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# Schooling in the Shadow of Death

## Youth Agency and HIV/AIDS in Zambia

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### Abstract

This article explores how Zambian youth encounter HIV/AIDS in their schools and communities, and presents ways in which they demonstrate their agency in creating new language, identities, and self-conceptions in response to these encounters. Utilizing qualitative interviews, participant observation, and student diaries, this study suggests that the role and delivery of schooling must be re-examined given high teacher mortality, teacher misinformation, and young people's exposure to the disease outside of schools. Students' diverse experiences in and outside of school shape their knowledge and beliefs about HIV/AIDS in a time when all social institutions in Zambia have been affected by the disease.

**Keywords** African education • African youth • AIDS orphans • education policy • HIV/AIDS • youth agency

Now the leading cause of death in Zambia, HIV/AIDS afflicts an estimated 17 percent of the national population (UNAIDS, 2006). This crisis has been linked with the economic hardship that the majority of Zambia's inhabitants are now facing: 64 percent of the population lives on less than one dollar per day, leaving what was once one of sub-Saharan Africa's wealthier nations among the most impoverished according to recent figures (World Bank, 1996; UNDP, 2004). Scholars have noted that while HIV/AIDS in Zambia greatly affects the affluent and highly educated, 'it is not at all surprising [amid political and social marginalization] that the poor often adopt coping mechanisms which inadvertently expose them to a higher risk of contracting the HIV virus' (Poku, 2001: 195). Hence, high-risk behavior, such as cross-generational sexual relationships that can be transactional or commercial in nature, is often linked to income generation and facilitates the transmission of the virus. The asymmetrical power related to age and gender in such relationships has also

been cited as cause for the greater HIV/AIDS incidence (57%) among women in Zambia and other parts of sub-Saharan Africa (UNAIDS, 2006).

The combination of economic decline and the HIV/AIDS crisis has had particularly disastrous effects on Zambian schools. HIV/AIDS is devastating the teaching force; in the year 2002 alone, more than 2000 schoolteachers died, primarily from AIDS-related illnesses (UN, 2003b). From 1985 to 1994, Zambia saw an overall drop of 10 percent in primary education enrollment and a 20 percent drop in primary school completion (Kelly, 1999). According to Zambian President Levy Mwanawasa, 44 percent of Zambian households have taken in orphans (HRW, 2002), and 17 percent of Zambian children under the age of 15 have lost one or both parents to HIV/AIDS, adversely affecting school enrollment and completion rates given limited family resources available for educational costs (World Bank, 2004).

Given the impact of HIV/AIDS on the Zambian education system, various intervention efforts have attempted to prevent the further spread of the disease. Unfortunately, many of these efforts, often 'top-down' in outlook, construct simplistic solutions to the crisis. For example, some seek to induce behavior change by reiterating the message that 'abstinence is cool' in local languages (PSI, 2003: 1). Others call for increased access to education, believing that schooling is a 'vaccine' that will lead to HIV/AIDS-preventing practices without attention to educational quality or content (World Bank, 2002a). National and international policymakers' understandings of youth realities guide the way in which programs, policies, and curricula are developed to address HIV/AIDS and often fail to recognize that perceived neutral sites such as schools are often wrought with gender violence and social inequities that undermine attempts at HIV prevention (Mirembe and Davies, 2001; HRW, 2002; Vavrus, 2003, 2005; Bajaj, 2005).

Policymakers and practitioners have expressed frustration about the failure of policies and programs to achieve their objectives and lessen the spread of HIV (World Bank, 2002b; Fleshman, 2004). Young people's experiences, I argue, are central to understanding the disease and its implications for youth and the institutions, primarily schools, in which they participate. I further contend that education is not a singular experience and that students encounter both correct and incorrect information about HIV/AIDS in their schools and communities. Receiving inaccurate information, sometimes from their teachers at school, may, indeed, put students at *greater* risk for contracting HIV.

Utilizing a bottom-up approach – that favors youth experiences and perspectives – and examining youth agency in discussing, interpreting, and coping with the HIV/AIDS pandemic, this article provides a detailed picture of how the disease is being experienced by Zambian youth. I seek first, to discuss how youth encounter HIV/AIDS in their schools, communities, and through the media, and second, to offer ethnographic data on youth agency in developing new ways of talking about and accommodating the presence of the

HIV/AIDS pandemic in their daily lives. Policy approaches that utilize the formal education system often fail to consider the contradictory nature of schooling and ignore other sites outside of school where youth learn about HIV/AIDS. By exploring local experiences with HIV/AIDS inside and outside of school, it is hoped that a more thorough understanding of youth experiences at the local level will emerge – one that will better inform knowledge and practice aimed at ameliorating the devastating impact of the disease on nations such as Zambia.

## **Relevant Literature**

### ***Youth Agency***

This study explores student agency in mediating messages received about HIV/AIDS and developing new ways to cope with the pandemic through metaphor, identity, and self-conception. The following definition provided by social psychologist Bandura (1999: 21) acknowledges individual and collective agency in producing new cultural forms: ‘Human agency is embedded in a self theory encompassing self-organizing, proactive, self-reflective, and self-regulative mechanisms. Personal agency operates within a broad network of sociostructural influences. In these agentic transactions, people are producers as well as products of social systems’. This article will pay close attention to the agency of youth who are both ‘producers’ and ‘products’ of social systems, particularly in schools and communities. Additionally, Holland et al. (1998) provide an explanation of the ‘worlds’ that participants create through interactions among themselves and with the larger social structure:

persons develop more or less conscious conceptions of themselves as actors in socially and culturally constructed worlds, and these senses of themselves, these identities, to the degree that they are conscious and objectified, permit these persons ... at least a modicum of agency or control over their own behavior. (p. 40)

In this study, notions of ‘control’ and self-determination are important components of agency given the simultaneous construction of African youth as victim (de Waal, 2002) and menace (Diouf, 2003) since the advent of the AIDS pandemic on the continent. These categories, and how youth view themselves in response, provide a useful area of inquiry.

