Anthony Simpson and Brian Heap

Process drama

a way of changing attitudes

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Contents

PART TWO

Introduction

Increasingly, more attention is being given to children and young men and women in the fight against HIV/AIDS. The young, especially those aged under 15, are often described by activists in the field as "our window of hope". HIV/AIDS throws a spotlight upon gender and there is an urgent need to understand the contexts in which gender is learnt and performed. This is especially important where masculinity is concerned as boys and men can in many ways be identified as those driving the pandemic because of the particular constructions of masculinity that may prove to be obstacles to behaviour change.

This book is based on two reports, "The Measure of a Man" by Anthony Simpson of the University of Manchester in the UK and "Future Positive" by Anthony Simpson in collaboration with Brian Heap of the University of the West Indies, Mona Campus, in Jamaica. Both reports are available in full at Save the Children Sweden's bookshop **www.rb.se/bookshop**. Reflecting the structure of the reports, the book is in two parts. The first reviews important recent literature on HIV/AIDS - particularly in relation to gender - presents findings of current research in Zambia and offers recommendations concerning key issues and strategies for promoting safe sex practices in the era of AIDS.

The second part describes in detail one of the methods that can be used in changing attitudes towards HIV/AIDS. The method, known as process drama, is a type of theatre devised by the participants themselves. It has a variety of uses and applications and in the HIV/AIDS context can be employed to explore issues such as prevention, the care of those infected with HIV or suffering from AIDS-related conditions and questions of stigma and discrimination.

The material on process drama is based on a pilot project that took place in Zambia from 25 May to 12 June 2002. The project represented an innovative collaboration between a researcher and an

educationalist, one with considerable experience in education and anthropological fieldwork in Zambia and the other with considerable experience of education and drama in the African diaspora of the West Indies. It was funded by Save the Children Sweden and its regional office in South Africa.

The book concludes with a number of recommendations. Foremost is that information, education and communication strategies can be enhanced by the use of process drama to enable boys, young men and others to address harmful ideologies of masculinity. Process drama has the potential to address the wide range of contexts in which gender is learnt, sexual encounters take place and gender relations are manifested. It can be used to explore situational constraints, to confront participants and to frame prevention as an issue of social justice and human development. It can assist in the creation of enabling environments in which participants can work together towards the reformulation of notions of masculinity away from notions of sexual conquest and towards ideas of strength and manliness as self-restraint, responsibility and care.

There is an urgent need to challenge the many parents - especially fathers - whose uncompromising silence about sexual matters where their children are concerned and whose rejection of the promotion of safe sex messages to the young do nothing to safeguard the health and well-being of their children. The same applies to grandparents whose entrenched notions of masculinity and femininity, together with their scepticism about the existence of a "new" disease called AIDS and about biomedical explanations of the transmission of HIV, unwittingly place boys, young men and their sexual partners at increased risk of infection. Here, process drama - which can be used with all age groups - can play a key role.

There is also an urgent need to involve boys and young men as partners in the development of initiatives and material. Almost everywhere, young men and women show a great eagerness to engage in sex education and to have their voices heard. We need to draw upon this important resource. This is in line with the stated guiding

principles of many national responses to HIV/AIDS: to place people in the centre of the solution and to respect the basic human rights of *all* persons.

While concentrating on efforts to promote behaviour change, we need to recognise that many boys and girls, young men and women, have taken responsibility in this pandemic and either abstain, delay the time of sexual debut, are faithful to one partner, or practise safe sex. Indeed, they may well behave in a more responsible way than their parents.

It would be informative to focus on this group in order to gain some insight into what promotes the creation of an enabling environment for young people. We need to attend more to the contexts in which both safe and risky behaviour occur and to bear in mind that not all boys or young men are the same – either within one context, between contexts in the same country or between different countries. Yet, while recognising differences, it is also true that many similarities also emerge from research on boys and young men in different regions of the world.

PART ONE

1. HIV/AIDS: Literature Review and Theoretical Issues

Certain studies about AIDS have rightly argued for the need to put girls and women at the centre of analysis because they bear the brunt of the multifaceted consequences of the pandemic and are deemed to be particularly at risk and in need of empowerment, especially with regard to the negotiation of condom use (Ackroyd 1997, Baylies and Bujra 1995, Hamlin and Reid 1991, Heise and Elias 1995, Reid 1997, Wallman 1996).

The "woman in development" approach has proved a much needed corrective to the assumption of men as the only significant actors. But it should not in turn blind us to the role of boys and men. Mobilization of women by itself is not sufficient; men also must also be involved in the fight against AIDS (Bujra and Baylies 1999, Baylies and Bujra 2000, Bujra 2000). Women's empowerment will not be a solution in itself, Ulin (1992: 67) notes: "Men too must acknowledge their joint responsibility, and all members of the society must be willing to redefine sexual roles in relation to the health of the family and the community."

An essential component in any understanding of the dynamics of sexual expression is the degree to which notions of gender, sex and

sexuality are inextricably intertwined (Heald 1994, Moore 1994). It is therefore necessary to recognise the need to focus upon the manner in which notions of masculinity and femininity are intertwined in particular cultural contexts (see also UNESCO 2000). While many studies have located women's vulnerability to HIV in their relative poverty, the same might be true for men, though in a way which is less self-evident from a Western viewpoint (see Ferguson 1999, Foreman 1998, Scalway 2001.)

Further, gendered inequality, the unequal distribution of power between men and women, and the consequent forms of masculinity and femininity, witnessed in many different parts of the world put both men and women at particular risk in the time of AIDS. Baylies and Bujra (2000: xiii) comment: "The challenge is to devise interventions which, whilst recognising gender inequity, essentialise neither 'men' nor 'women'. Masculinity comes in many guises."

Until recently, in Africa, little work has been done explicitly and specifically on masculinity, and even less on children and young people. A major exception here is the work of Heald (1989/98, 1994, 1999) in her analysis of the concept of manhood among Ugandan people (see also Gutmann 1998, Morrell 1998, Murray and Roscoe 1998, Niehaus 2000, Sweetman 1997, Shire 1994). Now men and masculinities are receiving increasing attention in social sciences in general and in efforts to reduce the spread of AIDS. Recent attention has been focused on the role of men in the lives of children (UNICEF 1997), on young men and women (UNICEF 1997, UNAIDS 1999, PANOS 1999, Chevannes 2001, Jacobson-Widding 2000, Ahlberg 1994, Tumbo-Masabo and Liljestrom 1994) and most recently on the health of boys and young men (WHO 2000, Population Reference Bureau 2001) and specifically young men and HIV (UNAIDS/Panos 2001).

Throughout the 1990s there were repeated calls to place the study of men and masculinity firmly on the agenda in the fight against AIDS. Ankrah (1991: 972) argued for an urgent reappraisal of the meaning of the concept of maleness, contending that men needed

to be "intellectually and emotionally released from the cultural entrapments that require the female to be submissive". Similar pleas were made by de Bruyn (1992), Obbo (1993) and Heise and Elias (1995). Recognising that some recent work (Carovano 1995, Rivers and Aggleton 1998) has focused attention on men's engagement and positioning in regard to heterosexual transmission, Baylies and Bujra (2000) note: "However, there is need for more work in this area. As Whelan's (1999) review of publications and practice in respect of gender and AIDS suggests, there remains a substantial lapse in understanding about male sexuality and the social and economic forces which sustain it."

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

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

We need to explore the cultural construction of gender and sexuality and investigate how notions of masculinity and femininity develop in relation to each other in a particular context, how they vary in different cultural settings and in different historical periods and – equally importantly - how they transform through the life-cycle.

In African societies, as elsewhere, knowledge is linked to age and understandings of gender change in the course of a life in response to a changing relation to knowledge (see Moore 1999: 23). What is the impact of HIV/AIDS on notions of gender? How do changing

economic factors influence these ideas? These issues concerning the structural context of HIV/AIDS are coming to the fore in recent thinking (see, for example, *Gender and HIV/AIDS*, UNAIDS 1998).

The importance of context in attempts to develop strategies for promoting safe sex messages in the time of AIDS cannot be overly stressed. In this book there is a contrast between urban and rural sites. It is a matter of concern that many efforts by governments and NGOs are largely restricted to urban sites. The particular history of sites also needs to be explored. This is an aspect that is being emphasised by more and more researchers in the field.

The following observation by Setel (1999: 16) is typical of current academic thinking and something that needs to be taken more seriously by practitioners in the field:

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

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

While boys and young men are often identified in many societies as a major part of the problem of HIV/AIDS, the reality is that they must be brought in as partners in finding solutions in a time of AIDS. It is high time to give a platform to what Obbo in her work in

Uganda (1995: 89) has called "the ignored voice of the young". Perhaps only this can justify doing research *on* boys and young men. Indeed, insofar as is possible, we should be doing research *with* people and not *on people.* It is only by trying to understand both the contexts in which sexual encounters take place and the perceptions of boys and young men about those contexts and the situations they find themselves in that we can hope to fashion appropriate strategies for the effective promotion of behaviour change.

2. Research and Conversations with Boys and Young Men in Zambia on HIV/AIDS

The research discussed here forms part of a larger project, which has a longitudinal dimension. In 1982 and 1983, a set of in-depth interviews was conducted with 24 young men just as they were about to finish their schooling or in the year immediately following the end of their secondary education. The interviews, conducted in English with students from a variety of ethnic backgrounds, covered a wide range of topics around their memories of childhood, their family life, relations with parents, their early sexual awakenings, attitudes towards women, aspirations regarding marriage, starting a family and careers.

With one exception, the students reported that they were sexually active. They reported early sexual experimentation from the age of five or six in childhood play and sexual debut at an early age, usually their early teens. On the whole, they reported having had a number of sexual partners. The students were mostly from poor rural and urban backgrounds. They had great expectations that their education would deliver them a brighter future. The students were predominantly Bemba-speaking and Tonga-speaking, though many ethnic groups were present in the school, and they belonged to a variety of Christian denominations. The students engaged in the education process as a civilising mission. Yet while granting 'white supremacy' in some aspects of life, students rejected the Marian teaching of the Catholic missionaries in the area of sexual expression, producing a counter discourse, especially in backstage student initiation where their own performative modes of hegemonic manhood were revealed (cf. Connell 1983; 1987; 1995. On contemporary schooling of masculinities in British schools, see Mac an Ghaill 1994; Haywood and Mac an Ghaill 1996.)

The students of a school fictitiously called St. Antony's, initiated newcomers through a process of "mockery" (a "custom" widely reported in Zambian boarding schools), a central part of which was the requirement for new boys (*kwiyos*) to give a speech in the dormitories at night. Newcomers carefully rehearsed their speeches many times and often offered practically verbatim accounts of them. Here is an extract from one of them.

Richard, a stocky 18-year old grade 8 pupil, described his speech in this way:

"So, the speech in the wing. In my speech, they said you had to describe how you started your grade 7, the family you come from. I started my speech like this: 'I come from a poor family. Yes, because my father is not well-educated. So we are four in our mother's family; in my father's family, three girls and one boy.'

Then they said, 'You have to tell us how you started school.'

'I started my schooling in 1985, and then completed my Grade Seven in 1991, when I wrote my examination. And the result comes. I've qualified! With 790 marks.'

After that they said, 'Okay, how many girlfriends do you have?'

I said, 'I don't have any girlfriends.' So they started forcing me to tell them about my girlfriends. Then I said, 'Okay, I have one girlfriend.'

'Did you chop her?' (i.e. have sex with her).

'Yes, I chopped her.'

That's how my speech was."

While exceptions were made for very young grade eights (the "mosquitoes"), the *kwiyo* had to claim to be sexually active, acknowledge his sexuality and indeed disclose accomplishments in his sexual career. The "proof" of the *kwiyo's* maturity was acted out, in narrative, upon the female body. The *kwiyo* was required to demonstrate, in Herzfeld's phrase (1985: 16), that he was "good at" being a man and, in this context, that demanded an account of sexual knowledge and experience (Herzfeld 1985: 16). Even before giving the speech, a *kwiyo* was often summoned by senior students, including

prefects, and ordered to demonstrate how he "chopped" girls.

The current situation in Zambia as described in the latest Zambia a Sexual Behaviour Survey (1998) suggested that sexual behaviour had not changed drastically from 1996 to 1998. Thirty percent of adolescent males and 34 percent of adolescent females thought that a man could not be satisfied with one wife and no sexual affairs.

A recent series of reports on surveys, interviews and focus group discussions in urban and rural sites in Ndola, in the Zambian Copperbelt, jointly published under the draft title "Heads, Tails, or Equality" reported that men and women in all age groups were "somewhat resistant" to the concept of gender equality. Both men and women recognised men's difficulties in living up to ideals of self-sufficient manhood and the limited outlets men had for emotional expression and support.

Survey material also revealed that young men were said to need to "test their blood" (semen being seen as a type of blood) before marriage (cf. Ndubani 1998, Feldman 1998, Dover 1995, Bond and Dover 1997). There was general agreement across generations that a man should have a woman to look after him and that a man was not seen as capable of sustained sexual abstinence. Female sexual desire was recognised, but it was believed to be controllable unlike male sexuality.

Boys, Young Men and HIV/AIDS in 2001

Most of the research reported here was conducted between September and November 2001. This book follows the World Health Organisation's (WHO) definitions of "boys" (those aged under 15) and "young men" (those aged between 15 and 24). These Euro-American categories deserve a study of their own! However it is, of course, very important to bear in mind local status categories regarding age. In Zambia, some 20-year-olds describe themselves as boys while others will say they are "young men". In contemporary Zambia, adult status is more often defined by achievement of some

measure of economic independence (see below). In political party terms, "youth" are normally described as those under 35.

