 2001 this view produced two scenarios: a decline in the number of learners primarily as a result of infant mortality and a decline in the number of teachers on account of Aids mortality.

In 2000 the new Minister of Education prioritised HIV/Aids in his plan of action called Tirasano (which means 'working together') aimed at urgently addressing questions of coherence and delivery in all aspects of education policy. The Department of Education advocates a range of interventions to address the epidemic, such as achieving gender equity in schools, promoting conflict resolution, developing self-esteem, building a democratic school culture and securing schools against violence. There has recently been an acknowledgement that 'quick fix' solutions are inadequate and there have been moves towards embracing a more holistic approach, but a key question is whether schools, which failed to utilise the 'simple' life skills solution are equipped to engage the more complex whole school solutions. In addition to government initiatives there have been a range of projects by non-governmental organisations.

Despite these efforts by government, non-governmental organisations, teachers, parents and learners inside and outside schools, the rate of infection has continued to rise. HIV/Aids currently affects all South Africans, but the ability of the 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.

All interventions aimed at school children in South Africa, whether by government or non-governmental organisations draw on a model of HIV/Aids caused by unprotected (hetero) sex. The learners receiving this message are assumed to be rational and self-controlling agents who will act in accordance with knowledge they have been given. However, the learners receive these messages in much more complicated and ambiguous ways.

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Interventions need to take account of school communities as sites of contested gender construction. Interventions that do not recognise this will fail to engage the complexities of the situation and the worldviews of teachers and learners. As a result their impact will be at best limited and at worst will reinforce stereotyped representations of gender.

### **Disconnected discourses in academic and policy writings on HIV/Aids**

There is a small literature that deals with schools as important sites for education about HIV/Aids and for transforming risk-taking behaviour. On the whole studies on school-based interventions rarely consider schools as gendered institutions. The notion that violence might characterise the behaviour of teachers or young people is generally not assumed. The emphasis is on schools passing on information and building skills in negotiation and self-esteem. Generally much of this writing does not take account of cultural contexts, but assumes a universal language that can describe sexuality or self-esteem.

A very few studies emphasise the need to take gender into account, but the ways to do this are not charted. The South African Education Department draws on many of the assumptions of this body of literature in its strategic plans for HIV/Aids. Figures indicate the enormous gender disparities in rates of infection between boys and girls. But no particular mention is made of gender politics in the strategies being developed to address learner needs for general education, the prevention of infection among learners and teachers and the need to mitigate the impact on the education sector of the death of teachers and other staff. The language of the policies and plans under discussion is either universal and ungendered or refers to 'stakeholders', which are interest groups without social location.

In contrast to the generally gender neutral language on school based interventions, much of the writing on violence and HIV/Aids lays strong emphasis on gender. The absence of concern with schools in this writing is puzzling. The high rates of violence against women, a proportion of whom are at school, would seem to suggest schools as a key site for interventions to address violence and HIV. Schools are not simply the safe places of rational learning portrayed in the literature on school based interventions.

While the strong emphasis on gender in this writing on violence and HIV/Aids is preferable to the absence of gender in the school based interventions, the one dimensionality of women as either victims or as unequal is not the whole picture. Similarly, the omission of men as gendered agents and of an examination of masculinity from much of the literature on gender violence, has the effect of setting up a gender binary that is of limited use in gaining a wider perspective to develop appropriate policy. A consequence of this type of analysis is the formal gender equality policies advocated in the South African Constitution and education policy directives do not come to life in strategies because the ways in which unequal gender relations are lived out is generally not known.

### **Learner Discourses in the Schools**

It is evident that girls hold contradictory views when we examine the discourses deployed by girls in discussions of gender, sexuality and HIV/Aids. On the one hand they view 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 refuse

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normative aspirations to simply marry. They view themselves as agents able to study, gain professional jobs and make a social contribution.

What the girls knew about HIV/Aids was set in a powerful context of their firsthand experience of rape and sexual assault. Amongst the 15 girls interviewed at least three had suffered from sexual violence. 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 telling anyone, including their mothers, if it had happened to them. It is possible, therefore, that several more had actually been raped or sexually abused but did not disclose to us.

The girls' fear of rape was often associated with the fear of contracting HIV suggesting that they clearly know that the virus is transmitted through unprotected sex. On the one hand, they knew that they were supposed to control sex making sure condoms were used, or abstain and remain virgins. On the other, they felt that 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. Some accepted this choice but others did not accept these sexual demands uncritically.

The girls also reported that not using a condom, and, indeed becoming pregnant was seen as a way of expressing love and trust, albeit a very dubious route towards a permanent relationship. The underlying assumption for these girls seems to be that condom use is a sign of disloyalty or unfaithfulness. Thus one of the simplest ways in which education about HIV/Aids is undertaken - advocating condom use - is strongly countered by the girls' understandings of love, sexuality and violence.