The relationships among identity, self-conception, and youth agency are of particular importance for this study and are viewed as temporal categories that are influenced by both policy and social context differentially in distinct moments. Various studies have addressed the issue of the gendered sexual agencies of youth in sub-Saharan Africa with regard to the HIV/AIDS pandemic (McIlwaine and Datta, 2004; Mturi and Hennink, 2005; Reddy and

Dunne, 2007). This article takes a different approach, positing instead that youth encounters with and responses to HIV/AIDS in and around secondary schools provide important insights that transcend the victim/menace and structure/agency dialectics in exploring how youth mediate these binaries and at different moments, occupy distinct locations on the spectrum in between. In negotiating these dichotomies of victim/menace and structure/agency, youth find their own (albeit shifting) space in an increasingly uncertain social structure.

Youth participation in formal schooling shapes self-conception and one's sense of agency with regard to the larger social milieu and the realities present within it (Giroux, 1983). Schools are but one of multiple sites where youth agency in responding to HIV/AIDS is structured, limited, and enabled by interactions and exposure to information about the disease. In this article, youth agency in responding to HIV/AIDS through the development of language, metaphor, and identity through their in and out of school experiences will be explored in order to understand how youth are making meaning out of a health epidemic that greatly impacts Zambian society.

### ***HIV/AIDS in Zambia***

Zambia is a multi-ethnic nation composed of 10 million residents and is one of the countries reported to be most devastated by the HIV/AIDS epidemic (Brunborg et al., 1999). The number of AIDS orphans in Zambia is reported to be 800,000 (ZMOE, 2003) and more than 7 percent of Zambian households are orphan-headed as a result of the death of both parents (Kelly, 1999). AIDS has affected the average life expectancy in Zambia, which has dropped from 54 to 37 years. Young women are particularly at risk, reportedly due to the prevalence of cross-generational relationships that are often a means of income-generation, and this phenomenon is evidenced in the statistics that four times more women aged 15–24 are HIV positive than their male counterparts (UNAIDS, 2006). Given these circumstances, the Government has declared HIV/AIDS a 'national emergency' (HRW, 2002: 14).

In Zambia, the spread of HIV/AIDS has often been linked to both culture and social class in discussions of risk, transmission, and social stigma. Cultural practices, though diverse among Zambia's 73 ethnic groups, have been cited as a significant factor in HIV transmission (Orubuloye et al., 1994). Among the practices discussed are sexual cleansing and widow inheritance (Malungo, 1999). In his study of the Tonga in Southern Zambia, Malungo (1999) identifies sexual cleansing as a practice in which widows, through sexual intercourse with a husband's relative, must be cleansed of the spirit of their deceased husband. Linked to this practice is levirate marriage or widow inheritance where a woman whose husband has died is remarried to one of his relatives often in a polygamous arrangement (HRW, 2002). As the Zambian

National AIDS Council notes, 'Both practices are insisted on irrespective of the HIV status of the person appointed to perform these rituals' (as cited in HRW, 2002: 21). Other cultural practices that have been noted as heightening risk for HIV are initiation ceremonies for young women that involve some type of sexual component and 'dry sex' where women utilize herbs to decrease vaginal lubrication reportedly for men's pleasure (HRW, 2002). However, among the youth interviewed in Ndola, Zambia, the impact of these cultural practices on the HIV/AIDS pandemic was overshadowed by socioeconomic inequalities that exerted a greater influence on their experiences.

Scholars in the social and medical sciences have advocated greater attention to economic context, arguing that class more than culture determines risk for HIV contraction (Poku, 2001), and that in sub-Saharan Africa, AIDS is 'associated with very low levels of national wealth' (Gillies et al., 1996: 354). Understanding economic decline and the impact of structural adjustment programs (SAPs),<sup>1</sup> which have resulted in less social spending and reduced government employment, provides evidence of how poverty can drive HIV risk and infection (Poku, 2002; Millen and Irwin, 2003). Zambia's average per capita income has *decreased* by 50 percent since 1975 and this economic decline has coincided with the dismantling of the once-extensive social safety net of subsidized health, education, and basic foodstuffs (Ferguson, 1999). Rather than attributing the prevalence of high HIV rates to racialized notions of African hyper-sexuality (Gausset, 2001), Poku (2001) exhorts scholars to examine the intersectionality of social, political, historical, and economic contexts in order to understand the strategies that individuals employ to survive amid the HIV/AIDS crisis. In this study, youth agency in creating new terminologies and identities around the disease was seen as a 'coping' strategy that deserved scholarly attention.

The HIV/AIDS crisis and its economic impacts affect the educational system in myriad ways. In their homes, schools, and communities, youth are growing up in the shadow of death, and this 'is likely to have a debilitating psychological impact on students' (UN, 2003a: 357). The linkages between decreased educational opportunity, widespread unemployment, and economic crisis have created, in some young people, a 'fatalism' that results in resignation to what is seen as the eventual contraction of HIV/AIDS (Serpa, 2003). Among others, however, new expressions and self-conceptions are emerging in response to the overwhelming presence of HIV/AIDS in Zambian society.

## Methods

This research was carried out as part of a larger project on how youth at an alternative private school and government secondary schools in Ndola on the Zambian Copperbelt conceptualize agency amid the economic and health crises affecting their lives. Approximately 75 students, teachers, parents, and

alumni of the private school as well as those of nearby government secondary schools were interviewed through individual interviews and focus groups during the two fieldwork periods (July to August of 2003 and January to August of 2004). The majority of participants lived in Pamodzi township or around Chifubu market, and hailed from lower- to middle-class backgrounds as determined by the educational attainment and professions of their parents/guardians (see Appendix).