This research employed the qualitative methods of social anthropology. Fieldwork consisted of participant observation, semi-structured interviews and some focus group discussions. The perceptions, attitudes and self-reported sexual activity of a number of boys and young men are described.

This section of the book discusses some findings from long-term participant observation in Zambia and also from interviews with 50 boys and young men and three group discussions, each involving five participants and conducted specifically for the book. With the exception of the boys' focus group discussion and some interviews at Ingwe, which were conducted in Bemba, most interviews and discussions were conducted in English.

A number of young women, parents, teachers, youth workers and AIDS activists were also interviewed. Most of the fieldwork was conducted at three sites, two of them urban: Mtendere, a middle-to-low-income Lusaka compound; Kalulushi, a town in the Zambian Copperbelt; and Ingwe (a pseudonym), a remote rural Catholic mission in central Zambia. The age ranges of those who took part in the discussion groups were as follows: boys at Ingwe 12-14; young men at Ingwe 17-24; young men in Mtendere 17-21.

All the boys at Ingwe who took part in the research were attending primary school, most of them in grades 5 and 6. Some of the young men were in secondary school, while others had dropped out either at grade 7 or grade 9. All of the young men in the discussion groups claimed to be sexually active. Some of the younger boys at Ingwe and those interviewed at Ingwe and elsewhere claimed to be sexually active. All those interviewed and all discussion group participants described themselves as Christians. Among the various denominations represented, the largest number described themselves as Catholic. Others belonged to the Seventh-Day Adventist Church, the United Church of Zambia, the New Apostolic Church and the Assemblies of God. They all claimed to attend church, though

reported frequency of attendance varied considerably.

Respondents belonged to a wide range of ethnic groups, though Bemba, Tonga, Lozi and Lala were predominant. Participant observation afforded the opportunity to record the spaces of childhood, both domestic and extra-domestic, and everyday interaction between parents and children. In most households there was a marked restraint and distance between fathers and sons. The only general exception was that many fathers in their forties and fifties maintained a demonstrably warmer and more affectionate relationship with their young last-born sons.

This was in marked contrast to the everyday interaction with boys above the age of six or seven; indeed the older boys seemed to adopt a *modus vivendi* of keeping out of their father's way as much as possible. When fathers spoke to their sons, it tended to be in a rather cold authoritative manner and boys and young men replied respectfully using appropriate terms of address. Here were no signs of physical affection; indeed one father, at Ingwe – a 35-year-old Lozi – commented on the inappropriateness of such demonstrations of physical affection in the following terms:

"Well, we show affection but not in the style of the whites of course. We don't hold the child or kiss the child. Such things don't look right. Look, a child or a parent won't feel free when he or she is held by the hand or the parent kisses the child, no, no. Affection is shown by buying a present for the child or perhaps by saying some words to the child, praising the child. A very young child can be perhaps lifted sometimes but not a child of ten or twelve! No, no, just shake hands. 'This is very good!' you can say." More demonstrably affectionate relationships are maintained with some grandparents. Indeed a son born late in a man's life is often said to enjoy the type of relationship that ideally exists between grandparents and grandchildren. Grandparents are often the ones with whom boys and young men discuss sexual matters and they are also one source of local medicines believed to enhance a boy's potency.

Children's Early Experiments with Sex

All the boys and young men in this study reported that they knew people in their families or among their friends and neighbours who had died from what they believed were AIDS-related conditions. They also, without exception, claimed to know how HIV/AIDS was transmitted. Among both rural and urban boys the use of infected razor blades while having a haircut was the most frequently cited source of infection; the next most frequently cited was penetrative sexual intercourse and wet kissing with an infected partner.

There appeared to be no understanding that dry sex, preferred by all respondents, exposed sexual partners to greater risk of HIV infection. Some boys and young men thought that masturbation following penetrative sex was an effective means of preventing HIV infection. The respondents held different views about the origins of HIV/AIDS, though all agreed it had come from "outside" (see Setel 1999: 163 and Farmer 1992 for similar explanations in Tanzania and Haiti). Many boys and young men recalled early childhood experiments in sexual matters, though they commented: "You know, at that time, we didn't know what we were doing and we didn't feel anything."

The pervasive associations between sex and eating are present even in children's play. Here is just one brief example from many. This young man, a Bemba, now aged 20, recalled childhood play when he was six or seven. There is a clear sense in which children's play reflected an attempt to imitate the world of their parents and other significant adults. Sexual position also mirrored the assumed superior status of the male. (Most boys and young men also commented that if the girl or woman was on top of them, they would risk being hurt by the weight on their penis.)

"You know we used to steal some mealie-meal (maize flour) and go in the bush. It was a game. We called it 'cooking in small quantities' – but that wasn't all we did! We would pretend that it was dark. Then the older boys would start to divide us – boys and girls – 'this

is the wife of this one. This is the wife of this one'. Now we young ones we were told that we were the animals in the village – dogs and hens and cocks. Then they would say: 'Now, it's time to sleep!" And the older ones would go into the shelters we had made. Now, those older boys and girls, they would do it (i.e. attempt to have sexual intercourse) and we young ones we would peep and then later we would try for ourselves. I didn't really do anything, but as a boy, as long as you were on top, then you felt okay."

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

Demands, Expectations and Fears

In the Zambian contexts described in this book, notwithstanding the pursuit of sexual satisfaction or, in many cases what was described as "release", most boys' and young men's anxiety to ensure that they can reproduce and their fear of infertility are palpable. H.L. Moore, speaking of gender in East and Southern Africa notes: "It is the fact of reproduction, and its often precarious nature, that accounts for the focus both on gender and fertility in the cosmologies, rituals and quotidian practices of many societies in the region" (1999: 19).

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

First there was the requirement to be physically strong. This was partly demonstrated through the performance of tasks considered to be the preserve of males, e.g. farming and cutting firewood (especially in rural areas). It further entailed the avoidance of tasks thought to be strictly for girls, especially washing plates and clothes and sweeping. In households where there were few or no girls or

where the girls were absent, some boys were prepared to undertake these tasks - as long as the girls did not observe them.

The fragility of their male identity was repeatedly demonstrated by such phrases as "girls will laugh at us". Most boys and young men spoke of the need for physical fitness, which they aimed to achieve through lifting weights, doing physical exercises such as frog jumps, star jumps, press-ups and playing football. They spoke of the need to appear strong as also necessary for marriage, as the following comment from the boys' discussion group at Ingwe demonstrates:

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

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

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

Respondent 1: "No, no we are boys. If we were men, then it wouldn't happen that we are still being cared for by our parents. At least we could be residing alone. But look at us – we are still residing with our parents and we depend on them. So obviously, they think of us as boys too. In fact most of us are still at school. You won't find men schooling at secondary school."

Questioner: "So when will you become men?"

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

R3: "Yes, when I marry. That's when you get away from

dependency."

Others joined in simultaneously: "When you are alone," "just when you marry," "when you are alone. That's when you are fighting for yourself."

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

The shadow of death lay over much of the desire to achieve early independence, a desire that has most certainly been exacerbated because of the lived experience of many young Zambians who have witnessed the deaths from AIDS-related conditions of so many family members, neighbours and friends. In an interview a young man put it like this: "Here in Zambia, we are living in a coffin."

David, a 13-year-old miner's son in the Copperbelt, longed to go away to boarding school: "I would just like to experience life without my parents because here in the world we live in there's life and there's even death. So if my parents die and they'd kept me like a baby, doing everything for me, and maybe I was taken to my father's sister – well, it wouldn't be easy for me to cope with the situation. If you go to a boarding school, there you have to look after yourself."

There was also the requirement not to express feelings of distress or pain. With only one or two exceptions, boys reported experiencing regular beatings from their parents – mainly from a father, uncle or older brother. The boys, and the young men who had received similar correction when they were younger, expressed no resentment of such beatings. Indeed they claimed that parents who didn't beat their children to correct them when they did something wrong obviously did not care about them. They felt they should not cry or show distress during beatings, either at home or at school, especially in situations where girls might see them.

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

the Ingwe boys' discussion group:

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

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

Use of Local Medicines to Ensure Potency and Enhance Sexual Performance

In the area of sexual activity boys and young men expressed considerable anxiety about the need to prove their manhood. The majority of the adolescents considered the teenage years to be a period of testing and "proving" that they could make the grade. Anxiety to test and prove one's manhood appeared greater at Ingwe in both the younger and the older groups. For all boys and young men, much anxiety surrounded issues around the size of the penis, the amount of sperm produced, the quality of the sperm, the force of the ejaculation and the number of times a boy or young man could ejaculate in one session. A repeated comment was that in order to prove your manhood the girl had to feel your power in the act of sexual intercourse.

In order to prepare for this trial of manhood and to test themselves, the boys were given a variety of "medicines". It is important to note that while the boys agreed that it would be a serious lack of respect to speak to parents about these issues, those most often identified as the purveyors of medicines were grandparents and older members of the extended family, males described as cousins or people with whom a boy had a joking relationship, and other older friends.

The taking and testing of this medicine (*muti)* was likened to the initiation given to girls at puberty; it was part and parcel of becoming "real" men. All of the boys and young men aged 14 and above said

they were currently using or had used at least some of the local medicines available. The various medicines were said to enlarge the size of the penis and the testicles and to increase the amount and quality of "sperm" (i.e. semen) and the force of ejaculation. Boys reported all-boy sessions, especially bathing after work or football or while swimming, when they compared themselves with their friends and age-mates. Masturbation, normally said to be not a good practice, was engaged in to check sperm production and quality. This was usually done by putting the sperm in water. If the sperm sank it passed the test; if it floated on the surface more medicine was required.

It was repeatedly made clear that there were three reasons for proving one's strength in this way. First, to discover whether you could produce children. Second, to ensure that when you had sex you would feel satisfied. Third, and apparently equally important where a girlfriend as opposed to a "prostitute" was concerned, to make sure that you could satisfy a woman. This was said to be especially important because all girls were also said to take medicine that increased their desire to have sex.

While some medicines were considered more effective than others, boys and young men were generally convinced of their efficacy. Translated medicine names include "Double Sword", "Mending the Broken Drum" and "Don't See My Thighs!" Boys and young men commented: "We take the medicine when we are 14 or 15 then we experiment on girls. And even in yourself you feel it – that desire to have sex all the time."

The girls were often said to be aged around 14 or 15, though many boys reported being initiated into sex by considerably older girls and women, sometimes in a group.

Boys and young men spoke about the purported power of these medicines in the following manner:

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

but you have to have a big penis to satisfy them."

"It's very important to satisfy a girl. If you fail to satisfy the girl it's something very shameful because the girl is going to spread the news: that guy, he's not a real man; he can't satisfy a woman."

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

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

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

R2: "Yes, we can see."

Others (in chorus): "It's true! It's true!"

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

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

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

The belief that in order to make a girl pregnant you need to have sex at least three times in one session that was common among boys

and young men in the 1970s and 1980s remains prevalent among some of the boys and youth today. There is also the idea that young people are not potent enough to produce babies. Here is one young Bemba who discovered, to his surprise, that he had fathered a child at 15:

"I was in grade 7 at primary school. The girl was not schooling - I think she stopped school in Grade Three - but her brother was a friend of mine. Most of the time I used to play at his home. In fact, he is the one who even made the mistake: 'Oh, this is your wife!' And telling his sister, 'Oh, this is your husband!' – telling the girl such things. I knew her for about six months. There was a time, that lady - she didn't have a blanket – so most nights she would come to my hut. So we would have sex most nights."

Questioner: "Weren't you afraid that she might get pregnant or something? Or were you taking some precautions?"

"No, we were not taking precautions. Ah, at that time, pregnancy – no. At that age I did not think I could make someone pregnant. Pregnancy was not on my mind. At that time, I thought that people who made people pregnant were big people, not boys of my age, no!

And again, looking at the girl it didn't come into my mind that when a lady gets matured, then she can become pregnant. No! I didn't expect that. It never came into my mind!"

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

The notion of feeling satisfied and the achievement of ejaculating in a short space of time – another indicator for these young men of the achievement of manhood – led them to prefer girls who were tight and dry. With very few exceptions, the young men stated a great preference for this kind of sex and claimed that the girls also preferred sex that way. One young man in an interview at Ingwe explained, "Girls who are tight and dry we enjoy very much. The

boys enjoy. The men enjoy. The girls also enjoy."

In response to the question whether the girls and young women said that having sex like this hurt them, he replied: "No, no they also enjoy it like that. It doesn't hurt them. Some of them tell you: 'It feels nice.'"

It was however occasionally acknowledged that a girl or a woman might be hurt in this way, though whether this mattered or not depended on how the girl or woman was perceived and on the context of the sexual encounter. If the woman was a "prostitute", whether she was hurt or not did not matter. One 19-year-old young man in Mtendere explained:

"The fact is you get what you want; you don't love her, but you want to be satisfied. If she is a prostitute and I've paid money, well I will be happy that at least I have hurt her. Even if you've hurt her, she is a prostitute, a bitch. After all, you've paid her." (Cf. Scalway 1998)

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

Allied to this, in both age groups, was the idea that boys and young men's greater economic power relative to that of the girls gave them the advantage when "proposing a girl". It was striking that, from an early age, the boys learnt that they had economic power. Ingwe boys explained how part of the approach – in addition to the "sweet words" - was the offer of some reward. The most usual offered, they explained, was money. The amounts they reported paying varied from two thousand kwacha to as little as two hundred kwacha (from around 50 cents ($US) to around 5 cents). Apart from money, in the younger group regular "gifts" included bought items of food such as sweets and biscuits. The boys and young men also spoke of

buying underwear ("something very precious like some panties") for their regular girlfriends.

