HIV/AIDS and sex education among the youth in Zambia: Towards behavioural change

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Introduction

In Zambia, the high prevalence of HIV/AIDS has altered traditional ways of sex education and has added new aspects to sex and sex education. Sexual behaviour starts at an early age. Children should be informed about HIV/AIDS before they start to be sexually active. In this article I will answer the question as to how sex education has been changed in the course of time, particularly due to the spread of HIV/AIDS.

In the 1990s I conducted research in Zambia. In the course of this period I saw many changes in society, and changes in sex related to HIV/AIDS and sex education. This article is based on fieldwork that I conducted in Zambia during six periods between 1992 and 2003, and additional literature on HIV/AIDS education. In 1992, 1995-6, 1999 and 2001 the focus of my research was female initiation rites. These rites focus on sexuality and sex education, and are related to fertility, gender relations, traditional religion and the social and religious position of women. In addition, this research included an analysis of the policy of the Roman Catholic Church in Zambia concerning initiation rites and gender relations. Fieldwork for this study was predominantly conducted in a town on the Copperbelt, a highly urbanized area, and to a lesser extent in a village in the Northern Province. In 2002 and 2003 I carried out research on the knowledge of HIV/AIDS among the Zambian youth and examined how the knowledge of HIV/AIDS is passed on predominantly by teachers at primary schools, but also by health workers, peer educators and parents. For this study personal and group interviews were held with children, teachers, health workers, peer educators and parents. This research included testing a game[1] that provides information about HIV/AIDS at primary schools among grade six pupils, teachers of several grades at primary school, health workers, peer educators and parents. This study was carried out in the same town on the Copperbelt where the previous studies had been conducted.

[1] The game is called Love Check, and was initiated by WEB Foundation and designed by Studio Lenz. The game consists of cards mainly with pictures of people. These cards should be put in the right order so that two stories will be shown. One story is about a man who contracts HIV/AIDS. He tells the bad news to his wife and children. They stay together as a family. This story teaches about how to treat an AIDS patient, and provides information and puts aside fallacies of HIV/AIDS. The other story is about a girl who is seduced by a sugar daddy and by her boyfriend. She refuses sex and presents, telling them that she wants to abstain from sex before marriage. This story teaches about abstinence from pre-marital sex, faithfulness in marriage and using a condom. The game was tested among 196 children, 31 teachers, 14 peer educators and health workers and 5 parents.

In the course of these periods of fieldwork, from 1992 up to 2003, I have noticed changes in the Zambian society. There has been an ongoing economic decline, resulting in increasing unemployment and poverty. Next the spread of HIV/AIDS and its immense consequences have become clear and have subsequently led to social and economic changes. Changes can also be seen in sexual behaviour and sex education and ideas about HIV/AIDS.

This article will examine changes in sex education. It will focus on sex education in the past, such as given during initiation rites, and today as given in schools, and examine how sex education for girls and boys both in traditional and modern teaching has been changing. It will analyse sexual relationships between young people and notions of sexuality in Zambia. It will pay attention to gender aspects among boys and girls and in relation to HIV/AIDS in Zambia. HIV/AIDS education is not only given in schools, but also by (local) NGOs. Therefore, some local NGO HIV/AIDS campaigns will be presented. HIV/AIDS has much impact on the Zambian society and has demographic consequences. I will start with this topic, to picture the impact of HIV/AIDS on the Zambian society and in particular on the Zambian youth.

Socio-economic and demographic effects of HIV/AIDS in Zambia

In Zambia, everyone is currently confronted with HIV/AIDS, be it oneself suffering from AIDS, or having lost relatives, neighbours or friends due to this illness. According to UNAIDS (2002) in Zambia there are 1,200,000 people living with HIV/AIDS, of which are approximately 1,000,000 adults (15-49 years) and approximately 150,000 children (0-14 years). The total population is estimated at 10,649,000. The number of AIDS deaths in 2001 was 120,000. The number of children who have lost one or both parents is increasing and the number of orphans in Zambia is estimated at 570,000.

HIV/AIDS has developed in a time of severe economic crisis in Zambia, and has enlarged that crisis. Poverty and trying to survive are some of the reasons why people were not willing to talk and think about HIV/AIDS in the early 1990s (Mouli 1992). This was concluded by a local NGO, CHEP (Copperbelt Health Education Project) who conducted researches in the early 1990s. Also, HIV/AIDS was associated with illicit sex and immorality. Indeed, poverty increases illicit sex: because of poverty women have sex in exchange for money and goods.

Now, a decade later, everyone in Zambia is confronted with HIV/AIDS and people are talking about it. Many young Africans grow up watching their peers and parents fall ill and die. Average life expectation has dropped from 59 to 40 years (de Waal 2003, UNAIDS 2002).

HIV/AIDS has much socio-economic impact and has demographic consequences. For instance, the huge and increasing number of orphans is a major problem for the people concerned and for the society. While customarily relatives, usually uncles and aunts, looked

after orphans, this network of kin cannot provide assistance any longer, and now it is common that grandmothers take care of their orphaned grandchildren. However, due to the huge number of orphans and the increasing number of adults who become ill themselves or who are too poor to take care of others, many orphans are not looked after and are left in the streets. Therefore, NGOs and churches have founded orphanages recently. Also, after their parents' death, siblings remain together while they have to look after themselves.

Another demographic effect related to orphans is that the age of marriage, especially for girls, is decreasing. Particularly female orphans choose or are to a certain extent forced to marry at an early age, often at the age of twelve to thirteen years, because in marriage they will be looked after and have a place to stay. This means that they also are likely to get children at an earlier age than was the case in the recent past. Women might be expected to bear many children and to become 'full time' mothers, instead of having jobs (de Waal 2003). Or, I think in the Zambian case they will be both 'full time' mothers and have a job, because unemployment among Zambian men is very high, with women taking over the official and unofficial jobs (Rasing 2001). Hence the combination of a young age of marriage and getting many children puts a burden on women.