I employed a mix of qualitative and quantitative methods to better understand students' experiences. I utilized participant observation by volunteering as a part-time teacher working with third and ninth graders, recording detailed field notes at the end of each school day. I visited and observed classes at approximately 10 government and private schools in and around Ndola, and attended teacher trainings on occasion. I utilized both continuous monitoring and spot sampling of special events, taking detailed notes during and after each observation at each of the schools (Bernard, 2002). In addition, a household survey was also carried out with 460 students to better understand the material realities of their lives outside of school.

To complement the surveys, 22 high school students were identified to participate in the 'sibling pair cohort', comprised of siblings of similar age who attended different secondary schools. Students in the cohort were interviewed and given a research notebook to complete with written assignments on their attitudes toward schooling, HIV/AIDS, politics, and their futures. Additionally, each sibling cohort member was given a 'free-write' section in her/his notebook to discuss whatever issue he or she deemed important. The notebooks were completed over a three-month period and were collected in June 2004.

The data presented below come from the interviews, observations, and written materials collected during the research period primarily from the sibling cohort group, as well as from general interviews with other students, parents, secondary school graduates, and teachers. The methods employed sought to address the following question: To what extent do youth demonstrate agency in constructing new meanings about HIV/AIDS based on their exposure to the pandemic in their homes, communities, and in the media?

### *Site Selected for Study*

Ndola was chosen as a site for the study of youth experiences with education due to its distinct historical position as one of the most productive economic centers in Africa during the 1960s and 1970s, as juxtaposed against current conditions of increasing unemployment and high HIV/AIDS rates and having become what many respondents in this study termed a 'virtual ghost town'. In the immediate post-independence period, the Zambian Copperbelt was seen as the most promising evidence of the 'African Industrial Revolution' given its economic viability and rapid urbanization. Ferguson (1999: 6) notes that in the

1960s and 1970s, 'Zambia was not reckoned an African "basket case," but a "middle-income country," with excellent prospects for "full" industrialization and even ultimate admission to the ranks for the "developed" world'. He notes, however, that 'somewhere along the way, the "African Industrial Revolution" slipped off the track' (Ferguson, 1999: 6). This was in large part due to the worldwide drop in copper prices in the early 1980s. In Zambia, per capita income significantly dropped, creating tremendous hardship in former mining areas, such as Ndola, once sought out as centers of opportunity. The Copperbelt, as a region in which to situate this study, offers a context shaped by the impacts of global commodity markets, structural adjustment, and the HIV/AIDS epidemic.

### **Youth Encounters with HIV/AIDS**

There are multiple critical moments through which children become aware of HIV/AIDS, be it through information from teachers, interactions with family or community members affected by the disease, or messages received from television and radio. This section explores how youth encounter HIV/AIDS in their schools, their communities, and through the media, in order to examine the role of youth agency in developing new meanings and ways of localizing the presence of the disease in their lives. Although youth often encounter incorrect information in institutions of learning, I do not seek to argue that they should not go to school. Instead, I suggest that participation in education be understood as a diverse prism of experiences, resulting in equally diverse student responses, and not a homogenous occurrence that directly reduces the risk of contracting HIV/AIDS as some policy documents might contend (Vandermoortele and Delamonica, 2000; World Bank, 2002b). By understanding youth encounters with HIV/AIDS, a better context will emerge in which to situate the nature and multiplicity of youth responses to the disease.

### ***HIV/AIDS at School***

School-going youth encounter information about HIV/AIDS in their classes as well as informally in school environments. However, formal information presented in classrooms about HIV/AIDS is sometimes incorrect or incomplete. In official documents and programs that discuss HIV/AIDS and education in Zambia, teachers are often seen as foot-soldiers in the fight against AIDS. Teachers are expected to impart uniform information about the prevention of HIV/AIDS and, as a result of interactions with their well-informed teachers, students are to come away equipped with information that will lessen their risk for contraction (World Bank, 2002b; ZMOE, 2003).

What the Ministry of Education's guidelines do not account for, however, is teacher reinterpretation and modification of policy directives at the local level,



resulting in varied student encounters of information about HIV/AIDS in school. Additionally, many respondents in this study noted the presence of sexual relationships between male teachers and female students, heightening the risk for HIV transmission. Taken together, teacher knowledge and behavior often proved insufficient in fulfilling their role in HIV prevention as set forth in Ministry documents. The following excerpt from my field notes from a Ndola teacher training highlights a teacher discussion about a seventh grade lesson plan on the spread of HIV/AIDS included in the recently revised Zambian basic education science curriculum:

**Mr Kunda:** The issue of condoms comes in when we talk about birth control in the syllabus [in secondary school]. If we start telling pupils to use condoms, that will be wrong. Therefore we should only refer to abstinence.

**Mr Muzi:** But people who like eating proteinous foods are more sexually active than those who don't.

**Mr Kunda:** That one was zeroing in on groundnuts. How will the pupils react in grade seven to advice not to eat meat when they learn that a balanced diet includes protein earlier in the year?

**Mr Songela:** As we talk about the spread of HIV/AIDS, look at the origins. What facilitates the development of this HIV/AIDS? It is important for pupils to know what to do to avoid HIV/AIDS. Their sleeping position – it's always advised for boys to sleep on their sides. If that's absent from advice, we might not be doing our job as teachers. \*

**Mr Kantanshi:** It seems we are diverting from the topic. One of the ways [of spreading HIV] is beer-drinking.

**Mr Chama** (a younger teacher rumored to like beer): No, it's not. (*The room erupts in laughter.*)

**Mr Kantanshi:** Ah, ah. You may not agree with it, but I strongly believe that this disease is mostly affecting ... beer-drinking persons.