All exhibited awareness that some girls' and young women's greater relative poverty made them willing to have sex to obtain money for food, to pay school fees and for "luxuries" like soap, shampoo or vaseline (see CARE 1997 and UNICEF 1997 for similar observations). In their ideas about their superiority in strength and knowledge, boys and young men exhibited a considerable degree of contradiction and ambiguity. It is also worth noting that the majority of boys and young men reported that their sexual debut was with a girl both older and more experienced in sexual matters which, in some ways, would appear to be a moment when "male superiority" was at least temporarily suspended. Many such accounts were collected of first experiences in which the girl was older and "organised" for the boy by older friends or cousins e.g. the following from a young man in Mtendere:

"The first time was when I was about eight. I wanted to find out about sex. So my friends organised a girl for me. She was older than me. So they told us: 'Now, take off your clothes and start doing that thing...' But at that time I was too young to feel anything. I hadn't reached that age.

"But as time went on I went to secondary school. Now when I was in grade 9, many of my friends were in grade 12. One day they organised girls. They liked going drinking beer, playing around with girls. So even me, well, you know, when you are in a group, you can't just leave your friends doing such things. It's like they will look at you as if you are not good or you are not feeling good about what the group is doing. Just to please my friends, I must do what they are doing. So, they organised a girl for me. So with that girl, we talked, we talked, but I was failing to say, 'I want that thing'.

"But the girl was very experienced. She had had sex many times before. She was the one who started touching me. She kissed me. She took off my clothes. I didn't have a condom or anything. But you know – these experienced girls... Well, that's how we came to

sleep [have sex]. I was around 12 years of age and I felt something. So I thought, 'So that is how they feel!' Then I always had that interest. Whenever I saw a girl, I had that appetite."

Blaming Girls and the Absence of Trust

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

David, the 13-year-old miner's son had this to say: "If we talk about AIDS, I think it's the girls to blame, the girls and the women. It's the girls who tempt the men into doing something that was wrong. Girls are the ones – even the way they dress, like dressing in a short skirt; and the way they behave. If a person isn't, I don't know, isn't – well I don't know how I can describe that person, but what I mean is that if that person can get easily carried away, it's very easy for him to be tempted and to do something."

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

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

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

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

Questioner: "What's difficult?"

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

Girls and young women were known to use medicine, either in

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

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

In all interviews and discussions, respondents were asked to name all those they trusted. They often asked what precisely was meant by trust. The answer given was to define trust first in the general terms of a relationship in which a person would confide in another person their most intimate secrets and who would feel the person could be depended upon in all circumstances. For those sexually active, a second definition was added of trust being their confidence that their partner was faithful to them. Among boys, the person almost unanimously cited was their mother. Fathers were rarely mentioned. While several young men also cited their mothers, among them as among men of their parents' generation, the overwhelming response was: "I trust no-one."

David in Kalulushi was an exception. He said he trusted all his immediate family: "I am close to all the members of my family. I trust my family – my parents, my brothers, my sister, more than anybody else. If I had a big problem, I would call a meeting and explain my problem to them so that they could give me some advice."

To Know or Not Know One's HIV Status?

Opinion was divided among respondents as to whether it was good to ascertain one's HIV status by having a test. The majority was

against knowing. Reasons given included the idea that knowledge of a positive result would cause the person to lose hope and "die sooner". Several suggested that a positive result would cause them to contemplate suicide, like this 13-year-old at Ingwe:

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

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

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

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

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

Condoms Condemned

In all discussions with boys and young men, either individually or in groups, a considerable degree of distrust of condoms was evident (see also UNICEF 1997 and CARE 1997). Some of this was explained in terms of experiences when a condom had burst during intercourse. There was also a reluctance to trust some of the condoms brought to Zambia as, many assumed, that they had been dumped there because they were past their sell-by date. Some reported a preference for condoms bought at a pharmacy or shop to those obtained at clinics as the former came with clear written instructions.

Among the sexually active, self-reported use of condoms varied

considerably and only one young man reported their consistent use from the time of sexual debut. Boys and young men, with only one or two exceptions, expressed distrust of girls who carried condoms – either male condoms or the less readily available female condoms. The boys and young men, seemingly unaware of the double standard they employed, said that such girls and young women were "prostitutes" or, at the very least, people who were engaging in a number of sexual relationships at the same time.

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

The reasons given for the inconsistency of use were several and indicated general confusion and contradiction. These were some of the reactions from boys at Ingwe. In response to the question, "Is it always a good idea to use a condom whenever someone has sex?", Peter, a 13-year old Bemba who had spent his early childhood on the Copperbelt but now lived near Ingwe, remarked in a group discussion: "Well, it's a good idea, but this condom, it may have a small hole. Sometimes they are made like that and sometimes men make holes in them."

Questioner: "Why do you say this?"

"At my place, at one time, my mother used to brew beer. So I would be in the house, studying. Now, when these people come to drink beer, they start discussing these things. Now, I was not concentrating on these studies. Instead I was listening to what they were saying. You see, some women fear condoms because some men, what they do is they cut off the end of the condom, the tip of the condom. They make a hole because, they say, to spoil the sperm is bad. It's very bad. It's the person's blood."

Paul (a 14-year-old Lozi): "Well, for us, some people say there is not much pleasure, but, for us boys, what is important is that the

sperm comes out; the sperm is released so we ease that pressure."

When the Ingwe boys, three of whom were altar-boys, were asked what the Catholic priest preached about condoms, none of them was able to say, although Peter commented: "He speaks about them. I remember one time or another, he speaks about them but I cannot remember what he was saying." In fact, the priest was vehemently opposed to anyone using condoms and frequently aired his opinion in his sermons. (The boys did not give the impression of being deliberately evasive, rather that the priest's preaching had genuinely passed over them.)

David, the 13-year-old Catholic miner's son on the Copperbelt, said he was not sexually active and planned to abstain from sex until marriage, at which point he planned for him and his wife-to-be to have an HIV test.

He too distrusted condoms because of the number of AIDS cases: "Even if they advise people to use condoms, I don't think it is safe. I think even the people who died from AIDS used condoms, but if they used condoms, then why didn't these condoms protect them? Why is it that so many people are dying from AIDS if the condoms are protective?"

Questioner: "Do you think they were always using condoms or only sometimes?"

"Well, I should think no one wants to die, to say 'I'll do this. If I die, it's okay'. No, if they buy condoms they will make sure they will use them. So they buy condoms and they think if they use them, they will protect them, but they don't."

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

R1: "When you are using a condom, you are not really having

sex – you are not meeting, because of that plastic [rubber]."

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

The young men in Mtendere reported a more frequent, if still rather inconsistent use of condoms, even though they said that condoms were readily available at the small shops (*kantemba*) scattered throughout the compound. They said they usually had sex in uncompleted buildings or by the side of the road or in wasteland in the compound at night. They also said they had friends who would rent them a room for a few hours. Simon, a 20-year-old Cewa, reported having had in excess of 60 sexual partners. He put his sexual debut at the age of 14. On his first holiday from boarding school while in grade 8, he became involved with a girl who was 17:

"When I was having sex, that first time, at the end of it I felt bad, I didn't know what had happened, but then I thought I must do it again, so the next day we did it again. But I felt sad again. So when I went back to boarding school, I asked my friends: 'You know, I had sex with this girl, but I felt bad, I didn't feel good. I mean while I was having sex, I didn't feel good.' Then the boys told me that when sperms are coming out and it's your first time, you feel bad. So I started to have sex in the school and I kept changing girls all the time. I had at least 60 girls."

Questioner: "Aren't you exaggerating a little?"

Simon: "No, no! I'm telling you the truth. And that continued until I stopped school."

Questioner: "And were you using condoms?"

Simon: "No, not in the first year or two. No, I wasn't using condoms."

Questioner: "Were you not afraid of making a girl pregnant or

getting AIDS or another disease?"

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

In all age groups, boys and young men reported that one of the difficulties in suggesting the use of the condom was that some girls read this as a sign that they – the girls – were not to be trusted, usually implying that they were already infected with the HIV virus. Several boys and young men commented: "They think you think there is something wrong with them." However, a number of them said the girl was later persuaded.

Gabriel, a 20-year-old Bemba at Ingwe commented: "Most of us young people here at the mission don't use condoms, mostly because of the girls. They don't want to use them. The boy may decide but the girl refuses. But if you want to use it, then you just use it. Sometimes, you just force her, either with a condom or without. But most girls don't like condoms. They think you are saying they are sick."

Questioner: "Don't they think about protecting themselves?"

Gabriel: "No, they don't think about protecting themselves. They just think you suspect them."

Questioner: "But don't they suspect you?"

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

Subsequent discussions with a small number of girls in each site, and with local youth workers, confirmed that this was not an uncommon attitude. One 17-year-old girl commented: "If they know [think] I am already infected, then why are they coming to me?"

A common response to the condom question which poses a real challenge to the effective promotion of proper and consistent condom use among the young was that condoms should only be used

by adults within marriage as a means of spacing their children. It was suggested by more than one person that using condoms *outside* marriage was immoral. Here is a comment from one of the members of an anti-AIDS drama group at Ingwe who was sexually active and who had multiple partners at the time of the interview. Though unmarried, he said a member of a local Development Committee, who distributed condoms free to married couples, had given him 15 condoms. The condoms were a secret. He still had all 15 and appeared to have no immediate plans to use them in his sexual encounters:

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

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

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

R1: "As R2 has said, when you are drunk, you don't really care whether you are going to die or you are going to live. If someone is crossing the road, he doesn't care if there is a car coming. So, you see, it's like beer can kill you. Okay. You may take condoms with you when you go drinking. You get there. You drink, you drink, you look around, you see a girl. You say, 'Ah, that girl – no, she can't have AIDS.' So you go there. You talk to her. If she says 'yes', you pay.

Then you go with her. You have sex. You get AIDS. You die."

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

AIDS – a Punishment from God

The whole area of their sexual activity is for many boys and young men a site of ambiguity, confusion and contradiction. All of those who participated in this study identified themselves as Christians. In many parts of Africa – and elsewhere – more attention needs to be given to the role of religions and churches both in knowledge about HIV/AIDS and in the promotion of strategies to avoid the risk of infection – as well as such beliefs in the activities of spirits and the efficacy of witchcraft (see, for example, Yamba 1997, Seidel 1993).

In Zambia, boys and young men resorted to the Bible and God's "Go forth and multiply" command to Adam and Eve in Genesis as a justification for their felt need to prove themselves as "men", through sexual activity. However, hand-in-hand with this was their professed belief that sex before or outside marriage was a sin, the sin of fornication.

This was repeatedly explained in Zambia – not only by boys and young men, but also by parents, teachers, youth workers and by those working to promote safe sex practices. An anti-AIDS programme officer commented in an interview: "After all, most of us are Christians, and so apart from the risk of getting AIDS, we know that sex outside marriage is a sin and it is immoral."

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

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

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

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

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

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

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

Questioner: "I still don't understand."

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

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

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

Others, in chorus: "It's true, it's true."

The young men in the Ingwe group expressed very similar views. All, in chorus: "Yes, yes. It's a punishment from God."

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

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

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

Silence and Stigma

One of the consequences of the enduring stigma around HIV/AIDS, in a context in which a certain distance is maintained between generations, is the manner in which children orphaned in the pandemic are told little or nothing about what is happening. This does not, of course, mean that they do not see and know, or, at least, do not come to learn the circumstances in which they lose their parents.

Paul, a 20-year-old university student, told me of his distress and bewilderment at losing both his parents as a young child, within the space of two years, and of the continuing silence of his family as to the cause of their deaths:

"I lost my parents early. I didn't understand. I was seven when I lost my dad and nine when I lost my mum. I didn't know what was happening. They never told us what really transpired. It's a Zambian thing that parents don't tell children very much – or perhaps it is an African thing. My dad had gone out [abroad] for studies. He came back sick with tuberculosis. The next thing I knew he died. I actually saw him die… It was by chance. I don't think they really wanted us to know. They were taking him to hospital. They were passing my room. I just happened to come out into the corridor. He died right there in the house… I couldn't understand what was happening.

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

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

3. Recommendations

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

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

- More ethnographic accounts of the contexts in which children learn gender, sex and sexuality are urgently needed.

- It has been noted that matters of "health" and "education" have too often been strictly divided into separate domains. In the major recent UNAIDS study "Sex and Youth" 1999, the authors lament the fact that the formal education sector, intellectually and professionally, has mostly been ignored in the narrow definition of health that exists in most countries and in many international responses to date and recommend: "A marked upgrading of effort in HIV/AIDS prevention and sexual health promotion among young people is also needed. This means introducing, developing and upgrading sex education programmes in educational institutions. This requires distinctively educational expertise..."

- Included among such expertise should be process drama, which can be used both in educational institutions and in a wide variety of contexts beyond the classroom and with all age groups: children, parents and grandparents. This drama can help to create an enabling environment where participants can become partners in the search for solutions. In some respects, this is similar to the type of "experiential or process training" which Schoepf *et al* (1991, 1993, Schoepf 1993) adapted and employed to help in the development of "a critical consciousness" among women in Zaire (now Democratic Republic of Congo) at a community level.

- Process drama is designed to engage the participants affectively and intellectually. It can challenge a fatalism that is at times linked to negative self-images. It is one way of involving and sensitising boys, young men and others in the fight for the rights of all, both infected and affected. This is especially important in a context in which homosexual boys and young men are silenced because of the prevailing condemnation of sexual practices publicly deemed by many to be both "unmanly" and "inhuman".

- More attention needs to be given to rural areas. There has been a disproportionate amount of attention given to those in easily accessible urban areas.

