Perspectives on Youth, HIV/AIDS and Indigenous Knowledges in Africa

Anders Breidlid
Oslo and Akershus University College, Norway

Austin M. Cheyeka
University of Zambia, Zambia

and

Alawia Ibrahim Farag (Eds.)
Ahfad University for Women, Sudan

This volume is the result of academic cooperation between scholars in Norway, Sudan, Zambia, and South Africa linked to a master’s program in international education and development. It draws upon studies carried out in Sudan, Zambia, Namibia, and South Africa.

Most of the chapters deal with the HIV/AIDS pandemic in various ways. Because youth are the group most vulnerable to HIV/AIDS, the various chapters discuss the complex discursive spaces that youth inhabit and navigate, and where the interlocking concepts of social identity, power, inequality, sexuality, vulnerability, and resilience are brought together.

Many of the chapters discuss the HIV/AIDS pandemic in relation to indigenous knowledges and argue for including indigenous knowledges in the fight against the pandemic. The suggestion to include indigenous knowledges opens space for a more varied, holistic, and comprehensive approach to the pandemic.

The book invites readers to explore the oppressive and often dangerous socioeconomic situation that many youth in sub-Saharan Africa experience, also beyond the HIV/AIDS pandemic. Chapters on street youth in Namibia and youth in a township in Cape Town discuss the often creative coping mechanisms employed by youth to escape or mitigate the oppressive situations they find themselves in.

Anders Breidlid is a professor of international education and development, Oslo and Akershus University College, Norway.

Austin M. Cheyeka is a senior lecturer in the Department of Religious Studies at the University of Zambia.

Alawia Ibrahim Farag is an associate professor of education and former dean of the School of Psychology and Preschool Education at Ahfad University for Women in Sudan.
Perspectives on Youth, HIV/AIDS and Indigenous Knowledges
YOUTH, MEDIA, & CULTURE SERIES

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Perspectives on Youth, HIV/AIDS and Indigenous Knowledges

Edited by

Anders Breidlid
Oslo and Akershus University College, Norway

Austin M. Cheyeka
University of Zambia, Zambia

and

Alawia Ibrahim Farag
Ahfad University for Women, Sudan
# TABLE OF CONTENTS

Acknowledgements vii  
1. Introduction 1  
*Anders Breidlid, Austin M. Cheyeka and Alawia Ibrahim Farag*

## Section One

*Anders Breidlid*

3. The Zambian Bantu Indigenous Explanation of HIV and AIDS 25  
*Austin M. Cheyeka*

*Hwiada Mahmoud Abu Baker and Alawia Ibrahim Farag*

5. HIV and AIDS and Teacher Education in Zambia 61  
*Trinity Chikwanda*

*Heather Munachonga*

7. The Sikenge Female Initiation Rite as a Means of Combatting HIV/AIDS 97  
*Mushaukwa Matale*

8. Perceptions of Condom Use and Sexual Risks among Out-of-School Youths in the Nakonde District, Zambia 113  
*Samuel Silomba*

*Kabanda Mwansa*

## Section Two

10. How the Social Context of Five Former Namibian Street Boys Has Conditioned Their Experience with Schooling 145  
*Sighjørn Solli Ljung*
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Lessons from Children’s Participation in CEYA Capoeira Classes,</td>
<td>163</td>
</tr>
<tr>
<td>Cape Town, South Africa</td>
<td></td>
</tr>
<tr>
<td><em>Live Grinden with Louis Royce Botha</em></td>
<td></td>
</tr>
<tr>
<td>About the Contributors</td>
<td>181</td>
</tr>
</tbody>
</table>
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1. INTRODUCTION

This book is the result of academic cooperation between scholars in Norway, Sudan, Zambia, and South Africa, and is the endpoint of a journey that started in Omdurman, Sudan in 2007, when scholars from the four countries met to discuss a master’s course in international education and development across geographical and epistemological borders. In December 2012, the professors and the graduated master’s students met at a conference in Omdurman and presented papers based on the students’ theses.

The success of the conference and the high quality of the papers inspired us to consider publishing a book based on the papers (a video of the conference has already been made), and after a very strict selection process the chapters for this book were chosen.