**Mrs Chalwe** (the first woman to comment on the topic): When you are given a topic 'diseases', it's written in the syllabus what you talk about. You cannot include alcohol in that. According to the syllabus, alcohol does not appear as a way that HIV can spread. In the syllabus, ...condoms appear. So we should teach about that. (*As she finishes speaking, the group dismisses for the lunch break.*)

\* (Field notes: I later ask Mr Songela about what sleeping position has to do with HIV and he explains the following to me: 'If a boy is sleeping on his belly, some private parts are sort of compressed and it causes some erotic feelings. It's very easy to imagine you are having an affair like that. So it's advisable to sleep on their sides. For girls, it's not advisable to sleep on their back since

typically it is the man on top and the lady on the bottom.<sup>2</sup> If they're found to be sleeping on their belly and girls on their back, they have to be punished. It's usually also advisable that children should not have an excessive intake of spices and proteinous foods. Some scientific reasons exist that proteins are good at sperm production, which can even arouse those feelings and they can even indulge them. Protein from groundnuts results in an increase of semen.' He adds that, 'It is also assumed that anyone lying on their back is a corpse since when a person is buried, he is on his back. It is very easy for evil spirits to have intercourse with you if you sleep on your back, especially for ladies.')

(Field notes, 25 February 2004)

Teachers' discomfort around the topic of HIV/AIDS and their desire to provide students with their own beliefs about the disease rather than the information contained in the national syllabus suggested a strong likelihood that incorrect information would be transmitted in the classroom. Interviews with students in which they cited teachers' reluctance to discuss HIV/AIDS or offered non-scientific interpretations of the disease's cause and cure confirmed that incorrect or incomplete information was indeed being transmitted in the classroom.

The teachers in the training excerpted above, charged in policy documents to administer the 'education vaccine' against HIV/AIDS, assumed that students knew little about the disease and that they would provide authoritative information even though some of them clearly lacked relevant facts. Most of the teachers attributed infection to what they identified as the wrong eating, sleeping, and drinking habits; only one teacher insisted on sticking to the syllabus and teaching about condoms as a means of preventing HIV infection. Some of the differences in knowledge about HIV/AIDS among teachers at this training may have been due to generational differences between teachers. Younger teachers often wanted to be open with students about HIV risks and condom use, but this was met frequently with resistance by older teachers. This difference could be related to the fact that younger teachers have seen their peers more impacted by the disease than their older colleagues, or it could be due to different degrees of education about AIDS. In any case, students are encountering HIV/AIDS at school in diverse ways within the classroom based on their teachers' un/willingness to discuss it and the accuracy of the information provided in such discussions.

### ***HIV/AIDS in the Community***

Youth often become aware of HIV/AIDS through social interactions with family or community members who are infected and by observing incidents that demonstrate social beliefs related to the disease. Annie, a 12-year-old Zambian girl in the seventh grade, told the following story

that happened in her neighborhood:

I know a lot of people affected with AIDS. Last Sunday, we went to see my aunty's friend who is affected with AIDS. She stays with [her] mom. The mom is not treating her good; she's not being fair to her. The mom doesn't understand about AIDS. The mom separates her. For example, she tells the younger sister, 'Don't go near her. Don't wash her clothes. Don't let her wear your clothes.' The second time when that same person affected with AIDS wore the sister's clothes and [her] shoes, when the mom came [home], she said, 'take off those clothes, I want to wash them.' She took off the clothes, but the mother, she took them outside in front of the daughter's window, the daughter who was sick, and she poured paraffin on them and lit them. The girl had to see that those clothes she wore were being burnt. (Individual interview, 29 April 2004)

This example illustrates students' exposure to the disease through observing family and community members' responses to it. Students may learn the scientific basis for the disease as the Ministry of Education's curricular revisions have included (ZMOE, 2003), but incidents, such as seeing an aunt burning her own daughter's clothes, may provide more searing lessons than a lesson offered at school. Additionally, social stigma related to talking about the disease given its sexual nature may result in silence by family members and teachers, making such critical encounters the few educative experiences that youth have to learn about HIV/AIDS.

Myths that have emerged about the disease's cure also structure how youth encounter HIV/AIDS. One parent noted that a factor that may influence how young children learn about HIV/AIDS is when they or their peers are sought out by older men based on the belief that having unprotected sex with a virgin can cure HIV, thus exacerbating the spread of the disease to young women and oftentimes children:

You find that there is this belief, especially here in Africa, that when you sleep with a teenager, a small child, this AIDS will get away from you. As a result, you find that a lot of girl pupils are being attacked, such that it has even become dangerous for somebody to leave a child with an uncle, even the real dad, because it's happening in homes. Now, you don't know if he's going to turn into an animal when you are not there. (Parent focus group, 17 April 2004)

The fear of rape and infection based on beliefs about its ability to cure infected individuals exposes youth to information about the disease that structure their responses to it.

Young children, whether as the victims of rape or hearing stories of others who are, come to know about HIV/AIDS through incidents, often related to myths about curing the disease, in their families and communities. Abraham,

a 12-year-old seventh grader, writes the following passage about his cousin in the nearby Copperbelt town of Luanshya:

My uncle in Luanshya has an eight-year-old child who was defiled in 2002. My uncle found out two weeks later. Then my uncle tried to find the man, but the man was gone. He left the village and went to another town. [At] that time, defilement was not [talked about] in Zambia so my uncle did not do anything about it. He just went to the mother of the man who defiled the child. The mother told my uncle that she was going to give him two million kwacha (US\$400). So my uncle was given the money and he forgot that the child was infected. (Notebook entry on 'AIDS in my community', 26 June 2004)

Youth develop their own opinions of what they observe and experience and, as such, come to school already with knowledge about HIV/AIDS and its impact on their communities. Given the stigma attached to HIV/AIDS, youth may learn about the disease from community members' denial of being infected by it. One 11-year-old boy noted that 'HIV has affected my uncle but he says it's not HIV' (notebook entry on HIV/AIDS, 26 June 2004). The correct and incorrect information youth receive in their homes and communities, coupled with what they learn at school, influences the way youth understand, react, and create new meanings around the disease.