Another example of the demographic effects is that many teachers are suffering from HIV/AIDS, which results in a lack of teachers. The slightly higher number of AIDS cases among teachers as compared to the average number of AIDS cases among adults[2] is believed to be partly caused by the frequent sexual encounters of teachers with female students. As everywhere in Zambia, activities regularly stop for a few days when colleagues attend a funeral. In addition, because of the lack of teachers, at many schools untrained teachers are employed.

Moreover, some parents are too poor to pay school fees for their children, and orphans do not have any possibility to pay school fees. Therefore community schools have been founded, mainly by churches, sometimes in cooperation with NGO's from abroad. Teachers in these schools are people from the community (UNAIDS 1999) who are often untrained. Thus the quality of education here is poor (Rasing 2003).

Many NGOs, both local and international, and churches try to control HIV/AIDS by their programmes of information, programmes on condom use and emphasizing behavioural change. Some of them have tried to raise community-based programmes for education, prevention and care. This has meant that principles of voluntarism and respect for gender equality and human rights have tended to guide HIV/AIDS projects (de Waal 2003).

Also schools, in cooperation with local NGOs, have introduced AIDS education in their lessons. Before examining sex education in a traditional way and HIV/AIDS and sex education at schools, I will explain the Zambian world-view considering sexuality.

[2] It is estimated that the average prevalence rate of AIDS is 20% among the adult population, while for teachers this is slightly more (Baylies 2002).

Notions of sex and sexuality in Zambia

Sexuality plays a major role in Zambian society. Sex is surrounded by fear, but also associated with pleasure (Richards 1939, 1956, Rasing 1995, 2001). It is considered to be needed for health and physical and emotional wellbeing of men and women.

Marital sex is considered different from sex outside marriage and among the youth. Sex within marriage, *ukucite cupo* (literally to make a marriage), is seen as normal and legal. It should be surrounded by certain rituals, because it is related to the ancestral world. Sex outside marriage, *ukwangala*, literally 'to play', is considered not serious, illicit, and cannot be surrounded by rituals, since these can only be performed with the legal spouse. There is no ancestral blessing on this type of sexual intercourse. On the contrary, a person who has committed illicit sex remains polluted because s/he cannot perform the cleansing ritual, which consists of ritual washing of each other's hands with water boiled on a fire next to where the intercourse has taken place. As a consequence, s/he might be harmful to others. In particular innocent people risk to be harmed by eating food that is cooked by a person who is not cleansed, and who subsequently has polluted the fire and the food cooked on it. Therefore adultery is dangerous for people in the community. Adultery is also dangerous for the person him/herself. S/He risks contracting *icifuba*, a long known illness that is caused by illicit sexual contact and has the same signs as AIDS, such as loosing weight, diarrhoea, and coughing, and cannot be cured.[3] It is thought that the blood of the adulterer mixes with the blood of the third person and also with that of his/her spouse. This is considered very dangerous and subsequently there is a taboo on mixing blood (*wisakamane mulopa*). Blood is related to the ancestral spirits. This shows the world-view in which fire, sex and blood are related. It is even more dangerous to commit adultery when one's wife is pregnant, or when a woman herself is pregnant, because adultery during pregnancy will cause harm to the child and to the faithful spouse. When a woman dies in labour or when the child dies soon after its birth, the husband will be blamed for having been unfaithful to his wife (*ncila* or *ncentu*). In the past, such a man had to kill his sister as a sacrifice for the loss of a woman to her matrikin. Today, however, this custom has disappeared, but it still happens that men are blamed and punished by the in-laws when his wife or child dies in labour or soon after birth (Rasing 2001).

Sex education

Since sex is considered important, from early childhood onwards children are encouraged to play with their genitals in order to get familiar with all parts of their body and to facilitate sexual intercourse at a later age (Rasing 2001). For girls this means that they are told to make contractions with their vagina by playing with it. Around the age of eight, a girl is told to

[3] In the initiation rites, a song is sung: "There is no medicine for adultery, so I am going [to die]. *Umutebetebe umuti wabucende kuno tawabako na umwene kwishilya, eko ndeya.*

enlarge her labia minora.[4] This is supposed to increase sexual pleasure for both the woman and the man, and to facilitate giving birth.

Customarily, sex education for boys and girls is given by grandparents to their grandchildren, which means that grandmothers talk with their granddaughters and sometimes with their grandsons, while grandfathers talk with their grandsons. The information given is usually not straight forward but indirect in the form of stories (*imishimi*) and examples, while the girl or boy is told to do or not to do certain things. The education is not given at a fixed time. During childhood there are several moments in which a grandmother or grandfather reveals parts of sexual knowledge to his or her grandchild. Traditionally, it is taboo to discuss sexual matters with somebody from the opposite sex (unless with the spouse, and even then these matters are hardly talked about), but between grandparents and grandchildren this taboo does not exist. Traditionally, it is a severe taboo to discuss sexual matters with one's own child.

The last few years, however, in particular among people who belong to the middle- and working class in urban areas, women see themselves obliged to talk with their daughters about sexual matters. This is because at present adult children and their families often live far away from their parents, who usually remain in the villages. Moreover, mothers see the need of sex education because of the increasing number of pregnancies among young girls, and also because of the fear that their children will contract HIV/AIDS. Several mission churches, such as the Roman Catholic Church, also emphasize sex education as a mother's duty. Yet, the information women give to their daughters remains rather superficial, and consists usually of warnings not to indulge in sex before marriage and to keep away from men. Women consider also teaching boys, because boys lack sex education since fathers refrain from doing that and there are no grandfathers around (Rasing 2001).

During my observations of the game (see Introduction) played by mothers with their children of both sexes, I observed the mothers talking rather openly and freely with their children of both sexes about HIV/AIDS, sexual matters and condoms, and warning their children not to indulge in sex before marriage. These discussions are rather superficially, but nevertheless discussions arose about sexual behaviour, a topic that was until recently taboo between parents and children, regardless of their sex. At least there is some openness about sexual matters today.