- More attention needs to be given to those boys and young men who manage their lives without respect to prevailing gender norms where sexual activity is concerned either by abstinence, fidelity to one partner and the practice of safe sex, to explore what lessons can be learnt.

- There is a continuing need for dialogue with, and to lobby, church leaders in order to reduce the confusion of many young people about the causes of HIV transmission and the methods of safer sex and to challenge such notions as AIDS is a punishment from God.

- Given the enormous amount of interest, time and effort that boys give to football, safer sex messages featuring football icons (like the current UNAIDS poster featuring Ronaldo) should be distributed more widely.

PART TWO

4. Process Drama as a Tool in HIV/AIDS Education and Prevention

Throughout Southern Africa and beyond, there is an urgent and recognised need to find new ways to confront the many issues that the HIV/AIDS pandemic raises, especially around questions of gender, prevention and care. It is further recognised that we can no longer afford to delay the instruction of children and adolescents about the dangers and consequences of risky sexual behaviour.

Process drama is an effective methodology that can help to nurture the AIDS-competent child. As noted in the recommendations in Part One, it can be a powerful tool, helping to create an enabling environment in which participants can become partners in the search for solutions. Significantly, it is capable of use not just in educational institutions but in a wide variety of contexts beyond the classroom and embracing all age groups, from the young to the aged. Participation gives a considerable degree of control in rehearsing and conveying a particular message or messages, as well as the ability to reach large audiences.

This methodology has the potential to address the wide range of

contexts in which children learn about sex, sexuality, where gender relations are made manifest and where sexual encounters take place. It can be employed to explore issues such as prevention, the care of those who are HIV-positive or suffering from AIDS-related conditions, the care of those affected by the pandemic, questions of stigma and discrimination. It can also be used as a vehicle for developing an awareness of the consequences of power in gender relations and the importance of social justice.

Teachers can be trained to use Process Drama in the day-to-day delivery of the curriculum, including HIV/AIDS. Facilitators can also be trained to carry the method beyond the classroom to a variety of contexts and audiences, working in the most appropriate language for the participants.

The remainder of this book illustrates and explains the potential of process drama in the fight against HIV/AIDS. It describes in detail experiences arising from a pilot project in Zambia (see section 5) and seeks to give as accurate an account as possible of the unfolding dramas so that those who are unfamiliar with the process drama methodology may gain a reasonable understanding of what it entails. An ethnographic account of this type offers considerable insights into the perceptions, knowledge and desires of participants. They offer a window on to pupils' and students' lives beyond the classroom, reveal their understandings and approaches to health and illness, and highlight debates about gender, sex, generation, family, "tradition" and "modernity" in a time of HIV/AIDS.

Data gathered in this way may be fed into continuing efforts to develop effective educational strategies. Because of the wealth of material produced in the classroom, it was obviously not possible to follow up many issues due to the constraints of a brief pilot study. Lessons from this project will continue to be learnt for some time to come.

Nor will answers necessarily be readily found to all questions. The issues raised by the HIV/AIDS pandemic are multiple and complex. To what extent, beyond informing and entertaining, do

many conventional drama performances influence behaviour? Given the private nature of intimate physical relations, this remains very difficult to ascertain. To what extent have the plethora of messages about HIV/AIDS been delivered, how have they been received, and will they be acted upon? As in all circumscribed research, reflection and writing will continue beyond the time frame of the pilot project.

What is Process Drama? A Theoretical Background

Process drama is a genre of theatre devised by the participants themselves. It has been developed for schools and other contexts where Theatre for Development/Theatre in Education performance may not be readily organised or available. It aims at establishing emotional investment on the part of the participants so that those involved "take the message to heart", engage with it, reflect upon it, and ideally use it to shape their own conduct.

Process drama - often called drama in education, "living through" drama or "experiential drama" - is created not for a watching audience but for the benefit of the participants themselves. They are the ones who, together with the teacher or facilitator, make meaning *for themselves*.

Process drama is always concerned with people and their lives. And because drama is a social, interactive arts process, it creates experiences that enable the development of cognitive, emotional, social and creative understanding and skills. It is drama that is based upon the principle that learning takes place most effectively when it is contextualised. The dramatic context provides an appropriate lens through which the participants can examine relevant themes (see Bowell and Heap 2001, *passim*).

Process drama builds upon the insights of Dorothy Heathcote and Jerome Bruner. In his work on education, Bruner insists that in order to usefully know, we need to feel. In *Towards a Theory of*

Instruction, he argues that a learner needs to participate actively in the learning process and that a child's feelings, fantasies and values need to be incorporated into lessons so that knowledge becomes personalised and, one might say, the learner takes possession or ownership of that knowledge.

By its very nature, the drama process makes that possible in the manner in which it affords the opportunity for first-hand interactive learning experience. Bowell and Heap comment: "In creating a world within a drama and inviting children to invest directly and actively something of themselves in it, the teacher creates the opportunity for understanding to be perceived which is directly transferable to the real world." (2001: 2)

Process drama is a whole-group performance, essentially improvised in nature, in which attitude is of greater concern than character and whose aims include social learning and personal development. Bowell and Heap explain: "[The] participants in process drama will not normally be involved with learning and presenting lines in a pre-written dramatic text – a play - but will be 'writing' their own play as the narrative and tensions of their drama unfold in time and space through action, reaction and interaction.

"It focuses on developing a dramatic response to situations and materials from a range of perspectives. In other words, participants in process drama take on roles that are required for the enquiry, investigation or exploration of the subject matter of the drama. The task of the teacher is to find ways in which to connect the pupils with the content and enable them to develop responses to it through active engagement and reflection." (2001:7)

According to Bowell and Heap: "Within the group, there always lies enormous scope for individual difference. Children are familiar with taking on adult roles in their dramatic play…[they] are extremely perceptive from a very young age and early in life recognise that the power to control and change the *status quo* often lies firmly in the hands of adults." Bowell and Heap comment further: "Having recognised this, they assume adult roles in their dramatic play in

order to understand and empower themselves…One of the cornerstones of process drama is a recognition that learners who gain a sense of ownership about their learning by having the opportunity to help shape its direction have a greater commitment to it and gain more from it as a result" (Ibid: 46).

Bruner outlined at least three systems of representation and learning: the symbolic, the iconic and the enactive. "Much of what happens in schools occurs in the symbolic domain, principally where letters, words and numbers are the things that stand for concepts, objects and calculations. In most educational systems worldwide, it is this system of the symbolic representation which is privileged. Pupil competence is measured in terms of how well they can handle these writing and numerical systems" (Bowell and Heap 2001: 72).

Process drama sessions held in a variety of Zambian settings have demonstrated the importance of getting an optimal balance between the visual and expressive, or in Bruner's terms the iconic and enactive. Process drama, while using all three systems, is a method by which the balance may be redressed in favour of the enactive, which can play a crucial role in establishing emotional engagement and offering the possibility of multiple viewpoints, hence deepening empathy. This is a highly valuable method as it opens up avenues through which children and other participants can draw upon their life experiences in a non-threatening context facilitating, in Dorothy Heathcote's (1995) phrase, 'education for self-direction'.

5. Future Positive: Educating Zambian Children

Introduction

The purpose of the Future Positive pilot project was to explore, demonstrate and document the effectiveness of process drama in HIV/AIDS education in a range of situations and with a range of participants in Zambia. These included:

1. A high school.
2. Basic schools.
3. Teacher-training colleges (primary and secondary).
4. In-service teachers.
5. HIV/AIDS Ministry of Education focal personnel across the country.

Process Drama in High School

Location and project type: Libala High School, Lusaka; two-day project with grade 11 class.
Topic: Raising an AIDS-Competent Child

Overview

The drama at this particular school was distinguished by the fact that it was not completed in a single visit, but was devised and developed over two three-hour sessions conducted one week apart. However, despite this extension of the contact time, the content of the double session developed to such an extent that the drama work could easily have been sustained over an even longer period of time.

Project Account

First session. Present: 38 grade 11 pupils; 21 female, 17 male

After introductory explanations, the facilitator, Brian Heap, tells the class that together they are going to explore some of the complex issues posed by HIV/AIDS. He explains that he will take on a role and it will be up to the class to discover who the members of the class are supposed to be.

Brian: Good morning consultants. My organisation is called Planned Parenthood International. We need your advice about how to raise an AIDS-competent child. Are we all clear about what I mean by an AIDS-competent child?

(Some discussion among class members.)

Brian: Are you not sure? Well, I mean the issue is how to bring up a child who has all the knowledge she or he needs to have about HIV/AIDS so as to live a healthy life. Let's imagine that we want to raise a male AIDS-competent child. We want him to become a successful adult. What makes a successful adult male?

(Class members volunteer suggestions and Brian records them on the board, as outlined below.)

Successful Adult Man:
A good job.
A family.
A nice house.
Life experience.
A good education.
Hard work.
A good wife.
A good salary.
A good plan.
Good health.

Brian: Good. Whatever happens from now on, we are going to secure these things for our subject. Now who is willing to represent this person? (A boy volunteers. Brian thanks him.)

Brian: But we will need to go right back to the beginning. We will go right back to the time before he is born. We need a family for him. And we will need to give him a name.

(Class members volunteer several names, but agree on the suggestion of Chico.)

Brian: Good. So his name is Chico. Now what is his position in the family? Where does he fall in the birth order?

(After further discussion among class members, they agree that Chico's family should consist of his parents and five children. Chico should be the third child. The birth order of the children is agreed to be as follows: daughter; son; Chico; daughter; daughter.)

Brian: To help our investigations, we will need to portray this family. Who is willing to represent Chico's mother? (A female student volunteers.)

Brian: Good. Thank you. Now choose a husband. (The girl selects one boy who agrees to take on the role of Chico's father.)

Brian to the two parents: Good, thank you. Now choose your other children.

Brian: Good. Thank you. Now, what we need to do is to try and portray this family in a still image. How would you arrange this family?

(After some discussion, the class agrees to arrange the family with father and mother standing together and the children arranged according to their order of birth.)

Brian: Good, thank you. Now, would the parents have favourites among their children? Would certain children have certain responsibilities? Who would be closest to the mother? Who would be closest to the father?

(Brian invites various members of the class to come out to the front of the class and to rearrange the family members in the still image according to what they think would be most appropriate.

Once they have rearranged the family members in the still image, Brian asks them to explain their decisions. The girl who takes the role of mother steps out of role to rearrange the family. She puts the first-born daughter and the last-born daughter together.)

Girl/Mother: The last-born is always liked by the first-born. (She puts the boys according to birth order after the parents, followed by the girls, the oldest daughter being positioned at the end of the line after the last-born child.) The oldest daughter has big responsibilities for her brothers and sisters. She gives advice to them. She behaves like a parent. She is the mother when the mother is not around.

Brian: So in this image the first-born in the family seems to close off the family in some way.

Girl/Mother explains why the boys are arranged close to the parents: Sons are given more respect than daughters.

Brian to class: Why?

Chorus: It's tradition.

Girl explains: The second born – that's the oldest son – will become the father if the father dies.

Girl: Girls will not inherit property. So girls are put at the end.

Girl: If she is a widow, she no longer has power. So she's put at the end.

Brian: Good, thank you. Now we need to go back to the time before Chico arrives. What conditions are necessary for Chico to be born a healthy child?

Girl: His mother has to go for regular check-ups.

Girl: She should eat a balanced diet.

Boy: The father has to look after himself too.

Brian: Yes. We have to make sure that both parents are HIV-negative. So the first test for Chico in his life is a healthy birth. Can you think of a song for Chico? A song for the baby when he is born and when he is a baby?

(Pupils agree on a song in vernacular which in translation says: "Let him be born and have experience for himself.")

Brian: Let's make a note – an announcement for the newspaper

telling people about the birth of Chico.

(Some of the class members read their announcements.)

Brian: During the break I want you to think about the stages of infancy. Let's think about infancy. What does infancy mean? When does infancy end?

(Class members discuss this question and after some debate agree that infancy is from birth until the age of three.)

(After the break the family members are asked to come out to the front of the class.)

Brian to class: Now this is your chance to question members of the family.

Girl to Chico's father: Do you think you will play a big role in looking after Chico?

Father: No. I think most of the time the child will be with the mother.

Boy: Will you play with the child?

Father: No, not really.

Boy: Are you going to teach the child how to behave?

Father: It's too early.

Brian: So it looks like you think Chico's father has little to do here.

(Class members now question Chico's mother.)

Girl: What are you going to do to make sure that your child remains healthy?

Mother: Go to the ante-natal clinic.

Girl: I have a suggestion for Chico's father. You should help around the house, change his napkins and play with the baby. At least you should do that.

Girl: The father should start to develop a relationship with Chico even when Chico is young.

Brian: Is there any danger for Chico? Is it possible for him to contract HIV in infancy?

Girl: There is a very slight possibility of infection from breast

milk if the mother has become infected.

Brian: Are there any other dangers?

Girl: He may be malnourished.

Brian: What about the other members of the family? What role do they have to play? The other brother and sisters? And what of another person? I am thinking about the grandmother. Is she the father's mother or the mother's mother?

Girl: It should be the wife's mother.

Brian: Is she important?

Chorus: Yes, she is. She's very important.

(Brian demonstrates thought-tracking. He stands behind the grandmother and says: I don't really agree with these disposable nappies. Brian invites other class members to come and speak in the grandmother's voice.)

Girl: I don't like powdered milk.

Brian: Any other ideas for the grandmother? Do you have grandmothers? Do they disagree with some of your ideas about things?

Boy: I think I should use traditional medicine for the health of the child.

Girl: The child should be taken to the village so that the elders and the spirits will make sure that the child is healthy.

Brian: Consultants, are you happy with that?

(Some girls say 'No!', while some boys say 'Yes!')