### ***HIV/AIDS in the Media***

Given the high HIV infection rate in Zambia, AIDS education is being promoted through various media. Billboards with safe sex messages, radio and TV campaigns, or school rulers and notebooks with messages printed on them such as 'AIDS is real – I want to be safe', all expose youth to information about the disease. Some attempts, such as the recent inclusion of an HIV-positive character on the South African version of the American children's program 'Sesame Street' broadcast throughout the southern African region (BBC, 2002), are meant to normalize the presence of individuals with the disease in society and lessen its stigma. Other popular manifestations that youth encounter, such as phrases or songs that discourage safer sexual practices, may instead further misconceptions about HIV/AIDS.

Youth are exposed to information – sometimes scientifically accurate and sometimes misleading – about sexual behavior and HIV/AIDS through programs on television and on the radio. One secondary school respondent noted, 'Many in Zambia are getting information from HIV/AIDS centers and through radio. There are many topics about AIDS that get talked about on radio, and TV too, and in songs' (free-write section of research notebook, 26 June 2004). Some information gleaned from the media, however, may encourage behavior that puts one at a higher risk for contracting HIV. Joseph,

a 20-year-old high school graduate, related why young men may feel pressure to be 'players', in spite of campaigns promoting information about the risks involved with such a lifestyle:

Some [of my] friends are at high risk for getting HIV. Maybe it's what they see on TV; they think that's the way life should be. Every weekend, they'd be with another girl. They think maybe they'll be rated highly by other people by doing such. They call themselves 'players'. (Individual interview, 28 June 2004)

Despite exposure to some scientifically correct information about the disease on TV and radio, adults' interpretation of and reaction to the information may also sometimes leave youth with insufficient knowledge about HIV/AIDS. In an interview with a parent, the following incident was recounted:

As Africans, it is taboo to discuss such issues. My daughter Claudia came up to me one day and said, 'Dad, what is a condom?' I failed to answer; up to now I haven't answered that. Now my younger brother [just said], 'Condom, it's just a box of matches.' Now, the last time there was an advert[isement] that came on the TV, she said, 'Yeah daddy, that's the condom one. What is that condom?' I said, 'You go and ask your mother.' So she went to her mother and was chased [away]. (Parent focus group, 17 April 2004)

Both youth and adults cited parents' unwillingness to speak openly about issues related to the sexual nature of HIV/AIDS. The information offered by aggressive media campaigns often does not result in knowledge of scientifically accurate facts as intended due to social stigma, taboo, and discomfort around discussing issues related to sex.

Other items that refer to HIV/AIDS on the radio or on television are not explicitly educational, but demonstrate how youth are talking about the disease, as will be discussed further in the next section. One such example is a student's notebook entry about a popular song that discussed HIV/AIDS. Roger writes the following:

There's a song which was sung by a certain local band. It was about a beautiful, good-looking lady whose name was 'Julia'. She used to go out with many people that used to give her money. They took her in expensive cars and to hotels. She was more like a prostitute. So after having relationships with many different guys, she contracted AIDS, but she was still looking healthy and attractive. She still continued her immoral life and guys used to go after her without knowing that she was carrying the virus. As they say, 'you can't tell by looking'. She infected many people. Then came a time when she fell sick and started getting slim and thin. When she went to the hospital, she was tested and found with AIDS. After a long illness, she died. So people now refer the name 'Julia' to a person who is very jumpy and involves oneself in immoral activities and then, in the end, dies of AIDS. That was the character of a person sung in the song, but I don't know if it really happened, though I know that such can

and does happen in real life. (Notebook entry on 'Youth and HIV/AIDS', submitted 26 June 2004)

The higher prevalence of HIV among young women, as mentioned earlier, emerges in this song that highlights the transactional nature of some romantic relationships in a time of both economic decline and AIDS. While youth are listening to songs that discuss the effects of HIV/AIDS, they are also utilizing the terms generated in such media to accommodate and cope with its presence in their daily lives. In the next section, youth agency in developing responses to the messages they receive in their schools, communities, and in the media about HIV/AIDS will be further explored.

### **Youth Agency and New Meanings of HIV/AIDS**

#### *Metaphor*

Through the course of this research on AIDS and schooling, youth talked about the disease in various ways that reflected how they accommodate its presence in everyday life. The terms and metaphors employed to talk about HIV/AIDS shed light on how society in general, and youth in particular, are demonstrating their agency in developing new ways of living with the disease. For example, there are various nicknames given to HIV/AIDS that emerged from interviews and written assignments by Ndola youth. These names suggest that in order to make the disease more familiar, local names and cultural concepts serve as metaphors and ways to cope with the disease's increasing presence in community life.<sup>3</sup> For example, a young man in his mid-20s discussed a term in the Bemba language for HIV/AIDS:

In local terms, they call it 'kalayenoko'. It means 'Go and say bye to your mother', because once it comes, it will never go away from you. So if you are working outside Zambia – let's say you are in South Africa – then you know that now you have HIV/AIDS and it's becoming worse, you will definitely be forced to come to Zambia all the way from South Africa just to come and say bye. That's why they say, 'kalayenoko', meaning 'go and say bye to your mother', because this disease won't go away from you. (Individual interview, 17 June 2004)

'Kalayenoko' refers particularly to migrants, largely men, who because of economic hardship may move to other provinces in Zambia or to other countries in search of work. In the process, if they discover that they have contracted HIV, whether or not they disclose it to their families, they may feel compelled to return in order to say goodbye. Although access to anti-retroviral drugs (ARVs) is increasing, the (albeit declining) cost of ARV treatment is often prohibitive and results in a short period between infection and death for many Zambians (Geloo, 2003). This is also reflected in the need to 'say bye to one's mother' as noted in the passage above.