The language of Aids education does not take into account the real situation and experiences of these girls. The rational choices they make are deeply determined by the fact that they are women engaging with men who are often violent, in a society where violent male identity is allowed. These are not rational choices in any universal sense, but the girls' capacity to act differently is severely constrained by conditions in the family and society that reinforce a powerful gender regime of inequality.

### **Boys making sense of HIV/Aids discourses**

One of the newest discourses amongst male learners is driven by the Aids knowledge that they have obtained in a variety of ways and in different locations. This knowledge gives them status in the school because in an atmosphere saturated with Aids messages, mastery thereof is a newly available sign of masculinity.

A number of studies have explored the emphasis that young African men put on having girlfriends and engaging in heterosex. These are features that define township masculinity. Unfortunately, they often coincide with misogynistic attitudes and violence and hostility towards ideas of gender equality, particularly in the realm of relationships. In a national survey of 2000 young people conducted by Love Life, 23% said that "having many sexual partners means I am cool/hip" and 81% agreed that having sex was not the result of what other people thought but because "I enjoy it".

The early age of sexual experience is primarily an esteemed feature of male maturation. For example, 86 respondents surveyed at two schools indicated that their first sexual

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encounter took place at the age of 12 years or younger. Of these, 72 were male and 14 female. The boys appear to have been seeking to realise their masculinity by having sex, while at least some of the girls may have been coerced. Of the 36 respondents who indicated that they had sex three or more times a week, 29 were males. 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 three key indicators - first sexual encounter, frequency of intercourse and number of partners - males dominate the figures. The heavy emphasis placed by the boys on heterosex makes little sense in the context of HIV/Aids interventions that specifically counsel against multiple partners.

### **Love, sex and fidelity - the road to disclosure and openness**

A surprising feature of the interviews conducted in class were the high levels of maturity and sensitivity present in many of the boys. Many were already contributing to the family economy, preferred to have one girlfriend and said that sex was important and, in some instances, that it warranted waiting for parental approval. The informants were not boastful about their lives. They were deeply concerned about their life prospects and valued intimacy from male and female friends alike. Sipiwe described the best thing that had happened to him in school this year as meeting a girlfriend who could understand him. Mandla said during an interview that he had only one girlfriend and had no need for more. He said that she gave him some "love experience" by teaching him about things that he did not know. However, he said that sex was not part of their relationship. In this way several of the male learners interviewed showed a striking willingness to ignore peer prescription and to take responsibility for their own actions.

A number of excerpts from small group discussions reflect the poverty and danger of township life, but also surprising levels of introspection and a refusal to submit to behaviour that is oppressive and dangerous. However, one should be careful not to glamorise this discourse or the masculine identities imbricated within it. These boys still believe that men make decisions in the house, that it is a man's responsibility to earn and 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.

### **The unspoken discourses**

It remains a feature of the Aids pandemic that people are reluctant to be tested and infected people are reluctant to disclose. An effect of this is that doing research into Aids is eerie. The likelihood of many of our 2 500 odd learner subjects and 60 teachers being HIV positive is high according to statistics at the 25% mark. However, at neither school did anybody openly declare their status or actually know it. There are probably many reasons for this, but the death of Gugu Dlamini over Christmas in 1998 highlighted the levels of stigma attached to disclosure. She was stoned to death for openly disclosing. The reason, according to The Sunday Times (December 27, 1998), was for "degrading her neighbourhood by disclosing that she had the disease bringing shame on her community".

The issue of disclosure remains highly problematic despite official but unconvincing calls for people to be open. And so we talk about Aids as though it affects somebody, but not anybody we know other than some dead people. At the funerals that punctuate weekend routines, the cause of death is seldom revealed because it remains a cause of shame.

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Death by Aids is a stigma because it is 'inappropriate' (it takes the young and hitherto healthy) and because it is linked to sex and unregulated sex in particular and is publicly seen as a sign of irresponsibility. Instead, therefore of talking about it, learners acknowledge its presence but keep it at a distance.

**Conclusion: policies, schools and learner identities in education about HIV/Aids**

The current understanding of HIV/Aids that informs school interventions are generally blind to the complexity of gender identities, their context or the diverse processes entailed in their construction. What is emerging from the study is that girls and boys have different responses to what they know about HIV/Aids. However, neither girls nor boys exhibit fixed identities or stable formulaic responses to this knowledge. They draw on their social and cultural contexts as men and women, making selective and contradictory use of it.

The complex understanding exhibited by boys and girls is of enormous importance in planning and pacing interventions in schools. Unless policies and programmes understand the contexts in schools, which are both complicit with existing gender regimes and capable of undermining them, and take seriously the diverse responses of learners, they will talk past the realities.