Girl: Christians don't agree with that.

Girl: Christians cannot accept those rituals.

Brian: What about the relationship between Chico and his grandmother? Will she have a lot of influence or not?

Boy: If his parents don't agree with rituals, they won't agree for the child to be taken to the village.

Boy: If Chico spends a lot of time with his grandmother in the village, then she will have a lot of influence on him.

Brian: Are there any other diseases that might be a test for Chico?

Various class members: Measles, chickenpox, polio, malaria.

Brian: Okay, let's think about Chico's infancy some more. He's playing; he's learning a lot through play. What do you think he is learning?

Boy: He may also learn about danger – like keeping away from fire.

Brian: Is it possible for him to learn about HIV?

Majority of class: No! No!

Girl: But if he can learn that fire is bad, then he can be taught something about HIV.

Brian: When is he going to learn about gender?

Majority of class: Later, later.

Brian: Is he going to learn about gender or not? Let's ask him. (The boy representing Chico is invited by Brian to the front of the class.) Chico, well you are a baby but you can speak for yourself. Chico, you are in the hot seat. Do you see anything that tells you that you are different from girls? What have you observed?

Chico: I see my father when he is working.

Brian: Who's taking care of you? The main person?

Chico: My mum.

Brian: Do you see much of your dad?

Chico: No, I don't.

Brian to class: We are moving into childhood. How long will childhood last?

Boy: Until you can take care of yourself, get married, get your own home.

(Some groans from some class members.)

Boy: In Africa, when you are 18 you are still a child.

Other class members: Even later.

Brian: We are going to have group discussions. We want to define childhood. Just a quick discussion. When is Chico going to stop being a child? And is there another stage between childhood and being an adult?

(Time is allowed for group discussions.)

Brian: Let's hear from your spokesperson what you decided.

Group 1: From three years to puberty
Group 2: From three to 12
Group 3: From three to 12
(Other groups agree with groups 2 and 3.)

One spokesperson (a boy) explains: By 12 you can take care of yourself.

Boy: What kind of caring?

Boy: Personal care. Caring for yourself. And financially.

(Much laughter from class members.)

Brian: Well, what about street children? They live on their own, don't they? They are children but they take care of themselves. But, now, in childhood, are there any dangers in relation to HIV/AIDS? See if in your groups you can put together a still image. Try and show as a still image what is happening to Chico during childhood. How can we express growing in a still image? An image that shows that Chico is developing?

(After some discussion, each group presents their still image to the class. In one still image, the teacher is put in an elevated position. Chico is on a lower level with his friends. Chico is now at some distance from his mother. Brian asks group members to explain their still image to the rest of the class and then summarises their comments.)

Brian: This is very interesting. Towards puberty Chico's mother's influence is waning. The peer group influence is getting bigger. Chico's mother is not such a big influence. The teacher takes some responsibility but as time goes on, others become more influential.

Brian: Is this a dangerous time?

Class chorus: Yes! Very!

Brian: How and when do we start talking to Chico about HIV? Can things happen before puberty?

Boy: We need to start from six upwards – from then we should start talking to the child.

(Various class members express agreement and disagreement.

Some suggest ten would be a suitable age, others suggest 12.)

Brian: What of those who experience puberty at ten?

Some class members: Yes. Twelve might be too late.

Brian: Good. We are negotiating a suitable age about when to start talking about HIV/AIDS to Chico. Are there ways in which we could introduce the message to Chico which would be suitable for his age? What message can we give him? Think of what it was like at six. Think of your brothers and sisters. In your groups discuss what would be a suitable HIV message for a six-year-old.

After discussions, the spokespersons for each group report back to the class and Brian records their ideas in summary on the blackboard as follows:

1. The outcomes of the disease.
2. Restrict films with sexual content.
3. Include HIV in teaching about the dangers of life.
4. Avoid using used razor blades.
5. Inform the child of the danger of HIV/AIDS through stories.

Brian: Good. Time is running out. What I want to ask you to do is – in your groups – to design two posters, one suitable for a six-year-old and one suitable for a 12-year-old.

Brian: I want to congratulate you all on keeping Chico alive and well up to the time he is 12. Well done.

(End of class.)

Second session at Libala, one week later

Present: 35 pupils (20 female, 15 male), 3 representatives from Save The Children, 1 Ministry of Education representative, 1 DFID (the British government's department for overseas aid) representative, Anthony Simpson. Towards the end of the session, they were joined by two officials from the Ministry of Education.

Brian begins the class by recapping the theme of the previous week's class: raising an AIDS-competent child.

Brian: We were trying to raise a child – the middle child, Chico – to be healthy in a time of HIV/AIDS.

Brian writes on the blackboard:

CONSULTANT RECOMMENDATIONS TO PLANNED PARENTHOOD INTERNATIONAL ON RAISING THE HIV/AIDS-COMPETENT CHILD

Brian: We haven't finished with childhood. I asked you last week when we should start HIV/AIDS education. You said the age of six. Did you manage to do any posters? Good. Let's look at them. We decided we would make two posters for each group – one sending a message to a six-year-old and one with a message for a 12-year-old.

One group brings up a poster: AIDS CAN KILL. The poster is divided into three sections: a fat (= healthy) man; an extremely thin man; a grave.

Brian: We need to be able to read it, don't we? If someone looked at this poster and they couldn't read the heading, what might they think the message is?

Boy: They might think it is about hunger. The person looks like he is starving.

Brian: Yes, if the person can't read, they may get the wrong message. It's very beautifully done, but it uses scare tactics, doesn't it. We've used a lot of scare tactics when talking about HIV/AIDS.

Poster 2: AIDS IS REAL

The father in the poster is asking Chico: "Do you know about HIV/AIDS?"

Boy explains: Chico is afraid of the question because it is coming from his father.

Brian: We may have to follow up this question even more. It brings up the question of parents even more. Can we check back to the family? Can we bring back Chico, his mother and father? Can

we look at your final image of last week?

(Members of one group present their still image: Three stages in Chico's life – Chico close to his mother; Chico close to his teacher; Chico and his peers)

(Brian invites the grandmother out to the front and wraps a tie-dyed cloth around her shoulders. He rearranges the still image. Chico stands next to his teacher with his grandmother next in line, then the older brother and the older sister, then the parents, and the other children.)

Brian: We've got the whole family gathered now. If we are going to talk to him about HIV/AIDS, who is the one who is going to talk to him? Okay, we are going to use the technique we used last week. I am going to invite you to come and speak the thoughts of all or any of these people. I will start off. I will speak for the teacher: "I think it is unfair for me as a teacher to have all the responsibility for HIV/AIDS education."

Mother (girl) speaks for grandmother: As his grandmother, I have a big responsibility to teach Chico.

Brian: You stepped out of role as mother to pass on the responsibility to the grandmother.

Chico speaks for father: I don't think I will talk to Chico.

Boy: As a father, I'm scared to talk to my son about HIV because I have never spoken to him about this before. It involves a lot of things.

Brian to Chico's father: Have you spoken to him about sex?

Father: No, I haven't spoken to him about sex. According to the old days you should talk to him about sex when he is 25 – that's when he'll undergo some traditional ceremonies. That's when he'll be taught how to stay with his wife, what to do in marriage.

Brian to father: Have you spoken to your older son?

Father: No, I haven't spoken to him.

Brian: You don't think he's going to be sexually active?

Father: No! (He laughs. Other class members groan.)

Boy: Nowadays things are different.

Brian to father: Did you wait until you were 25?

Father: I abstained until I married. He's going to follow in my footsteps. (More groans from class members.)

Brian: Would anyone like to speak? Would anyone like to speak as the grandmother?

Boy for grandmother: My position is that I think the parents who are with Chico in town all the time should speak to him about sex.

Brian: It seems like no one wants to talk about this thing.

Girl from her seat in class: That's the problem in Africa.

Other girls in chorus: Yes!

Brian: If you want to ask any of the others some questions, you can. Big sister, has anyone in your family spoken to you about HIV/AIDS?

Girl as big sister: Grandmother has told me some things, but nothing deep.

Girl to mother: Don't you think, as Chico's mother, that you have the most important role – because the father is away at work all day?

Girl as mother: Well in the world today, yes, I do talk to my children. With HIV/AIDS it's important.

Brian: What's your message?

Mother: They should abstain: not get involved in sex at an early age. Yes, they should abstain.

Boy: It's very difficult to abstain when you don't have a girlfriend, but it's easy when you have a girlfriend. When you don't have a girlfriend, that's when you have evil thoughts about sex.

Girl: What if he has pressure from his friends? What if your girlfriend disagrees with you?

Girl to mother: But if the children go astray, then what is the mother going to tell the children? If you know they are going astray, you know they are involved in sex…. You know in this world today…. And then there is the influence of friends…

Girl as mother: That's why the grandmother is here.

Boy to Chico: Has anyone told you about HIV? AIDS?

Chico: Yes, the teacher.

Boy: What did he tell you?

Chico: He told me to abstain but he didn't tell me why.

Brian to class: I think we need to go back in time. Remember that image of the mother yielding influence? I think we need to go back in time with Chico. You said that we should start educating the child about HIV/AIDS from the age of six, but this family doesn't seem to have started yet and Chico is moving into his teens. Can we imagine Chico at five? What are some of the questions he is asking at five years of age? (Pause)

I will start: "Why do people die?"

(Class members volunteer other questions and Brian records them on the board.)

Boy: Where do babies come from?

Boy: What is HIV? Is it a car?

Boy: When am I going to be an adult?

Boy: Where do people go when they die?

Boy: How do I know that someone is HIV-positive?

Brian: Would a six-year-old ask the question in this way? Perhaps your question would come later. What do the rest of you think?

Girl: I am hearing about HIV/AIDS, what is it?

Boy: How do you become an adult?

Brian to class: So what we are beginning to understand is that children are asking questions from the time they are very young, even if the parents are not talking to them. After the break we are going to see what kinds of responsibilities we think each member of the family has. Are we going to ignore the child's questions?

Chorus from class: No!

Brian: Okay. So in the break think about how you might answer the child's questions.

(Break)

Brian restarts the session: So the issue is how can the child be managed to become an HIV/AIDS-competent child?

(Brian wags his finger and says jokingly in an adult's voice: "You ask too many questions, little boy!")

Girl: When he asks, we'll try and give him the answers.

Brian in role: I'm under pressure because Planned Parenthood International needs my report now!

(Brian divides the class into five groups, one all-male, the rest mixed.)

Brian: Working in your groups, I would like you to put together between three and five statements about whose responsibility it is to ensure that Chico is raised to be an HIV/AIDS-competent child. If we look at early childhood from three to six, do you think the child is beginning to take more responsibility for himself?

Chorus: Yes.

Brian: Mmm. In adolescence, peer influence is going to become greater.

(Brian gives each group a specific task, a particular time period to consider, as set out below.)

Brian: Group 1 (all-male), what conditions must be there for Chico to be born healthy and to stay healthy once born?

Group 2, how can we make sure that we get Chico successfully from birth to three years of age?

Group 3, how do we get the child safely through early childhood?

Group 4, you are going to look at childhood through six to 12. How do we ensure Chico remains healthy and is an HIV/AIDS-competent child?

Group 5, you are going to look at age 12 and above. How do we get Chico safely through adolescence?

(Having allowed time for group discussions, Brian invites a spokesperson from each group to report back and he records the statements on the board, as below.)

CONSULTANT RECOMMENDATIONS TO PLANNED PARENTHOOD INTERNATIONAL ON RAISING THE HIV/AIDS-COMPETENT CHILD

Group 1. Pre-natal

1. Both parents go for HIV test and counselling.
2. When both are found to be negative, they should remain faithful to each other.
3. The mother should have regular check-ups at the ante-natal clinic.
4. The mother should have a balanced diet.
5. The mother should avoid over-work in pregnancy.

Brian: I want to congratulate this all-male group on their sensitivity in providing such good guidelines.

Group 2. Infancy

1. Immunisation and health checks.
2. Right nutrition/balanced diet.
3. Check-ups for mother.
4. Continue to monitor breast milk transmission.
5. No sharp tools.

Group 3. Early Childhood from three to six

1. Try to answer the child's questions about death, HIV and sickness.
2. Try to make answers appropriate for his age.

Brian: So if the child says where do babies come from, what do you say?

Group member: Babies are a gift from God.

Others in class: We bought the baby at the Shoprite (supermarket chain).

Brian: I think you are sidestepping the issues. What if the child sees the mother with a big stomach?

Chorus: She's full (= she's eaten a lot of food).

Brian: Where is the baby?

Chorus: In the mother's stomach.

Brian: Not in her stomach, but in her womb. Mmm, we may have to refine these points further.

Group 4. Childhood from six to 12

1. Parents need to talk to children about HIV/AIDS – in greater detail (adds Brian).
2. If recommending abstinence, parents must talk to children and give assistance to them.
3. Children begin to read for themselves about HIV/AIDS.
4. Parents should monitor children's friends.
5. Parents can encourage children to get information from outside the class.

Group 5. Adolescence

1. Greater communication between parents and children about HIV/AIDS.
2. Parents must not put off talking to children until they are 18 or even older.
3. Warn children about connection between HIV/AIDS and drugs/drink (= alcohol).

Brian: So we are beginning to see that Chico should take more responsibility, from the time when he was being taken care of totally, when he was born and in his infancy, through childhood and adolescence. So, would we all agree that talking to children should start early?

Chorus: Yes.

Brian: And parents need to know what other information the child is getting.

(Brian now directs the pupils' attention to the visitors seated at the back of the room.)

Brian to class: I want you to imagine that the overseas consultants have now arrived. These people are not easy. You've given them your views but perhaps they may still have some questions for you.