Other terms also highlight the life-threatening impact of HIV/AIDS. One respondent noted the following image used to compare the disease to realities in a rural setting:

In my language [Lozi], they say, 'mbande', meaning 'the eagle'. You know what the eagle does? In a village situation, where there are little chicks, it will come and get one chick, fly off, and eat it. So they are referring to it to say it is an eagle and when it comes to you, it will see to [you] until you die. [Not] until you die will it leave you. It's just like the eagle itself. When it sees little chicks, it will get one, then it will fly out and eat it. (Individual interview, 15 June 2004)

The persistence of the eagle in devouring the chick is likened to HIV/AIDS. It is interesting to note that in the 'mbande' metaphor, HIV/AIDS or the eagle, *selects* its victim, suggesting little that the victim could do to prevent death. This contrasts with the heavy social stigma against those with HIV/AIDS in Zambia and the belief among some sectors that those infected 'deserve to die', evidenced by news reports of resistance to services for HIV positive individuals, such as the halting of construction of a clinic to serve HIV/AIDS patients after vocal protests by the Catholic Church in 2001 (Reuters, 2001).

Many youth also discuss HIV/AIDS through metaphor related to sexual activity and contraction of sexually transmitted diseases. Roger, an 11th grader, notes the following in a written assignment:

AIDS is really a dangerous disease. I recall when[ever] we talk about it with my friends, it gets interesting how arguments arise about abstinence. Many argue that to abstain is difficult. . . . When it gets to the issue of using condoms, some say it's not as nice as the natural thing and some say it's like eating sweets with the wrapper, but some also think it's okay because it's you, yourself who wants to protect your life. So you got choices whether to use it or lose it. In the streets and anywhere, AIDS is called [by] many names. Me and my friends call it the 'thinning sickness'. Some say ICASA<sup>4</sup> or Julia [from a popular song]. (Notebook entry entitled 'Youth and HIV/AIDS', submitted 26 June 2004)

While many prevention programs discuss condoms and abstinence, it is interesting to note youth discourse around these topics. While 'eating the sweet with the wrapper' may save one's life, the fact that it is considered not as 'nice' may influence youth behavior and provides important information for those who seek to encourage safer sexual practices. The results of the disease are also highlighted in Roger's account – individuals with AIDS often become thin and as noted in the next interview with Owen, a 12th grader, individuals may have to repeatedly visit the hospital:

Most of the people, especially in Bemba, say 'kayaka', meaning the light is on. That's how they say 'AIDS is on', especially when somebody is going to the

hospital most of the time. And then if it's a STD, they say 'alipunkisha', [which means] something like bashing. So people just say since you've got an STD, you went into a wrong place [and got into an] accident there. So there are sores all over you. (Individual interview, 23 June 2004)

Youth identify the consequences of having HIV/AIDS, such as having to go to the hospital, by developing terms with which they discuss the disease among peers. It is interesting to note that many of the terms mentioned – kalayenoko, mbande, kayaka, and alipunkisha – suggest certain affinities with known local concepts. By understanding HIV/AIDS contraction, infection, illness, and death in locally constructed ways, youth are modifying concepts and terms to fit the social realities they are currently presented with. HIV/AIDS becomes an understandable element of social life as it relates to something known, experienced, and comprehensible.

While tremendous social stigma has been registered against HIV/AIDS in Zambia, many nicknames suggest a random nature in terms of contraction indicating youth agency in creating new meanings about HIV/AIDS.<sup>5</sup> For example, the eagle's victim is picked at random and an accidental turn into the wrong place can result in a 'bashing'. The term 'Julia' is the only one that suggests that individual action might have induced the disease, lending to the notion that behavior change could prevent it, as is the focus of initiatives by health experts domestically and internationally.

### *Self-conception*

Youth discourse around HIV/AIDS reflects its presence in their social and educational lives. Youth are constructing new meanings with regard to HIV/AIDS by their daily contact with it. During the course of my research, students hinted at the ways in which their exposure to the disease has affected their attitudes, friendships, and even future goal formation. This section examines youth conversations, relationships, and future goals to understand how young people are responding to HIV/AIDS in ways that demonstrate their agency.

Several students assumed an active role with their friends in terms of being informed, educating others, and sometimes, advising them to get tested. An 11-year-old student, Abraham, wrote the following in his research notebook: 'My role in the community is to teach my other friends about what I learn and about the disease of HIV. I want my friends to know about HIV' (26 June 2004). Going beyond educating and actually intervening was also a function that respondents in this study assumed. For example, Precious, an 11th grade student wrote the following:

My own best friend was affected and infected by the deadly disease. It affected him after finding out that the gal he loved so much was HIV positive.



I advised him to take an [HIV test] to free his mind and he did as I advised though he wasn't lucky as he found out that he was also HIV positive. He did not take it nicely and easy. He blamed and asked God why it was happening to him. . . . He was so upset with his girlfriend and he hated himself so badly. He decided to commit suicide but I talked to him and told him that it is a sin in the eyes of God and he listened. . . . Things were too tough for both of them because they decided to tell their families about their HIV status and they were abandoned by their loved ones. . . . I could feel their pain even though I wasn't going through what they were. I continued loving and caring for them. (Notebook entry on 'Youth and AIDS', 26 June 2004)

The passage above suggests that friendships often assume new functions, such as support and advising, in times of crisis. Given the social stigma associated with HIV/AIDS and the perceived moral implications of being HIV positive, families abandoning or distancing themselves from sick relatives emerged as common practice. Another way of masking the stigma of HIV/AIDS was by reporting that the sickness or death was from something other than HIV/AIDS. Friends and peers played an increasing role in comforting and supporting sick friends when they faced social isolation.