Young people often find it difficult to talk with an adult about love affairs, because there is no one in their neighbourhood to discuss this subject with. In addition to the

[4] This is usually done in the bush, by simply pulling the labia, or by using leaves from the *mufungo* tree, a fertile tree, of which the small leaves have the shape of the vulva. These leaves are symbolically associated with female sexuality. In these leaves a hole is made so that the leaves can be pinched on the labia, and are kept like this for a while. Usually this practice is taught by the girl's grandmother, who takes the girl to the bush, but once they have learned this practice, girls themselves go to the bush in small groups to practice this custom. At present, however, particularly in towns, the pulling of the labia is done at home and a girl pulls her labia when she is on her own or together with her friends.

traditional sex education in initiation rites, lessons taught at schools, and sexual knowledge obtained from the media and picked up in the streets, many young girls and boys are eager to have more knowledge about sexuality. For them, the lessons taught in a traditional way, in indirect terms and stories, are insufficient. They wish a direct way of being taught, a more western way, similar to the lessons taught at schools, and wish to have more explanation and certainty about certain aspects. They feel the need to have clear information and more explanation.

In addition, they have sexual feelings and wish to experiment. Youngsters start having sexual relationships at an early age. According to a research conducted in Zimbabwe (Gule 1995), where the social situation is similar to that in Zambia, the mean age when children start having sexual intercourse is 11 years. It is not specified for the sexes, but usually girls start having sex earlier than boys. The research claims that more than one third of the students interviewed had their first sexual encounter when they were younger than 10 years (Gule 1995). This seems to be an early age, but it is the age at which people used to get married. Therefore knowledge about HIV/AIDS should be taught before children reach sexual maturity, so before the age of ten, or before they reach grade five (Gule 1995: V and 14).

Initiation rites

The main institution for young men and women to receive sex education is during an initiation rite. These rites are ancient, but still remain important today, even though there is no information given about HIV/AIDS. The initiation is a rite of transition. It sets a basis for adult life by constructing a new identity as an adult. Initiation equips maturing individuals with a vast body of social attributes that an adult person is supposed to know and deal with throughout his life.

Initiation rites support the structure of authority in the community. During the rites the authority of elders, male and female, is stressed. The youth are made to feel their dependence on the ritual status of elders, and after the rite, they are given superiority over uninitiated persons.

In initiation, boundaries between the genders, age, and between initiated and uninitiated, are both constructed and deconstructed. From a functionalist point of view, “initiation is a patterned performance whose purpose is action to achieve transformed individuals but whose effect it is to demonstrate the power of knowledge and legitimize a continuing social order” (la Fontaine 1986: 179). Initiation rites express and confirm solidarity and unity among women in the society, or among men in the society. Norms and values concerning gender, production and reproduction, and cosmological ideas are passed on. In addition, ethnic identity is stressed. Symbols and rituals contribute to the creation and maintenance of an inclusive cosmology. They contribute to the preservation of a social system through being

repeated. This does not mean that rites are conservative or ignore new elements, but the general world-view expressed in them seems to be maintained.

Almost all ethnic groups in Zambia have an initiation rite for girls, while some ethnic groups have an initiation rite for boys (Richards 1956, Turner 1967, 1969, White et al. 1958 Rasing 1995, 2001).

Female initiation rites

In Zambian and many other South Central African societies, girls' initiation rites usually take place at the onset of a girl's menstruation. During the rites the novice is secluded and receives instructions. These are performed by singing, dancing, and displaying clay models (*mbusa*) that express traditional values. The songs and clay models are cryptic, while the ritual leader, *nacimbusa*, or the girl's paternal aunt, *nasenge*, briefly explains the meaning to the girl.

Girls' initiation rites mark the passage from childhood to womanhood and after having experienced this rite the girl is considered an adult woman and is supposed to behave accordingly. She is incorporated in a group of women in society. Initiation emphasizes sexuality and reproductive roles within marriage, a (sexual) relationship with the future husband and establishing and keeping good relationships with the (ancestral) spirits, who are thought to provide the novice with fertility in order to have children. Also, domestic and agricultural duties are taught. In the rites the novice moves from a passive to an active state. This also concerns her sexual life, although young girls are told not to indulge in sexual activity before marriage. Nevertheless, they learn that adulthood includes the joy of sexuality. A girl learns that she can take the initiative in sexual relations with her husband and that she has to participate actively in intercourse.

In analysing urban initiation rites, Van Binsbergen (1998) uses the concept of virtuality. Virtuality is obtained when a ritual is transferred to outside the context in which it originally functioned and from which it originally derived its meaning. The ritual has come to function in a new context so totally dissimilar to the original that it becomes effectively meaningless in its new context, except for some new meaning that it may acquire in this new context in ways totally unrelated to the original (Van Binsbergen 1998: 878). However, initiation rites, which derive from the rural area, are not obsolete, but are still performed at present, even in urban areas in Zambia (Rasing 1995, 2001, forthcoming). They have neither lost their meaning, nor acquired a new meaning. Initiation rites still remain the main institution to teach about sexuality, in rural as well as in urban settings.

Male initiation rites

Although male initiation rites are less often performed than female initiation rites, (only in the Western part of Zambia), I will briefly pay attention to these rites following literature. Male initiation rites are usually performed in a group of boys. There can be wide intervals of age in

such a group. In this rite manhood is emphasised, which means strength, perseverance, independence and solidarity with other males. Often male initiation includes circumcision, indicating that to become a male adult one has to experience a ritual, but also experience bodily changes. In addition to the secrecy, the painful ordeal that boys usually go through in initiation unites the group together and differentiates the initiated from the uninitiated. The ordeal helps to maintain an ideal of manhood as an ability to face intense pain without flinching[5] (Bourdillion 1990).