Save the Children Sweden: It seems that you have a lot of information about HIV/AIDS, so what more do you want to know?

Boy: Parents don't talk to us. When a child is eight, parents should talk to him.

DFID: How did you find out about HIV/AIDS?

Girl: I learnt at primary school and at clubs in school.

Brian: So teachers can be very influential.

Boy: Just a few days ago my mother was talking to me about AIDS because she found out that I have a girlfriend. Now she's very free.

Brian: But it's only now because of the girlfriend?

Boy: Yes.

Anthony Simpson: What I'd like to know is how do you think we can help parents to talk to their children and who should do the talking.

Boy: I'd advise parents to be gentle when talking to their children.

Boy: The mother is the one who should talk to the children.

Girl: Yes, it's the mother.

Boy: As a boy, I think my dad has the responsibility to talk to me.

Girl: Anyone who is interested should talk to us.

Boy: Parents are shy. They haven't been used to talking…

Girl: Parents are uncomfortable.

Save the Children Sweden: Are there different kinds of information for boys and girls?

Boy: It's similar.

Boy: It's just the same because the information is the same for boys and girls. Boys and girls can contract sexually transmitted diseases.

Save the Children South Africa: How do you cope with the changes in your body – the transition from childhood to adolescence, the body changes, especially for the girls, menstruation, for the boys those dreams at night…

Boy: No one has explained that to me. But they teach us at church camp. But not our parents…

Boy: As for me, I hang around with older friends. I'm 18 and they are 25, so they explain to me: "Now, you are a big man…"

Boy: We learnt about reproduction in grade 9.

Ministry Representative: Is it useful for parents to look at growing up by concentrating on different phases?

Chorus: Yes.

Several pupils: Yes, it was good to look at different phases.

Girl: We go through different stages.

Ministry Representative: So it's better for parents too…

DFID: Do you think you will apply what you are telling Chico in your own lives? Which source is more influential for you? Your mother? Friends? Older friends? Who is most likely to influence you?

Boy: If I was Chico, yes, I'd follow, yes, if I want to be a successful person in life… There are organisations like Youth Alive, Youth Forum.

Girl: As a teenager, I think at times it is difficult to know who to listen to – your teacher, your friends…

DFID: Are there people giving you bad advice?

Chorus: Friends! Friends!

Save the Children South Africa: What's bad advice?

Boy: Let's go and drink beer. If that girl wants to talk to you and have sex with you, then listen to her.

Save the Children South Africa: I heard a lot of murmuring when abstinence was advised. What would you like to hear apart from

abstinence? Would you like your parents to talk to you about condoms?

Boy: No, I wouldn't like my parents to give me advice about using condoms.

Boy: No, you have to abstain. Using condoms will mean I'll be committing a sin against God.

Girl: Abstinence is the best way. Condoms are not 100 % safe.

Girl: We are still young. We should not be using condoms. Abstinence is best. It's in the Bible…

Boy: If you have been advised to use condoms by your parents, then they are not stopping you. The parents could be encouraging you…

Girl: Okay. Abstinence is the best thing, but you have friends. They also influence you. Now condoms, okay, they are not 100 % safe but still, we teenagers, we have that mind to experiment. So we should use condoms…

Boy: I disagree. Fornication is a sin. God says: "Don't do it."

Girl: People sin. Parents should give us a choice! If you haven't abstained, then you should use condoms. Now, without condoms I could get AIDS and how is that going to help?

Boy: No, that's not good.

Boy: No.

Girl: Most of the time parents, mothers, they say: "You are going to get pregnant." They don't talk about HIV/AIDS. But some friends advise taking the pill, but that won't prevent me from getting AIDS.

Save the Children South Africa: If you could look into the future and see that your child will die of HIV/AIDS, what would you choose to tell your child? Abstain? When they die?

Girl: Okay, you abstain, but then you try it [sex], because everyone thinks it's cool. Now if your mother just told you about abstinence, now, that's how you are going to die.

Boy: Can someone elaborate on abstinence? What does it mean?

Save the Children South Africa: Do young people really abstain?

Chorus: No, no. They don't abstain…

Boy: Your mum advises condoms, but then the condom breaks, then you get AIDS, so it's best to tell your child: First abstinence and then condoms… Use all angles…

Ministry Representative: There are different kinds of abstinence. Some people abstain completely. Some abstain, after experimenting, after experiencing – we call that secondary abstinence.

Brian to class: Do you have any questions that you would like to ask our visiting experts?

Boy: This is for any of you who are parents. Have you spoken to your children about AIDS?

DFID: Yes, I have two daughters. One is 14 and the other is 12. I did talk to them about sex and about AIDS, but I didn't find it easy. I think my wife is better at that. But still, it's necessary to go through the pain and the embarrassment. To talk about something that is private to yourself is difficult…

Boy: Which is better? To abstain or use condoms?

Ministry Representative (acting chief inspector): By far the best solution is abstinence, but there will be individuals who don't abstain. So, for those individuals, the next best thing is to use condoms. But advising the use of condoms is not saying: "Go and have sex."

Boy: Why can't people just abstain?

Ministry Representative (acting chief inspector): You said it yourself – peer pressure. There's so much pressure…

Anthony Simpson: I have seen a lot of young people die. People I taught. They were not "evil" or "bad" people. They were beautiful young people, just like you.

Brian: The message, in the end, has to become a personal message, an individual message. You need to take this information for yourself. Make it your own. What we are trying to do is to get to the personal level. We have to have a variety of messages. Each of you – you are going to create your own way to survive this crisis.

Save the Children Sweden: Speaking from a Swedish perspective, there are too many scare stories. You know: "If you have AIDS, then you must be a bad person." This shouldn't be seen as a weakness. Sex

is something good. Sex does not have to be seen as sinful…What is "love" for us?

Save the Children South Africa: Sometimes the issue is about hypocrisy, people being hypocritical…

(End of class)

Observed Outcomes

- The pupils entered the drama activity willingly and with little evidence of serious inhibitions.
- The pupils demonstrated a clear understanding of the drama strategies and theatre conventions introduced and used by the facilitator.
- The general level of language of the students was high, as was the level of discussion and debate.
- A number of very interesting insights were given into the pupils' perceived notions about relationships and responsibilities within Zambian families.
- The framework used to structure these two sessions appeared to help the students in organising their demonstrated, extensive but fragmented knowledge pertaining to HIV/AIDS.
- Some interesting observations regarding gender were made as a result of the interaction of the students in this drama. During a hot-seating session the male student depicting the father of the fictitious family being portrayed expressed gender typical sentiments about not feeling any great responsibility for the direct care of his young son. This was in sharp contrast to the extremely caring attitude displayed by a group of young men in the class which had been asked to make recommendations about the care of the child during the pre-natal phase of its development.

- There was some considerable debate around abstinence and condom issues. It was noted that many young people said that they did not want their parents to talk to them about using condoms since this would be tantamount to encouraging inappropriate sexual licence.

Process Drama in Basic Schools

Three basic schools were visited as part of the process drama project: Lukanda Basic School, Kapiri Mposhi; Muleya Basic School, Lusaka; and Mukuni Basic School, Kazungula District. The accounts and experiences from each of the sessions are detailed separately below.

Lukanda Basic School, Kapiri Mposhi

Location and project type: one-day project with grade 9 class.
Topic: Stigma and HIV/AIDS

Overview

This presentation of the process drama methodology was extraordinary because of the sheer depth of engagement with the dramatic material demonstrated by the pupils generally.

Their commitment to the fictional circumstances of the drama was exceptional and manifested a great degree of emotional understanding and sensitivity. Unlike the pupils at Libala and Muleya, the group of pupils at Lukanda had not been visited by the facilitating team beforehand, so the session began "cold". However, after initial introductions had been made, it became clear that this was a particularly sensitive and creative group of pupils.

When a broom was introduced into the classroom and the pupils were invited, in turn, to demonstrate its use imaginatively, they were quickly and creatively willing and able to respond with a number of ideas, and the activity served as a very efficient "ice-breaker".

Project Account

Present: 35 grade 9 pupils, half of them selected by the school administration from each of two grade 9 classes; five staff members from the counselling and the drama departments; Brian Heap; a representative from the Ministry of Education; Anthony Simpson.

Brian begins the session by asking the pupils to explain what they understand by "drama". One female student volunteers "dancing", another female student "acting" and a male student adds "even like a comedy".

Brian: Well, today we are going to do some process drama. You are going to do the drama for yourselves. We'll begin with a little exercise so that I can get to know you and you can get to know me. (He picks up a broom.) What's this?

Chorus: A broom.

Brian: Yes, but in drama we can use it for something else. (Gestures using the broom as a violin bow and sings a tune.) What am I doing?

Several voices: You are playing a violin.

Brian: Yes, and this (indicating the broom) is a violin bow. Now what other things can we think of – how can we use this broom as something else?

(Several students volunteer suggestions and they are invited to the front of the class to perform their imaginative use of the broom, while the class is invited to name the object into which the broom has been transformed through drama. Brian writes a list of the uses proposed by the pupils on the board. The gender is stated of those who volunteered a use.)

Girl: a microphone
Boy: a pool stick
Boy: a gun
Boy: a guitar

Girl: a cooking stick
Boy: a golf club
Boy: a paddle
Boy: a cobweb broom
Boy: a baseball bat
Girl: a walking stick
Boy: a tennis racket
Boy: a hammer
Boy: a rake
Boy: a sword
Girl: a hoe
Girl: an axe
Girl: a ruler
Boy: martial arts stick
Girl: a pounding stick (a mortar)
Girl: a pen/pencil
Boy: a toothbrush
Brian: a horse
Boy: a *panga* (machete)

Brian to class: This list on the board has come about because of drama, because we have used our creativity. This is what I want us to use here today. I want us to use our creativity and our imagination. I want us to use process drama to think about the HIV/AIDS curriculum and to explore some of the situations that arise. We are going to work together and think about HIV/AIDS and how it affects people.

Brian continues: There's a young Zambian boy. He's fourteen. (Brian puts a man's jacket on the back of a chair in the front of the class.)

Brian: We need to give him a name. What shall we call him?

Class member volunteers: Steven.

Brian: Good. Can we give him a Zambian name as well?

Class member volunteers: Mubanga.

Brian: Does all the class agree? Is it okay if we call him Steven Mubanga?

Chorus: Yes.

Brian (indicating jacket on the chair): Good. You've met him. He's sitting right here. You are using your imagination. He's not very happy because he's HIV-positive and because he doesn't have many friends. He was HIV-positive at birth.

Brian to class: Why doesn't he have many friends?

Boy: Because people are afraid that he might transmit the virus to them.

Girl: Because of his own feelings of being isolated. He doesn't want to mix with people.

Girl: He thinks people will laugh at him.

Brian writes on the board the points volunteered by the class members and asks: Can I add something?

Chorus: Yes.

Brian: He does not trust anyone. (Brian writes this point on the board.) It would be a good idea if we found out a little more about him, if we found out a little more about what happened when he was born…When he was born, his mother died. He had a brother, an older brother, but he couldn't cope. Can I ask someone to come and represent Steven's brother?

(A male student volunteers and comes forward. Brian wraps a tie-dyed cloth into a bundle representing the baby Steven and hands the bundle to the pupil who has volunteered to represent Steven's brother. The male pupil immediately starts to rock and comfort his baby brother.)

Brian: Shall we give Steven's brother a name?

Class member: John.

Brian: Can we give him a Zambian name as well?

Class discuss and one pupil volunteers: Musonda.

Brian: Can we all agree that his name is John Musonda?

Chorus: Yes.

(Brian then explains thought-tracking.)

Brian: I want you to imagine that you are John Musonda. What is John thinking? If you can imagine what John is thinking, I want you, when you are ready, to come to the front, put your hand on John's shoulder like this (Brian demonstrates) and speak in his name. I will begin. (Placing his hand on John's shoulder.) I don't know where I am going to get money for food.

(A number of pupils follow Brian's example and come to the front of the class, place their hand on John's shoulder and speak in his name, as follows:)

Boy: Where will the baby get milk?

Girl: I wish mum was here; then things would be easy.

Boy: Since I am not fully educated, I will have to go to the streets and beg.

Girl: Will he grow or will he die?

Boy: I don't know how to take care of him.

Boy: If I go to the streets, who will take care of the baby?

Boy: Do I tell anyone?

Boy: How will we survive?

Boy: I want to stay with him.

Girl: I don't know how I am going to manage.

Boy: Should I take him to the Child Welfare or should I take care of him myself?

Boy: Will Steven be educated or stay as I am?

(As the pupils are speaking, Brian records these thoughts on the blackboard.)

Brian then continues: We are going to move the story forward. John Musonda is going to write a note and leave the baby at the Child Welfare place. He's going to leave the baby on the doorstep, but he's going to leave a note pinned to the baby's clothes. Imagine you are John Musonda. Now, write the note that you think will persuade the Child Welfare people to look after him.

Pupils write the notes on small pieces of paper. Having given the pupils sufficient time to write the note, Brian invites someone in the class to sing a traditional lullaby, a song for putting a baby to sleep

A male student volunteers a song and the rest of the class join in. Then Brian explains that the class will sing a verse of the lullaby and then pause while a class member reads aloud the note they have written. After each reading, the lullaby is repeated. The pupils use some of the points listed on the board that reflect their imagination of what John is thinking. Some add further embellishments to the letter. The quality of the letters was high. The letters were collected at the end of the lesson. Here are a couple of the notes written in the name of John Musonda:

1. (male pupil): I am 12 years old and I have a big problem. I am staying with a baby and both of our parents have died due to this disease of AIDS. So I have decided to bring the baby in your hands because I have no access to the things I need to keep him. I am very willing to keep him but I have no money, so please keep him.