In addition to influencing peer relationships and creating new roles in friendships, students in the study were also incorporating the presence of HIV/AIDS into their future projections. When asked about their career goals, several students mentioned ways in which they planned to address HIV/AIDS. A seventh grader responded:

I want to pass very well and one day I want to succeed and to be a great doctor. Sometimes, I think that maybe one day, I'll be the one who will discover the cure of AIDS since nobody has discovered the medicine before. (Individual interview, 29 April 2004)

Seventh grader Gladys, 10 years old and an orphan (her parents reportedly having died from AIDS), wrote in her research notebook the following future goal:

'I will open an orphanage. I will be keeping the orphans and the old-aged. In my orphanage, I will open a school. In fifty years, I would have helped a lot of people' (notebook entry on 'My Future', 26 June 2004).

By examining the reality in which they are enmeshed, school-going youth are defining their future goals according to what they see in the present.

Youth are demonstrating their agency in accommodating HIV/AIDS in order to live with its impact on their lives. Such dynamic expression highlights the multiple ways in which crisis is localized and offers a differing perspective on the impact of HIV/AIDS on youth in Zambia than presented in policy and

media documents. The data presented offer various suggestions to policy makers and scholars who seek to better understand the impact of HIV/AIDS on youth and to promote behavior changes among them.

### **Implications of Study**

This article suggests moving beyond the simplistic dichotomies of victim/menace and structure/agency that are often employed and situating the realities of African youth in their multi-dimensional forms. The respondents in this study made sense out of their social position vis-a-vis larger structures in myriad and shifting ways. The same young person in one moment might be constructed as a victim of HIV/AIDS and, in another, as perpetrator or menace. Given the multiple ways that youth experience the presence of HIV/AIDS in their homes, schools, and communities, it becomes important to explore some of the policy directions that this research suggests.

By acknowledging the various ways in which youth learn formally and informally about HIV/AIDS, programs designed to prevent its spread can be better tailored to youth experiences and lived realities. Intervention efforts have focused on how to change sexual behavior, and the ways in which youth encounter and localize both correct and incorrect information about the disease provide useful insights into how these efforts could better reach young people. There are three main areas in which scholars and policy makers could better explore the intersections among youth, education, and HIV/AIDS beyond the belief that mere participation of schools is a 'vaccine' for the disease (Vandermoortele and Delamonica, 2000; World Bank, 2002b).

First, teachers are often heavily relied upon to impart information about HIV/AIDS when, as found in this study, teachers are often the source of incorrect information about the disease. Harassment faced by youth, particularly girls, in or on the way to school has been cited as a major barrier to girls' education in sub-Saharan Africa (HRW, 2001; UNICEF, 2003). Policy makers and schools might instead consider professional public health experts, trained in HIV/AIDS prevention, as better providers of information to school-going youth through assemblies, workshops, or classes designed to provide in-depth information to youth. These experts would be a more reliable source of information and could be regional officials working directly with provincial offices of both the Ministry of Education and the Ministry of Health. Health officials could also train teachers so that accurate information about HIV/AIDS is available at all levels for the professionals who regularly interact with students.

Second, youth are responding to the HIV/AIDS pandemic in ways that demonstrate their agency in developing new terms and negotiating their self-conceptions. By prioritizing youth experiences through HIV/AIDS educational initiatives that are youth-designed, initiated, and implemented, intervention

efforts may be more efficient in reaching their primary target audience. The Zambian Ministry of Education and the World Bank terms youth aged five to 14 their 'window of hope' in the fight against AIDS (World Bank, 2002b; ZMOE, 2003). It is precisely these youth who might, through radio or television programs, be able to reach their peers with correct information about HIV/AIDS and how to prevent its transmission, especially amid economic crisis. While some NGOs are utilizing youth in their campaigns, more inclusion of their voices, experiences, and cultural forms could have a greater impact on promoting safer behaviors.

Third, scholars and policy makers can better understand the pandemic through continued investigation at the local level to understand why knowledge of HIV/AIDS does not necessarily lead to safer behavior. It is here that the economic nature of the disease becomes particularly salient. Despite public campaigns promoting awareness about HIV/AIDS, condom use among men was identified at 21–25 percent and 11–24 percent for women in the town of Ndola (Lagarde et al., 2001). International agencies have been puzzled by the knowledge/safer behavior gap given the substantial resources that have been dedicated to the fight against AIDS and the slow adoption of safer sex practices, particularly among married couples: 'Much effort has been spent on promoting the prophylactic use of condoms as part of AIDS prevention. However, over the years, the condom has not become more popular among couples' (UN, 2002: 27). The gap between knowledge and practice might be better addressed through information that utilizes the myths, meanings, and local understandings of HIV/AIDS, its transmission, and its cure to guide the development of prevention and awareness programs. Greater government attention to the material realities of the increasing economic inequality in Zambia would also prove useful in addressing some of the causal factors for risky sexual practices.

The link between economic hardship and the heightened risk for contracting HIV has been noted in cross-national studies on AIDS and youth. The United Nations asserts that 'education, poverty, employment, geography and social isolation both shape and limit young people's choices and vulnerabilities' (UN, 2003a: 365). In an era when Zambia's economy is shrinking, employment opportunities are limited, and educational access is being constrained by various factors, HIV/AIDS provides another variable that heightens social inequities. The ways in which youth are adapting to the social milieu shaped by HIV/AIDS and the constant presence of death in their lives provides a glimpse into how youth identity formation may be altered based on these factors.