After the rite the young men are incorporated in a male group. They do neither associate with females any longer, nor with their mothers. Initiation makes boys independent from their mothers. Due to the difference in age, for some initiation is not the cause of the changes from boy to man, but the affirmation of the changes that had already taken place. Initiation added the final touch to these changes (Droogers 1980: 372).

Sexual relationships among the youth

In the (pre-)colonial past, a boy who intended to marry a certain girl, paid bride service to his future in-laws. During this time the husband to be lived near the future in-laws. During this period the future couple was allowed to have sex occasionally. Sexual intercourse had to stop when the girl reached puberty, in order not to become pregnant. A girl's pregnancy before she had experienced an initiation rite was taboo and against the ancestral law. In case a girl would be pregnant, she and her child were killed or abandoned. Today, however, this custom has changed, due to colonial law and Christianity, both of which consider it as murder. Today, as soon as it becomes clear that an uninitiated girl is pregnant, she will be initiated (Rasing 2001).

Up to the colonial past, girls got married at the age of around fourteen, while boys married around eighteen years. Among my group of informants during research in 1995-6 (Rasing 2001) the majority of women said to have been married at the age of fourteen to fifteen, and having their first child one year later. Today, particularly in urban areas, people marry at a later age. First they want to finish school and often work a few years to save money for the bride wealth and for kitchen utensils needed in the home. Usually in towns girls get married between the age of 19-26, while for boys the age of marriage is around 25-30 years (Rasing 2001).

Today, it is common that girls and boys start having sex at an age which is considered early, but which is the same as in (pre-)colonial times. For instance, during my conversations with young girls in 1995-6, a fourteen year old girl who had recently been ill told me that at first she was afraid that she would be pregnant, because she had been 'playing around' with boys.

[5] In this regard manhood is opposed to womanhood, which is supposed to be soft and sensitive. However, women go through greater pain in childbirth, whereas the pain on boys is imprinted only in the cause of asserting various types of authority and asserts a certain lack of sensitivity of pain of one's own and that of others.

Boys and girls have unequal relationships. According to a research conducted by the Ministry of Education and UNICEFF (1996) in Zimbabwe, in which the mean age of boys was 17 years and girls 16, boys start a relationship with a girl because they want to have sex, while girls have more variation in their choice, e.g. sex, getting married or getting experience with a boyfriend. The boy leads the relationship and as soon as possible he leads it into sex. It is common that during the first private meeting the boy will try to have sex with a girl, while girls usually agree or give in to sex. Boys seem to be used to a rather aggressive approach right from the beginning. This is in accordance with what I learned from my interviews with young girls and women, and is also a common feature among adults indulging in casual sex.

It seems that sex is a must, although it brings more problems than happiness, especially for girls. Girls are often challenged by boys to show love by having sex. They feel that they should do everything their boyfriends ask them to do. They seem to leave the decision whether to have sex or not to the boys. The majority thinks that when one loves someone, one should show this by having sex. This might reflect the difficulty which young females often experience when they refuse sex (Ministry of Education/UNICEF 1996).

There is a lot of mistrust between boys and girls. They feel very unsure and uncertain about each other. Usually, once a boy has had sex, he will not accept refusal. Only about one third of the girls seem to be aware of this attitude. Only one quarter of the boys seem to respect the opinion of girls to indulge in sex or not to indulge in sex. Girls think too highly of boys in this regard, since they think boys respect their opinion or their decision more than boys actually do (Ministry of Education/UNICEF 1996: iv).

Once they have had sex, both boys and girls start suspecting the partner of having sex with other (wo)men. Girls are concerned about loosing their boyfriend and many are ashamed of having had sex. So for girls sex seems to cause more trouble than happiness. They are likely to be led into sex, and regret it afterwards. They feel that they cannot face the boy again, while boys often leave the girls after the first sexual contact. Only a few girls feel happy after having had sex and think that the boys will marry them (Ministry of Education/UNICEF 1996). About 60 % of the boys feel happy after having had sex. Having sex is seen as a big achievement for a boy, which should be reported to his friends. Almost all boys talk with their best friends about their sexual experiences, while about 40% of the girls would talk about having had sex with their friends. Peer pressure might be an important motivation to have sex (Ministry of Education/UNICEF 1996).

The majority of the youth do not associate sex with love or commitment. Almost half of the boys and one quarter of the girls think they can have more sexual relationships at a time. This early acceptance of promiscuity appears to reflect the lack of commitment with which many boys and girls characterise teenage relationships (Ministry of Education/Unicef 1993, 1996). However, this also reflects reality in marriage and future life expectations of

youngsters. Although both girls and boys have an adulterous attitude, more boys than girls are adulterous.

In my research among grade six students (9-14 years) in 2002-3 I found that some students said they were too young to fall in love. However, some of them already had sexual relationships. The majority of the students said it was best not to indulge in sex before marriage, and also said that they should finish their school education first. Although most young people disapprove of sex before marriage, it seems that their acts are not in accordance with their thinking. According to a study carried out in Zimbabwe in 1993 about 11 % of grade five to seven students (aged 12-14) said to have had sex (Ministry of Education/Unicef 1993). More than 40 % of the girls and slightly less boys had some sexual experience or sexual intercourse by the age of sixteen or seventeen (Ministry of Education/Unicef 1993, 1996). They feel this is necessary, because one should be sexual experienced before getting married. Also girls should have had sexual experience before marriage. This is in accordance with cultural ideas around sexuality and reflects the Zambian world-view in which virginity is not important, and in which a young man should have sexual experience before marriage. One third of the boys and girls think that the right time to have sex is when a boy promises to marry the girl, which is also in accordance with Zambian culture.

About half of the girls said to have been forced to have sex at least once, whereas 15 % of the boys admitted to have forced a girl to have sexual contact (Ministry of Education /Unicef 1993).