2. (female pupil): I have left this baby (Steven Mubanga) here because I have failed to take care of him. I am his elder brother aged 12 and our mother and father died of AIDS. Steven is also infected but I am not. I have decided to leave Steven here because I have nowhere to get money for the necessary things for the baby and I have no idea of taking care [how to take care] of such a young baby like him. I very much wanted to stay with him, but because of money resources I have failed to [do so].

(After eight class members have read their letters, Brian thanks the class for sharing their ideas and announces a ten-minute break.)

Before releasing the class, Brian says: While you are out of the class, during your break, I want you to think about what might have happened to Steven between the time that he was left at the Child Welfare Department and today. After the break we are going to try and piece the story together.

(After break)

Brian: Now we are going to grow him up. We need to find out what has happened in between the time he was left at the Child Welfare

Department and today, when he is 14 years old. (Brian divides the class into six groups.) First, in your groups, talk about this. When you have discussed this among yourselves, choose one person from each group to report your group's version of the story to the rest of us.

(Having allowed sufficient time for group discussion, and having spent a little time with each group, checking they understand the task, Brian invites the spokesperson to tell the rest of the class the scenario that they have devised. Brian writes a summary of each scenario on the board as follows:)

Group 1: Steven spends two years at an orphanage until a childless Japanese couple adopts Steven and takes him to Japan. Steven develops tuberculosis. Others suspect that he is HIV-positive and he is rejected by them.

Group 2: Steven is educated and taken care of by the Child Welfare Department. He becomes worried about his future. He is told only recently about his HIV status.

Group 3: Steven's uncle finds him and takes care of him.

Group 4: Steven is taken by the Social Welfare Department to an orphanage. He grows up there, but because of his HIV status, he doesn't have any friends.

Group 5: Steven is not told about his HIV status by the Child Welfare Department. He grows up in an orphanage and only discovers his status when he begins to get sick while studying in grade 7.

Group 6: John never forgets his brother. He finishes his education and brings Steven to come and stay with him.

Brian then says to the class: All the stories you have given us would be interesting to do. Would it be possible to look at this one – group 6 – where John comes back to look for his brother?

Chorus: Yes.

(Brian puts two chairs in the front of the class and arranges the jacket that was used previously over the back of one of the chairs.)

Brian: Who will represent John and Steven? (Two male volunteers step forward and sit down. Brian seats Steven on the chair with the jacket.)

Brian to class: We are going to do the same thing we did earlier. You are going to speak on behalf of John who is now 26 and Steven who is 14. Imagine what this meeting is going to be like. At any time we can stop the conversation and add something, or ask something, or challenge something.

John hugs Steven: I am sorry but I had to do it.

Steven: What really happened?

John: Our mother died and I never knew where father was.

Brian to Steven and John: Please stop.

Brian to class: How do you think Steven is feeling?

(Brian writes Steven's feelings as expressed by the pupils on the board.)

Girl: Steven feels very happy.

Girl: He has to ask who he – the man – (John) is.

Girl: I don't know who you are. Why should I give you a hug?

Girl: He's confused.

Brian: Is that right, Steven?

Steven: Yes, I'm feeling confused. I don't know whether he (John) is speaking the truth or not.

Girl: So he has to ask John, "Where have you been all this time?"

John: I passed through difficult times. A man took care of me, but I always planned to come back for you.

Brian: Is Steven satisfied with this explanation?

Chorus: Yes.

Girl as Steven to John: What happened to our parents?

John: They died a long time ago. They had this terrible disease AIDS. (To Steven) I am afraid you have it too. My mother passed away after giving birth.

Brian: John is a very good role model for us. Why?

Boy: Because the first thing he wanted to do was to hug his brother.

Brian: And he knows?

Girl: That he is HIV-positive.

Brian: Hugging an HIV-positive person shows that he is a good role model. He is showing his concern. He is preparing Steven for his return. John has no fear of Steven because he is HIV-positive.

Brian: I want us to go one step further. I want you to consider yourselves and Steven. His brother John has shown us that we don't need to have any fear about being close to an HIV-positive person. Certain things have to happen, don't they, for us to be at risk? What are those things? I mean like there can be mother-to-child transmission, can't there? What else?

Girl: Having unprotected sex.

Girl: Sharing razor blades.

Boy: Using the same needle for an injection.

Boy: Also by blood donation.

Brian: Why are some people frightened of HIV-positive people?

Girl: Because there is no cure.

Boy: Because they are illiterate about the disease.

Brian: Well, here we have a class of young people who are HIV/AIDS-competent. Perhaps you can help others to see the importance of not shunning others. People who are shunned might indeed become dangerous. Would you all be willing to be a friend to Steven?

Chorus: Yes.

(Brian reads back some of Steven's feelings.)

Brian: Steven still is not sure whether he can trust other people. I want you to write to Steven. What are you going to say to Steven to gain his trust and persuade him that you can be friends? How will you convince him that you are genuine? Steven is now waiting to see if he can trust the people in this room to be his friends. When you write now, you are speaking directly to Steven.

(Brian asks the boy who earlier represented Steven if he is willing to do so again. This time before Steven sits, Brian puts the jacket on the boy.)

Brian to class: Now I want you to read your letters directly to

Steven.

(Various class members now read their letters. Here are some quotes from some of those that were read out in class:)

Boy: I just want to be your friend. Trust me. I like you very much.

Girl: I want to be your friend. Don't think about others. I know you need someone to talk to. There are others who are HIV-positive. You are not the only one.

Boy: I know the situation you are in. I am in the same situation. I thought at first that people would reject me. A man explained to me how I can keep healthy.

Girl: I realise what you are going through. That's why I want you to trust me. I know more about this disease. I will talk to you about it.

Boy: Although you are HIV-positive, I will still be your friend. Many should pray for you and people should hug you. You know you can't get HIV from your friend by playing together.

Girl: I know how you feel… Don't feel rejected. I used to be like this, but now I understand.

Girl: I would like to be your friend. I know your status, but I will not be like others. I promise you that I will always be there for you.

Boy: I want to become your friend. I know it was not your wish to become HIV-positive. I know I cannot be infected if we are just friends.

Boy: I am your friend. Just put yourself in the hands of God. You are not responsible for your status.

Boy: I know that you do not trust anyone, but I want to be your friend. I know that it is not your fault.

Boy: I want to invite you to be positive. HIV is not a death sentence. I want to be your friend. I am not going to laugh at you. I know how you get HIV/AIDS.

Girl: It's not your fault. I'll always be by your side.

Boy: I want to be your friend. We can pray together.

Boy: I would like to be your friend. I feel pity that other people

laugh at you. You are not the one who is responsible. It was not your wish. I know that you cannot transmit the disease by just touching a person or by playing together.

Boy: Don't worry about others who refuse to play with you. Don't feel bad. Let us teach them… Trust me.

Girl: I am here to encourage you to be open to everyone. We can share things in our daily life. Don't worry. God knows that you are not responsible. AIDS has got no mercy… May God bless our friendship.

Boy: AIDS is just like any other disease.

Boy: Blessed are those who make peace. AIDS is not transmitted by eating together or playing together. It is transmitted by unprotected sex. We cannot sleep together because I am a boy and you are a boy. We can pray together.

Girl: Don't worry. You are not the only one suffering from HIV/AIDS.

Boy: You are not alone. It is not the end. You need to go out and do things that will make you happy.

Brian: Thank you. Now what I am asking you to do is this. If you are willing to be Steven's friend, I would like you to come out to the front. Come out if you would like to give him your letter and stand in solidarity with him.

(They do so. This is the end of the session. Brian collects the letters from those who are willing to hand them in. Below are three letters in full.)

Girl: I would like to be your friend. Steven, I know that you have HIV/AIDS. If you have that disease, it does not mean that you should not have friends. You cannot transmit that disease to anyone because of being friends. I promise you that I will be there for you in everything. Even if you are in trouble, I will never disappoint you. Be proud of yourself. Don't worry about anything because you are not the only one who has AIDS.

Boy: I am a boy of 14. The main purpose of writing this letter is that I want to become your friend. Although you are HIV-positive,

I know that it was not your wish to be like that. Don't think it is the end for you to be delighted in this world. Remember that you can live longer on this earth if only you abstain from this [these] girls. Trust me with all your heart. I know I cannot be infected just because of being friends. And I am looking forward to have a conversation with you.

Gender not indicated: Steven, I know just how you feel about it, this that you are HIV-positive, especially that you have no friends to trust. Everyone is running away from you because you are HIV-positive, but don't feel rejected. I once had a niece with HIV/AIDS. People could never shake hands, not even sharing food or plates with her. I once was also running away from her, but now I know you can't get AIDS by shaking hands, not even by sharing the food. So all you need is to be loved and appreciated the way you are. Because you didn't want it but it just came through birth. So don't worry. I am always there for you.

Observed Outcomes

- The students warmed quickly to the circumstances of the session and were willing to share ideas and information, in spite of not having had the orientation mentioned above.

- Because this orientation had not taken place and there had been no opportunity to talk with the pupils about HIV/AIDS, and the issues that might be of concern to them, the facilitator felt it was enormously important to protect them into the experience of the drama.

- The pupils appeared to empathise quickly and deeply with the situation presented in the "stigma" drama. In this particular school the drama involved a young boy forced to forsake his baby brother, so it was deliberately skewed towards consideration of the emotional life and behaviour of young Zambian males.

- Because of the deep engagement of the class, the moment in the

drama in which a boy from the class agreed to take on the HIV-positive role by putting on the jacket achieved a heightened significance that appeared to make a deep impression on the participants.

- The pupils' declarations of friendship for the HIV-positive boy portrayed in the drama were ritualised when they handed their written declarations to him, shook hands and stood in solidarity with him at the front of the class. This was an extremely moving moment, all the more so for the levels of belief, dignity, respect and truth with which the pupils imbued it.

Muleya Basic School, Lusaka and Mukuni Basic School, Kazungula District

Project type: two one-day projects with grade 9 class
Topic: Stigma and HIV/AIDS

Overview

At Muleya, visiting the school beforehand and speaking with some of the grade 9 pupils about their concerns relating to HIV/AIDS provided a more secure entry into the day's activities for everyone concerned.

Mukuni was the most challenging session conducted by the facilitator out of all the schools and colleges visited. More than any of the other schools, this one would have benefited enormously from an orientation visit like those at Muleya and Libala. According to the head teacher, more than 200 out of the school's 710 pupils were AIDS orphans. Any future work of this type in this or other schools would require careful initial orientation for the pupils, teachers and visiting facilitators.

Observed Outcomes

At Mukuni:

- The pupils were understandably inhibited, being suddenly shifted

from a situation in which they were alone together in the classroom.

- The 'broom' exercise served as a diagnostic tool in this instance.
- When placed in groups to conduct discussions, the pupils did so almost exclusively in vernacular languages.
- The team was informed after the session that the class contained a high number of orphans. Some of the shifts from silence to exuberance noted in the course of the session may well, in part, be attributed to a high proportion of traumatised children.

Process Drama with Teachers in Training

Three teacher-training colleges were visited as part of the process drama project: Kitwe Teacher Training College, David Livingstone Teachers' College and Nkrumah Teachers' College. The accounts and experiences from each of the sessions are detailed separately below.

Kitwe Teacher Training College (primary)

Project type: one-day workshop with 45 primary teachers in training and three lecturers. The day consisted of three sessions, each approximately one-and-a-half hours in length.

Overview

The three sessions presented included:

1) An overview of the background and philosophy of process drama
2) Participation by the student teachers and college lecturers in a demonstration of the general application of process drama to broad-based education and classroom teaching
3) Participation by the student teachers and college lecturers in a demonstrated application of process drama methodology to the HIV/AIDS curriculum

Observed Outcomes

- A central observation at Kitwe Teacher Training College, and subsequently at Nkrumah Teachers' College and at David Livingstone Teachers' College, was that the participating student teachers appeared to have experienced some previous exposure to "learner-centred" approaches to teaching, even though they were just beginning the second term of their first year at college.

- An impressive attempt by a student at Kitwe to define drama was volunteered - "an action of play by one person or several".

- Students were willing and able to participate freely in the "broom" exercise, indicating a high level of acceptance of creative play behaviour.

- After noting the importance of "traditional" forms such as songs, rhymes, proverbs, games etc. that transmit important concepts, principles and community values from one generation to the next, the student teachers were able, in groups, to demonstrate several examples, presented mainly in vernacular languages.

- In the demonstration of the application of process drama to broad-based education and classroom teaching, the participants showed great willingness to take on roles in a drama about the importance of the railways to people in Zambia, and to shift their point of view within and around a problem.

- The participants at Kitwe were able to move quickly from one type of dramatic strategy to another, from expressing opinions in role in a community meeting, to writing a letter in role as a concerned citizen, to participating in one-to-one interviews for a national radio station. This readiness to absorb so many new ways of working meant that they were able to move quickly into a range of different ways of working in the final demonstration of the application of process drama to the HIV/AIDS curriculum.

Comments

It was at Kitwe Teacher Training College where process drama was first used to explore the notion of the stigma associated with HIV/AIDS. This particular scenario was repeated with different gender combinations in the three teachers' colleges visited, as well as in the grade 9 classes visited in three different schools. The drama underwent a number of transformations each time it was re-devised, with different learning outcomes emerging as a result of the negotiations between the students and the demonstrating teacher.