Paying attention to the voices of youth, in a nation where nearly one in three adults is infected with the HIV virus, can help policy makers in government, NGOs, international organizations, and foundations develop a richer and more nuanced understanding of the complexities of delivering education in places such as southern Africa. It is also crucial to further explore how these youth are, in

turn, actively constructing new social meanings of the disease through metaphor, language, and perception. Examining youth agency and resilience in finding ways to cope with HIV/AIDS offers insights into new cultural practices and meanings that can greatly inform research and intervention in local contexts. This article provides an introduction to some of the ways that youth are agents in recasting their relationship to HIV/AIDS and how it is both influenced by and influencing their schooling experiences. By looking at the various ways that Zambian youth come to an understanding of the pandemic, a more detailed picture can emerge of the role of educational policy and practice in addressing this crisis.

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### Notes

1. Structural Adjustment Programs (SAPs) are 'the neo-classical "recipe" of market-led development for LDCs (less developed countries)' (Mehmet, 1997: 128). Since the 1980s, the lending of international financial institutions, such as the World Bank and the International Monetary Fund, has been conditioned upon an indebted nation's implementation of SAPs. SAPs rely on market forces through the adoption of user fees for previously free services, such as health and education in the case of Zambia, market liberalization, privatization of state-owned industries and services, and decreased government sector employment.
2. A more detailed discussion of Zambian boys learning masculinity, in part through role-playing of being on top during sexual relations, can be found in Simpson (2005).
3. This study was informed by the work of previous scholars looking at the impact of HIV/AIDS on youth experiences. In their research in South Africa and Japan respectively, Motsemme (2003) and Cullinane (2004) utilize the term 'domesticating AIDS' to refer to the ways in which youth are developing language, reshaping identity, and creating new spaces to allow for the presence of the disease in daily life. While this article has similar goals of exploring new meanings that youth give to HIV/AIDS, it prioritizes youth agency in developing terms and metaphors for HIV/AIDS and, similar to previous work, does not posit that such acts are a means of overcoming the devastating impact of the disease in their homes and communities.
4. ICASA stands for the International Conference on AIDS and Sexually Transmitted Diseases in Africa, which is held annually and hosts Ministers of Health from all over Africa. ICASA was held in Lusaka, Zambia in September 1999.
5. Scholars have examined beliefs about witchcraft being the cause of AIDS in Zambia (Yamba, 1997; Kelly, 2000). While some respondents alluded to this as the way in which parents or elders described the disease, it did not factor prominently into youth responses.

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**Appendix**  
**Demographic information of respondents in sibling pair cohort**

Siblings' names/sex <sup>1</sup>	Grade/Age	Guardians' profession	Guardians' education <sup>2</sup>	Ethnic affiliation	No. in household
Maureen (F)	7 <sup>th</sup> /12 years	<i>Mother</i> : Receptionist	Form V	Lamba	
Roger (M)	11 <sup>th</sup> /17 years	<i>Father</i> : Technician	Form V	Bisa-Lala	6
Annie (F)	7 <sup>th</sup> /12 years	<i>Mother</i> : Sells clothes	College	Namwanga	
Mwansa (F)	12 <sup>th</sup> /18 years	<i>Father</i> : Pastor	College	Namwanga	10
Theresa (F)	7 <sup>th</sup> /12 years	<i>Mother</i> : Housewife	Grade 12	Namwanga	
Richard (M)	10 <sup>th</sup> /16 years	<i>Father</i> : Manager	Grade 12	Kaonde	9
Glady's (F)	7 <sup>th</sup> /10 years	<i>Aunt</i> : Food vendor	—	Bemba	
Nina (F)	8 <sup>th</sup> /14 years	<i>Uncle</i> : Tailor	Design course	Lozi	7
Abraham (M)	7 <sup>th</sup> /12 years	<i>Mother</i> : Receptionist	Grade 12	Nsenga	
Martin (M)	12 <sup>th</sup> /20 years	<i>Father</i> : Deceased	—	Bemba	4
Emmanuel (M)	8 <sup>th</sup> /14 years	<i>Mother</i> : Housewife	Grade 12	Bemba	13
Queen (F)	12 <sup>th</sup> /18 years	<i>Father</i> : Driver	College	Bemba	
Anthony (M)	10 <sup>th</sup> /15 years	<i>Mother</i> : Housewife	Grade 12	Chewa	
Harriet (F)	11 <sup>th</sup> /17 years	<i>Father</i> : Soldier	Grade 12	Chewa	8
Agripa (M)	12 <sup>th</sup> /16 years	<i>Mother</i> : Housewife	Grade 12	Namwanga	
Charity (F)	10 <sup>th</sup> /15 years	<i>Father</i> : Technician	College	Namwanga	9
Paul (M)	12 <sup>th</sup> /18 years	<i>Mother</i> : Housewife	Grade 12	Tumbuka	
Janet (F)	12 <sup>th</sup> /20 years	<i>Father</i> : Deceased	—		7
Owen (M)	12 <sup>th</sup> /19 years	<i>Mother</i> : Business	College	Lamba	
Precious (F)	11 <sup>th</sup> /17 years	<i>Father</i> : Business	College	Lamba	8
John (M)	12 <sup>th</sup> /19 years	<i>Mother</i> : Housewife	Grade 12	Bemba	
Mary (F)	12 <sup>th</sup> /17 years	<i>Father</i> : Unemployed	College	Bemba	6

**Notes:**

- Names of respondents have been changed to protect confidentiality.
- Zambia previously followed the British system of standards and forms but now operates on a system of 12 grades; Form V corresponds to the first year of college in the current Zambian system, although previously, students in Form V and VI studied in secondary schools and not in colleges.