Until recently, although the knowledge that sex can result in pregnancy, STD's or HIV is very high, it seems that taking measures to prevent the consequences of sex are not taken. It seems that the youth is not motivated to protect their sexual acts, and the use of condoms is left to the partner, which usually means to the boy (Ministry of Education /Unicef 1993).

The majority of the boys think that the girl is responsible when she gets pregnant. It often happens that a boy will not take the responsibility for his child. Girls are aware that boys have sex without any commitment to sharing the responsibilities in case of pregnancy.

Girls tend to be passive in their relationships with boys, and to do whatever they ask. Also, they think they have to have sex with a boyfriend otherwise he will leave her. However, there might also be a strategy in the girls' passivity. Girls wish to have relationships with boys for the experience and possibility of marriage. Yet they know and expect that when they refuse to have sex, boys will leave them. This puts different pressures on girls. They are taught not to indulge in premarital sex, but also to look up to men, and place male needs before their own, and to value relationships.

Considering this early involvement in sex, schools can help the youth to be careful when having sex.

HIV/AIDS and sex education at schools

Since the mid 1990s HIV/AIDS education is part of the curriculum at all schools, from grade five in primary schools onwards and continues at secondary schools. HIV/AIDS education is integrated with lessons about human biology, (Christian) norms and values, relationships, friendship, responsibility, self esteem, the family, and making choices and decisions. The aim is to provide students with information about sex and HIV/AIDS and to make them reflect on risky situations they may find themselves in and discuss unsafe situations.

All teachers I interviewed in 2002 recognized the utmost importance of informing children about HIV/AIDS (except for young children in the age of four to six years). Most teachers thought this should be done at an early age, before they start experimenting with sexual behaviour. However, some teachers were hesitant to talk about sex, but only wish to do this incorporated in other programmes, such as human biology, religious education and behavioural science. In 1991 many teachers thought it taboo to talk about sex outside the extended family, while others considered these family structures fragmented and partly broken (Mouli 1991). Nevertheless, at present all teachers consider this predominantly a task for teachers, and to a slightly lesser extent the task of parents and other adults (Rasing 2003). Teachers have a certain distance as compared to parents, and therefore they are considered appropriate persons to teach children about sex, while children seem to be more comfortable when teachers talk about sex and HIV/AIDS than when their parents would. In addition, teachers are considered more knowledgeable than parents, and might therefore be considered to be in a better position to talk about sex and AIDS.

Teachers in grade five and above mainly teach about abstinence - no pre-marital sex - and about the use of condoms to protect oneself against HIV/AIDS. Teachers provide information about HIV/AIDS by lecturing about prevention. Drama is used as a way to talk about children's experiences, especially for those children who have lost one or both parents or other relatives, often due to AIDS or AIDS related illnesses. In grade five and six children write and proclaim poems and perform drama for their classmates about HIV/AIDS and how it has affected the lives of many Zambians (Rasing 2003).

From grade six onwards, the lessons about sex education and HIV/AIDS include more details, while in most of the lower classes children are informed about it at their level of understanding. The latter is done by anti-AIDS-clubs (see below: Local initiatives on HIV/AIDS information). In almost all schools a special teacher has been appointed to inform children about HIV/AIDS. This teacher weekly teaches one class at a time during one hour about HIV/AIDS. Abstinence and the use of condoms are emphasized. Also, children can tell their stories about their experience when they have lost a relative or friend.

During my research on HIV/AIDS education at schools in 2002-3 I noticed that almost all grade six students have a positive attitude of discussing HIV/AIDS. Most pupils are very much interested in learning about this illness and think it is very important to know about it.

There seems to be no problem to discuss sex and HIV/AIDS in mixed groups in primary schools, despite the cultural taboo on discussing this topic with the other sex (Rasing 2003). At a later age, however, this is considered a problem (Rasing 1995, 2001). Thus it seems that the younger students are, the more eager they are to learn about and discuss sex and HIV/AIDS. This could possibly be explained by the fact that more girls than boys in a certain class and at a certain age have reached the onset of puberty. Puberty often brings embarrassment and difficulty in talking about sex, friendship, love and HIV/AIDS. This simplifies sex education at an early age.

During my research in 2002 all grade six pupils showed that they already have a lot of knowledge about HIV/AIDS, but are eager to learn more about the subject. Many children know that HIV/AIDS is contracted by unprotected sexual intercourse (with someone who has contracted the HIV virus), by blood transfusion, by using sharp instruments such as razor blades and needles that are contaminated, and from mother to child through pregnancy. Many children know the full words of the abbreviations HIV (human immune deficiency) and AIDS (acquired immune deficiency syndrome). The majority of the children know that AIDS is a killer disease and that there is no cure for it, although some think it can be cured, either by western or by traditional medicine. Although all children knew how HIV/AIDS is spread and how it can be avoided, there are some aspects they are not sure of, such as if it would be safe to shake hands, to eat from the same dish, to touch an AIDS patient, eating fruit (it is thought that food, in particular fruit from abroad, is HIV infected). Many children and some teachers, too, think that an AIDS patient looks ill, while in the first few months or even years, HIV infected persons might still look healthy (Rasing 2003). Therefore it might be concluded that although HIV/AIDS education at schools has largely contributed to the knowledge about this illness, there are still certain aspects that remain doubtful for some youngsters. This conclusion is in line with a conclusion based on research conducted in Uganda, where despite the reputation of a success story, the HIV/AIDS and sex education put out in schools is inadequate, and many drop outs have almost no access to a reliable source (Kinsman et al. 1999).

It seems that many students and teachers have some misconceptions about condoms. For instance, some think they are unsafe. In addition, some teachers think children should not be taught about condoms, because they are too young to have sex (Rasing 2003).

HIV/AIDS is still associated with promiscuous sex and therefore many people think the person himself is to be blamed. This contributes to the fact that HIV/AIDS patients are often left alone (Ministry of Education/Unicef 1993, Rasing 2003). This stigmatising is discussed at school.