Central to the structure of the drama was:

- The possible survival of an HIV-positive baby until the age of 14.
- The enormous burden of responsibility felt by AIDS orphans left to care for younger siblings.
- The dilemma of choosing between the struggle to keep a family together versus the pressure to break family bonds in order to survive.
- The expression of that struggle in role, verbally, in writing or both.
- The adjustment of strategies according to required outcomes e.g. a) thought-tracking the inner feelings of an older sibling left with responsibility for an infant; b) writing a note in role to an orphanage or welfare organization; c) writing a letter out of role expressing friendship and solidarity with an AIDS orphan; d) group role playing counsellors tackling the problem of guilt with the older sibling; e) re-constructing the reunion of the siblings; f) expressing feelings about the reunion in role, verbally, in writing or both.

This particular drama was initiated by the demonstrating teacher each time it was presented in the different locations. The 14 year-old HIV-positive youngster was "signed" into the room as either a jacket (male) or as a piece of tie-dyed cloth (female) carefully arranged on a chair. The same child as an HIV-positive infant was signed into

the room by turning the tie-dyed cloth into a swaddled bundle and by asking a student volunteer to represent the HIV-negative older sibling, and hold the "baby". It was felt to be important *not* to ask any student to play an HIV-positive role unless he/she was really committed to the drama and able to do it willingly.

Students were invited to offer suggestions for a traditional lullaby, which in all instances was sung in a vernacular/home language. The lullaby was of critical importance and served several functions in the drama, including locating the action of the drama firmly within the culture of the students, punctuating and connecting the notes written to the orphanage to the main action and introducing metaphor/poetic form into the action. In addition, the lullaby reinforced the flashback in time used in the drama, and at different times served as a device which symbolised both re-emergent memory and the emotions rekindled by the reunion of the separated siblings.

David Livingstone Teacher Training College

Project type: one-day workshop with 60 primary teachers in training and lecturers.

Overview

The structure of the day's activities followed a similar pattern to that presented in Kitwe. However, in Livingstone a much larger number of college lecturers were in attendance, most of whom were present for the whole day. The session was characterised by the same type of caring, nurturing atmosphere which had also been a feature of the visit to Kitwe, and once again the primary student teachers appeared to have been introduced to and appreciated the importance of "child-centred learning".

Observed Outcomes

- Once more, there was a high level of creative participation in the

"broom" exercise, which also served as an "ice-breaker" for this large group of students and college lecturers.

- When invited to present singing and team games that teach concepts, values etc, this group demonstrated enormous range, from a reconstruction of ritual praying to ancestors for rain (with a student in role as a chief/rainmaker involved in trance/spirit possession), to competitive ring-games testing reflexes and memory, all sung or chanted in vernacular languages.

- The participants' extraordinary degree of willingness to enter the drama and to take on roles enabled the facilitator to introduce more strategies. In a re-devising of the work on the "Threatened Closure of the Railways in Luanshya", first developed at Kitwe Teachers' College, the letters of protest written by the students in their role as individual citizens of Luanshya were used, not only as the basis for a radio programme, but also for television interviews. These TV interviews were freely improvised but constructed on the solid foundation of the fictional lives which the participants had already devised for themselves in writing. In other words, the students were fully equipped to handle such an improvised interview because they had already been given the opportunity of building up a picture of their own roles in the drama in a previous activity.

- The sheer size, enthusiasm and ability of this group to imagine creatively and go deeper into the drama through additional strategies meant that the work also slowed down. It proved more difficult to bring complete closure to their work on "HIV/AIDS and Stigma" simply because of the constraints of time. For example, the group supplied three different traditional lullabies sung in vernacular languages and a large number of the participants wanted to participate in the reading-in-role activities.

Nkrumah Teacher Training College

Project type: one-day workshop with 33 secondary teachers in training and lecturers.

Overview

The secondary student teachers at Nkrumah Teachers' College appeared somewhat more reserved and marginally less confident about giving themselves over to the drama than the primary student teachers in Kitwe and Livingstone, most of whom entered the drama with no major reservations at all.

However, the Nkrumah student teachers quickly warmed to the ideas about the process drama methodology presented to them and demonstrated a complete commitment to it in the "Luanshya railway" drama conducted to demonstrate an application of the methodology to general education.

In the application of the process drama methodology to the HIV/AIDS curriculum in the final afternoon session, the student teachers participated fully and demonstrated a high degree of imaginative creativity.

Observed Outcomes

- One of the clearest examples of voluntary cross-gendered role play emerged towards the end of the session when a male student, writing in role, chose to express the first-person feelings of the female protagonist. (See further comments below re. the Anti-Aids Teachers Association of Zambia.)

- Nkrumah students demonstrated a high degree of controlled improvisation when exploring the reunion of the brother and sister in the "stigma" drama, and were able to depict a number of possible alternative outcomes.

- The traditional lullaby used by the students in this drama was

very effectively recycled as an important symbol of the siblings' bonding at the time of their reunion.

Process Drama with In-service Teachers

Overview

This highly energetic alliance of teachers, Anti-Aids Teachers Association of Zambia, appears to have been motivated to organise into a special interest group primarily by the devastating losses to HIV/AIDS sustained by the teaching profession in Zambia.

Initial discussions would seem to indicate that the group has already used dramatic performance in presentations about HIV/AIDS to pupils in schools. The approach taken with the day's activities for Anti-Aids Teachers Association of Zambia, AATAZ, was similar to that used when working with teachers in training, i.e.

1) Delivery of background, rationale, philosophy and educational theory underpinning the methodology of process drama.
2) Demonstration of a worked example of process drama applied to general education.
3) Demonstration of process drama methodology applied to the HIV/AIDS curriculum.

Observed Outcomes

- The AATAZ teachers displayed a high level of participation, coupled with an active demonstration of creative imagination and ability.
- The participating teachers showed an appreciation for and grasp of the theoretical underpinning of the methodology and its implications for education and for themselves as classroom teachers.
- While one or two of the participants still seemed to be clinging to their love of performance, the overwhelming majority exhibited

great willingness to work within the parameters of the strategies offered to them.

- The session was characterised by a great deal of cross-gendering of the role-play. It is, perhaps, important to point out that in employing some drama strategies, e.g. writing in role, cross-gendered role-play may arise as a result of choice, while at other times it may be involuntary, arising out of the context of the drama. A participant in the drama may choose to depict a role of the opposite gender, as at Nkrumah Teachers' College, when, given the choice, a young man chose to express the feelings of the sister in the drama rather than the brother. This was done in the first person, in writing and then read aloud. In other situations, participants were asked specifically to write as the brother, thus automatically placing the female participants in a cross-gendered role.

- A series of negotiations in the drama resulted in a number of similarly interesting portrayals:

  a) The brother in the "stigma" drama was represented by a female in role

  b) The sister of the boy was portrayed by a male in role

  c) The brother's wife was portrayed by a male in role

  For the final tableau, in which the brother and sister were reunited, the main protagonists were restored to their gender equivalents for the purpose of reflecting on the personal meaning of the reunion for each of the roles.

Process Drama with HIV/AIDS Ministry of Education Focal Personnel across Zambia

Overview

The day's activity was broken down into three sessions. Session 1 provided an overview of the theory underpinning process drama, together with illustrations. Session 2 involved an extended work example, as well as identification of themes for the afternoon session. These themes were taken from the Zambian Ministry of Education's published guidelines on HIV/AIDS. In the third and final session, participants worked in groups to develop their own process drama themes around HIV/AIDS.

Observed Outcomes

- A number of issues emerged, including the observation that HIV/AIDS has multiple sub-themes and situations embedded within it.
- Dramatic engagement leads not only to cognitive understanding but also to affective "innerstanding". Some participants might have been uncomfortable taking an HIV-positive role and should be protected as far as possible into the experience and allowed to do so only when they are ready and willing. Writing-in-role was again observed to be a most effective strategy in leading participants to empathise with the condition of being HIV-positive. This was particularly evident in the exercise "Letters Home", in which HIV-positive roles wrote letters to younger siblings warning them of the dangers of risk behaviour.
- A high level of engagement on the part of all participants present was noted.
- An exercise involving a group still image of a family affected by HIV/AIDS raised a number of questions including: what should

parents teach their children about HIV/AIDS? Who should be the primary care givers? What are the roles of parents, peers and churches in dealing with the consequences of the pandemic?

Comments

There was enormous interest in questioning the fictional family members in this exercise, which built a web of emotional attachments, conflicts, dilemmas etc. This can be extended into personal empathy by having group participants select a family member and write a diary entry or letter from that family member's point of view. Thus the particular frame of the individual is extended to the group.

In the afternoon exercise it was observed that the group manifested some resistance to the participatory methodology in favour of performance. This may have been due to the fact that these participants were more likely to have been exposed to Theatre for Development/Theatre in Education approaches. However, the presenter was able to intervene and redirect the scenarios presented to reshape them in the direction of group participation. For example, an improvisation about a conflict between a male teacher and a female student was reshaped as a disciplinary tribunal in which all participants were involved and which raised important questions about school policy with regard to appropriate interaction between teachers and pupils outside the classroom.

One group presented a short play about a somewhat naïve father leaving his even more naïve and inexperienced daughter to the mercies of an unscrupulous male teacher. The presenter introduced "forum theatre" techniques as a way of inviting the other participants to demonstrate how this dangerous and potentially exploitative situation might be renegotiated. (See "Theatre of the Oppressed", Augusto Boal.)

6. Conclusions

Process drama does not emphasise performance but, rather, an affective engagement with the human dimensions of situations - an essential stage in any effort to encourage safe behaviour in a time of HIV/AIDS. Its successful application has a great deal to do with the "quality of talk" that it generates among pupils in the classroom and beyond. Role play drives the learning process at each stage and is not simply a culminating activity.

The observed outcomes give some indication of process drama's enormous potential as a tool in HIV/AIDS education and prevention in schools and colleges. This was highlighted in schools by participants' evident willingness to enter into high-risk and emotive drama and the speed with which they grasped the essentials of the methodology – not through these being explained by the facilitator but through their eager engagement and participation. The high degree of the participants' involvement was further evidenced in their commitment to work and in the writing that they produced in the course of the sessions.

The high level of English competency among pupils and students in pilot schools should not, of course, be assumed for remote rural schools. But the advantage of this methodology is that it can be used in any language, in any context and with both literate and non-literate participants. The eagerness of participants to draw upon Zambian traditions of song and storytelling was a marked feature of a number of sessions in schools and colleges alike. This is something which should be encouraged and developed further.

We need further research on the contexts in which children learn about sex, sexuality and gender. Process drama opens a window upon students' concerns as there is space for them to bring these to bear on the development of the dramas they actively create. Their participation is inevitably informed by their own life experiences. In the fictions they compose in the classroom children and young people

may explore and reflect upon the sometimes harsh and painful realities of their everyday lives – but in the safe space that process drama can create. This opens up the possibility of increasing awareness of individual difference and of moving towards the creation of personal solutions. Looking at different perspectives, we emphasise informed choice: what works for one person may well be different for another.

7. Recommendations

Our main recommendations include a three-phase training programme for teachers-in-training and in-service teachers and lecturers. A detailed proposal to undertake this programme will shortly be submitted by the authors to the Zambian Ministry of Education for consideration.

- While recognising the need for children and young people to be educated towards making informed choices among a variety of options, we strongly urge that such efforts must move beyond mechanical messages about sex and condoms to engage with the wider contexts in which any sexual encounters take place and where multiple issues such as care, stigma, power, influence and stress arise. We cannot ignore relationships, love, affection, trust, respect, desire, and local notions of personhood and relatedness. Process drama can assist in the development of coping strategies in the time of HIV/AIDS. In the content of teaching there is a need to move beyond fear and scapegoating. Process drama, when sensitively handled, protects participants into the experience, always inviting rather than commanding participation.

- A coherent strategy for the training of educational practitioners in the methodology and application of process drama to HIV/AIDS should be developed. We suggest a three- phase approach as follows:

  1) A culturally appropriate training manual for teachers-in-training and in-service teachers which would give a solid grounding in the philosophy and practice of Process Drama should be developed and published. This would assist teachers and teacher trainees in developing dramas around the multiple and complex issues that HIV/AIDS poses.

     In conjunction with the production of the manual, a video

archive of classroom demonstrations of the technique with children and young people should be developed. These videos could then be used in training programmes for Zambian teachers and teachers-in-training.

2) The high degree of interest and engagement of teachers in training strongly suggest that a number of extended intensive workshops – of at least one week's duration – would be highly beneficial. The very nature of this pilot project to gauge the appropriateness of the methodology obviously ruled out this possibility.

   However, given the enthusiastic response to process drama in the classroom, the college setting and among teacher trainers and Ministry of Education personnel, the next logical step forward is the intensive training of a cadre of local process drama experts who could then disseminate the technique country-wide. We consider the most cost-effective approach would be to focus the major dissemination of the methodology in teachers' training colleges. Our, albeit limited, experience suggests that this would be most fruitfully done in primary teachers' colleges where an ethos of child-centred learning prevails. This would also resonate with the now widely accepted realisation that HIV/AIDS education must start at the earliest possible opportunity. Process drama has the flexibility to be easily applied to a variety of age groups, though this must, of course, be sensitively done.

3) A third phase in the programme would involve following process drama trainees into their classrooms to monitor, advise and assist. This support will also be crucial for in-service teachers. In addition, initiatives such as the Anti-AIDS Teachers' Association of Zambia should be encouraged.

- There is enormous scope for development, circulation and training in the use of further strategies beyond the 20 or so demonstrated

in this pilot project. Existing Ministry of Education HIV/AIDS guidelines should be explored in greater depth, together with such publications as "Happy, Healthy and Safe" and "Stepping Stones", as the basis for thematic exploration of the complex issues that the pandemic presents us with.

- There is a clear need for further sensitization of Ministry of Education senior personnel, teacher trainers and other frontline AIDS activists to this approach.

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