Gender issues in the context of HIV/AIDS

The spread of HIV/AIDS is bound up in the inequalities of gender relations, making women particularly vulnerable (Baylies and Bujra 2003: 50). In particular women are considered victims of HIV/AIDS. They carry the burden of increasingly looking after relatives who are ill, but may also contract HIV/AIDS themselves. Slightly more women than men are HIV infected, from 12 years onwards, because they are more vulnerable to HIV/AIDS than men. This is mainly because of biological reasons, and because in many African societies women (are supposed to) have no means to defend themselves against the sexual forces of (adulterous) husbands and other men (Engendu 1991, Schoepf et al. 1991, MacFadden 1992, Mwale and Burnard 1992, Carael 1993, Marcus 1993, Longwe et al. 1994, Obbo 1995, Karim 1998, Siame et al. 1998, Calahan and Bond 1999, Chuulu 1999). One of the main ways of prevention of HIV/AIDS is condom use. However, men and women are reluctant to use condoms for various reasons (Schoepf et al. 1991, Mwale and Burnard 1992, MacFadden 1992, Nyamongo 1995). Condom use is associated with distrust of the spouse, and is also related to the reduction of the number of children. However, the refusal to use condoms must be seen in relation to the cosmological world-view in which semen is a blessing (Rasing 2001). In casual sex condom use is accepted presently. In some cases, when married women (who have some children) suspect their husbands of having been unfaithful, the use of condoms becomes more accepted now, as I found during my research in Zambia in 2003. Next to a question of trust and faithfulness, this is also related to power and economic position. For women who provide most of the family income, which is a common pattern in present-day Zambia, it is easier to ask their husband to use a condom in marital sex than for women who are economically dependant on their husbands.

Young girls are even more at risk, since they have no means to defend themselves against forceful sex. Sadly, child abuse is increasing. During my first research on the Zambian Copperbelt some girls told me that they had been abused by their male relatives, or by their stepfather (Rasing 1995). In a research conducted in Zimbabwe, which is socially similar to Zambia, in 1995 about one third of the female students said having been involved in incestuous relationship, mainly with their brother, whereas indeed boys claim to have had sex with their sisters (Gule 1995: 19, see also Watts and Garcla-Moreno 2001). The number of cases in which male relatives and men who are not related to the girl have forceful sex with a young girl, is increasing (Human Rights Watch 2002, Dale 2003).[6] One of the reasons for the increase is that a myth dwindles according to which one can cure from HIV/AIDS by having sex with a young girl, preferably a virgin. Young boys, too, seem to be the victim of this myth, but to a much lesser extent.

[6] Although there are no numbers known, the YWCA, who have a refuge house for harassed women and sexually abused girls in Lusaka, recorded 23 cases in 1998, 77 in 1999, 88 in 2000, 110 in 2001 and 152 in the first months of 2002 (Dale 2003).

Many children who are sexually abused do not speak about it, for fear of repercussions and out of shame and embarrassment. Also, victims usually do not know where to go to or to whom to talk to, if they would want that. This problem is tackled at schools, while teachers try to talk about this matter in the classroom in general and at times take a girl who they think may be victim of abuse apart to try and talk to her about it. This remains a very difficult task and teachers hardly ever succeed in sufficiently discussing this topic with the victims (Rasing 2003).

Gule (1995) who carried out research in Zimbabwe in 1995 claimed that four percent of grade five female students said to have had sex with older man. The question of having a sugar daddy or mummy is very sensitive, so more children might have such a relationship than they would indicate this. Half of the students said they find it difficult to refuse sexual intercourse with a person who is much older than they are, and also find it difficult to refuse sex when they are offered presents and/or money (Gule 1995:16). Sex with an older man is usually because of economic reasons.

Yet women are not only victims, but also agents. Women in Zambia have always organized themselves in networks and groups of mutuality. This organizational capacity has contributed to making women, instead of only vulnerable victims, also the agents of their own protection against HIV/AIDS. As such, women are seen as a source of strength as well as the backbone of public sector and community-based organisations and initiatives based at care and protection. Their collective action can strengthen their ability to negotiate for greater personal safety. Sustaining such efforts, however, may require women's economic security to be addressed, pointing to an intrinsic connection between protection achieved within the private sphere and women's position within the public economic and political sphere (Baylies and Bujra 2000).

Local initiatives about HIV/AIDS information

HIV/AIDS education is not only given at schools, but local NGOs and other groups have also taken initiatives in HIV/AIDS prevention and information. This started in 1986, when AIDS was declared a major public health threat. President Kaunda, whose son died of AIDS, publicly announced this illness and warned people to be conscious about it. AIDS was first officially diagnosed in Zambia in 1984, although before 1984 people suffered from this illness (Bentvelsen 1993).

One of the first large scale initiatives around HIV/AIDS was the Anti AIDS Project, a Zambian NGO which encouraged the formation of anti AIDS clubs in schools and tertiary institutions. It started at a Lusaka secondary school in 1986 and was initiated by teachers together with donors from abroad (NORAD), who produced material that was distributed freely to inform youngsters about HIV/AIDS (Baylies and Bujra 2000).

In 1987 the Copperbelt Health Education Project (CHEP) was founded and became an NGO in October 1988. It was the first NGO that started campaigns in the form of discussions and advertisements in the media (television, radio and newspapers), and advertisements along the road. CHEP organised seminars for primary and secondary school teachers, health workers and peer educators, and wrote and distributed brochures for primary schoolchildren, and small books for children at secondary school. Drama groups were sponsored which gave information about the illness (Mouli 1992).

A few years later, however, the existence of HIV/AIDS in Zambia was denied by local people and the government (Callahan and Bond 1999). This is partly due to the notion that HIV/AIDS is predominantly contracted by having sexual intercourse, which is (apart from a public matter), a private matter that is not talked about, but even more it is associated with promiscuity, which, although it is common, is surrounded by illicit, secrecy and embarrassment. Moreover, particularly churches of various denominations proclaimed HIV/AIDS an illness of adulterous people who had sinned. In addition, with the political change and a new president in 1991, and despite the high percentage of HIV infected people, the Zambian government did not have a policy on this topic (cf. de Waal 2003).

In 1996 president Chiluba declared, "Our nation is at war with AIDS". In the same year the National HIV/AIDS coordinating committee, and in 2000 the National AIDS Council and Secretariat were established. Since 1997 there is increasing awareness of HIV/AIDS issues among the general population and greater readiness to speak about the subject and about sexual behaviour. However, there are also constraints and difficulties, including understanding of the national AIDS office, limited enactment of a multi-sectoral approach, which means that HIV/AIDS is considered only a health problem, and a general lack of national policy on HIV/AIDS (Baylies and Bujra 2000, de Waal 2003).

The importance of education was seized on early in the epidemic and encouraged by external advisors on the assumption that it was ignorance that led to risky sexual behaviour and the spread of HIV/AIDS (Baylies and Bujra 2000).

At a later stage, there was a shift from the idea of education for behavioural change to address underlying structural factors, such as poverty, gender issues, adultery, and dry sex[7] that contribute to relative vulnerability to HIV/AIDS, at least on paper and on the level of rhetoric. At the same time, the emphasis was more on community-based initiatives, which reflects broader trends in HIV/AIDS programmes (Baylies and Bujra 2000). Also, the focus on the prevention of HIV/AIDS was thought to be too narrow, and extended on the information of how to deal with people with AIDS. Change in attitude towards AIDS patients,

[7] In the practice of dry sex herbs and dry cloths are put in the vagina in order to make it dry. This is considered to increase sexual pleasure for a man and a woman during intercourse. This practice increases the risk of small wounds in the vagina, which make women more vulnerable to HIV and STD's. In the early 1990s CHEP started a campaign to teach women about these consequences of dry sex. However, dry sex is related to the Zambian world-view, and still remains important for both women and men (Rasing 1995, 2001).

from stigmatising and blaming them to care for AIDS patients, is now stressed in many HIV/AIDS projects, including those of churches.

NGOs, church organisations, and family health movements have played important roles in the fight against HIV/AIDS. Churches have been of great importance. The Roman Catholic Church, for instance, made a considerable contribution to HIV/AIDS projects.[8] Furthermore, home based care projects have been founded by churches, hospitals and health centres and community organisations.

Also women's groups are active in promoting safer sexual behaviour. Women's groups have been organised for the purpose of HIV/AIDS campaigns or already existing groups took this task upon them. Baylies (2000) mentions various women's groups in Zambia who inform others and fight against HIV/AIDS.

From the 1990s onwards, HIV/AIDS programmes both by local NGOs and international NGOs have been mushrooming. Some of them just remain 'on paper', while others organise seminars to inform people about HIV/AIDS, but after these seminars nothing is done to impart knowledge on others (Baylies and Bujra 2000).

HIV/AIDS programmes from abroad have been mainly top-down and many have failed (de Waal 2003) because they are made by Westerners from a western point of view, for instance emphasising condom use, without incorporating cultural views (Obbo1995, Gausset 2001). People are reluctant to follow the advice given by Westerners (Kinsman 2003). Moreover, the focus on NGOs on behavioural change presupposes that sex is of a static nature, while the realm of sexuality changes in time, is situational as well as on an individual level. In addition, HIV/AIDS programs by Western NGOs emphasise the misery due to increasing illness and death. Zambia is considered a country that is only experiencing negative aspects, - economic decline, poverty and illness - while people try to cope with hardships in life and like to go on with their lives. Therefore, HIV/AIDS programmes should be initiated and leaded by Zambians, preferably in the community.

A suggestion in this sense is for instance made by Catholic missionaries who seek the assistance of *banacimbusa* (midwives and ritual leaders of initiation rites) in order to teach young girls about HIV/AIDS, which they think should be done during the initiation rites. These efforts have failed so far (Rasing 2001). The *banacimbusa* do not want to teach about HIV/AIDS during the rites, because HIV/AIDS does not belong to the repertoire of the rites, which have to be performed in a certain, rather fixed manner. Abstinence from pre-marital sex is emphasized in the rites. The *banacimbusa* warn girls for *icifuba*, a long known illness, contracted by illicit sex, that has similar signs as AIDS and has no cure (see section on notions of sex and sexuality in Zambia). For *banacimbusa*, it suffices to teach about *icifuba*, because they consider this the same illness as AIDS (see also Mogensen 1997). As one

[8] In particular Ndola Diocese, situated on the Copperbelt, for which the bishop of this diocese was awarded in 2001.

nacimbusa told me: "You (Westerners) call it AIDS, we call it *icifuba*." Another reason for not discussing HIV/AIDS during the rites might be that *banacimbusa* do not have the proper knowledge about this illness, whereas novices are already informed about HIV/AIDS at school.

Banacimbusa, however, could be involved in HIV/AIDS programs, since they teach girls about sexual matters. However, this should be done outside the initiation rite, so that the rite itself is not disturbed and the information can be explained clearly. Also, the *nasenge*, father's sister, could be involved in HIV/AIDS programmes, as is suggested by Kinsman, because she also has an important role in the rite (Kinsman 2003, Rasing 2001). In Uganda, for instance, school teachers, religious leaders and parents encourage young girls to visit the *banasenga*, suggesting strong support from the powerful local people (Kinsman 2003).

Community based activities have been acknowledged and affirmed in official policy documents as necessary and crucial in the fight against HIV/AIDS, given limited resources and capacity of central government (Baylies and Bujra 2000). In many communities people, predominantly women, are taking care of HIV/AIDS patients without recognition of the health system. The logic of more widespread participation, greater inclusiveness and perhaps greater democratisation may be implicit in the nature of the AIDS epidemic itself (Baylies and Bujra 2000). There is support for community based actions, but doubts have been raised as to how far leaders fully grasp the enormity of the epidemic's impact, given their tendency to seek normalisation by persistently treating HIV/AIDS as primarily a health problem (Baylies and Bujra 2000). Responding to HIV/AIDS requires a comprehensive approach and not one located solely in ministries of health and beyond the capacities of existing NGOs (de Waal 2003).

So far, the government has done little to control HIV/AIDS. There is no state capacity to control HIV/AIDS (de Waal 2003). Baylies and Bujra (2000: 50) state that AIDS threatens the development prospects of countries such as Zambia, but also opens the way for changes in government via greater involvement, which can make sustainable human development more attainable. Governments must depend on communities helping themselves, given the limited capacity and meagre state resources, and because local activity may be more effective (Baylies and Bujra 2000: 51). However, this must be coordinated and supported, and cannot be solely the responsibility of national governments, but assistance is required from foreign countries (Baylies and Bujra 2000: 51). In this sense there might be a new role for the state, in relation to civil society, which is brought about at least in part from the AIDS epidemic. But this is still far from realistic in Zambia (Baylies and Bujra (2000).

Towards behavioural change

The question remains as to whether and to what extent HIV/AIDS education and consciousness leads to behavioural change in Zambia, especially among the youth. It is

difficult to know whether the attitude towards sex has changed among the youth, because they just start to experience sexual feelings and conduct. One can only compare the sexual behaviour of the youth with that of the previous generation. But sexual behaviour, let alone changes in sexual behaviour, is very difficult to measure, for information on this topic is seldom reliable. Moreover, emphasising sexual behavioural change suggests that sexual behaviour is static, while it is situational and personal.

Despite a lot of information provided through radio and television programmes, and discussions and lecturers for teachers, religious leaders, journalists, health workers, and political leaders organized by (local) NGOs, in the 1990s it turned out that although there was much knowledge about and greater awareness of HIV/AIDS, there was little change in attitude (Mouli 1991, see also Engendu 1991, Schoepf et al. 1991, Fieldman et al. 1997, Campbell and MacPhail 2001, Malungo 2001, Mutembei 2001).

To bring about behavioural change, motivation and self-reliance are needed to act according to the advices given by the HIV/AIDS programmes, and also a change in the social environment that accepts this change in sexual behaviour. HIV risk behaviour is influenced by factors at three levels: within the person, within the direct environment (interpersonal relationships and physical and organisational environment) and within the broader and more distant environment (culture and structural factors) (Eaton, Flisher and Aaro 2003).

The youth are not merely victims, but also actors. They wish to experiment. Children are sexually active at an early age. They feel the need to have more information about sex, but they do not discuss this with their parents. For parents it is difficult to break the taboo to discuss this matter with their children, although this is slightly changing among the middle and working class in urban areas. Young girls are even more in a difficult position, because they are likely to be seduced by sugar daddies who give them presents and money in exchange for sex. For girls these offers are often difficult to refuse.

In order to provoke behavioural change among the youth, at schools an open dialogue must be created among boys and girls to have students reflect on their behaviour, beliefs and values. Furthermore, students self-esteem, especially that of girls, could be build, so that they have the power and the right to consider their own needs and feelings in issues of relationships and sex. Gender equity could be promoted, i.e. ensure not only that girls consider their worth to be equal to boys, but that boys consider girls to be equal, too. Also, male and female students can be exposed to the opinions of one another. This can be done at an early age, before they reach puberty. In addition, students with positive values can be supported to influence their fellow students (Ministry of Education/Unicef 1996).

The anti AIDS clubs serve as an example of guiding principles evolving to ensure that young people have access to means of protection. The dominant message: “do not play with sex, no sex before marriage” has been subject to much reflection, leading to an increasing

conviction that young people need to work out for themselves the most appropriate means of protection rather then having this dictated by elders (Baylies and Bujra 2000).

Conclusion

Sex education in Zambia has slightly changed in the last few decades, due to urbanization, in which the old system of sexual teaching by elderly women has slightly disappeared, because these women are not always in the close neighbourhood of their grandchildren. Female initiation rites, however, remain to be the main institution of sex education. In initiation rites, the novice is given knowledge about sexuality. Yet, for many this type of education is not sufficient any longer. The rite is performed at a time when many girls have had sexual experience already. Moreover, there is no information given about HIV/AIDS. For boys only ethnic groups in the West of Zambia have initiation rites. so many boys lack traditional sex education.

Youngsters start having sexual relationships at an early age. This age is the same as in the (pre-)colonial past. At that time, however, sexual intercourse between youngsters who were engaged was allowed to a certain extent, because a wedding would soon follow. Today, however, young people have sexual relationships mainly to get sexual experience, but such a relationship is not related to a marriage. Although many students believe in the ideal of no sex before marriage, many of them are sexually active. The ideal of pre-marital abstinence is emphasised by Christianity, while being sexual active to get sexual experience is culturally acknowledged for both boys and girls.

There are many local initiatives to inform people about HIV/AIDS, e.g. women's organisations. Their network capabilities constitute an important resource in the fight against HIV/AIDS. Another local initiative is sex and HIV/AIDS education at schools, which has been part of the curriculum since the mid 1990s. Yet, information does not automatically lead to behavioural change. HIV/AIDS education at schools has largely contributed to the knowledge about HIV/AIDS. The messages are clear and provide a warning against unprotected and pre-marital sex, although certain myths about the spread of HIV (such as that it is spread by shaking hands with an infected person) remain to exist. However, long-term study is necessary to examine whether the youth really learns from HIV/AIDS education and whether this results in behavioural change.

If the idea that sex is needed for well-being and if sex education in the sense of getting familiar with one's body and preparing it for the opposite sex at an early age remains like it is now, it is difficult for youngsters to change their attitude towards sex, and it may be presumed that their behaviour will not change. Only with the help of their environment, parents and teachers can their attitude change towards a more conscious way of sexual behaviour.

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