The book draws on studies carried out in Sudan, Zambia, Namibia, and South Africa. Because the master’s course in international education and development had a thematic focus on HIV/AIDS, most of the chapters in the book deal with the HIV/AIDS pandemic in various ways. Moreover, because youth are the group most vulnerable to HIV/AIDS due to their biological and psychological stages of development, as well as the social and economic contexts that expose them to risk and vulnerability, the bulk of the chapters discuss the complex discursive spaces that youth inhabit and navigate. The concept of “youth” is conventionally viewed as exclusively linked to age, and the United Nations defines “youth” for statistical purposes as persons between ages 15 and 24 (UN, 1981). However, youth as a concept is flexible and highly context-related, depending on factors such as their dependency on their original household and own family, their capacity to sustain themselves, and their educational situation. Drawing on social theory, the book offers insight into ways in which various contexts shape the formation of youth identity and how youth respond to pertinent aspects of their lives, including the risk of HIV infection. Sexual identity is a key marker of who people identify as and how they assign meaning to their lives, and as such is a central feature in the book. The assumption the book makes is that people’s (and, in the case of this book, youths’) lives are mediated in social contexts in which they assign meaning to their experiences and live in contemporary societies that they also contribute to. The book identifies dominant narratives in the identity-creation process among youth, and it links this to risk, sexual risk behavior in particular, and HIV and AIDS. The interlocking concepts of social identity, power, inequality, sexuality, vulnerability, and resilience are brought together in most chapters of this book to highlight the complexity of the discursive space that youth inhabit and navigate.

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Interestingly, many of the chapters discuss the HIV/AIDS pandemic in relation to indigenous knowledges and argue for including indigenous knowledges in the fight against the pandemic. Because the pandemic has mostly been addressed by Western biomedical knowledge and with limited success, the suggestion of including indigenous knowledges opens the space for a more varied, holistic, and comprehensive approach to the pandemic, in which the lives, identities, and epistemological and ontological positions of Africans are taken seriously. Many rituals and initiation rites as well as religious persuasions that are often rejected as an obstacle to development and a driver of the pandemic are revisited in some of the chapters, showing that indigenous practices and world views are not only important supplements to the biomedical interventions that still are hegemonic in sub-Saharan Africa, but are crucial in young people’s identity construction. However, the book also highlights negative aspects of indigenous culture in relation to HIV/AIDS, in which stigmatization, ostracism, and social exclusion are mechanisms that oppress young people, and especially girls and women living with HIV/AIDS. The oppressive situation that many youngsters experience is not only related to living with HIV/AIDS, and the book also invites readers to explore the oppressive and often dangerous socioeconomic situation that many youth in sub-Saharan Africa experience, and the often creative coping mechanisms employed to escape or to mitigate the situation.

Following the introduction, the book is divided into two overarching sections. The first part consists of the majority of chapters, focusing on various aspects of HIV/AIDS and on social and cultural contexts that shape experiences and responses to the pandemic. In the second part, a chapter on Namibia examines the experiences of former street boys and how they construct their identity in the face of risk, HIV infection, and temporality. A chapter on Cape Town, South Africa examines the ways that capoeira, a game developed in Brazil, facilitates identity construction among youth in a township.

SECTION ONE

The first chapter, by Anders Breidlid, “Indigenous Knowledges, the Global Architecture of Education and Health, and the HIV/AIDS Pandemic: Towards a Paradigm Shift?” introduces the current HIV/AIDS situation in sub-Saharan Africa and discusses the hegemonic role of Western education and health discourses in fighting the HIV/AIDS pandemic. By questioning the hegemonic role of what Breidlid calls the global architecture of health and education in preventing and curing the pandemic alone, the author calls for the introduction of a third space in which indigenous and Western knowledge systems coexist and collaborate in the global South in order to address the pandemic more efficiently. However, the challenge of including this third space systematically in the curriculum is formidable, not least of all due to an ingrained skepticism toward anything that smacks of indigenous or traditional culture and knowledge production among the educated elite in the ministry offices.
In the next chapter, “The Zambian Bantu Indigenous Explanation of HIV and AIDS,” Austin M. Cheyeka challenges researchers that aim to mitigate the effects of HIV and AIDS in African Bantu communities such as Zambia to take seriously the religious and mystical understanding of the virus and the disease by the people. By underlining the centrality of witchcraft in the indigenous religious beliefs of Zambians, Cheyeka reports that the Bantu, and not necessarily only those living in rural areas, believe that witches and sorcerers cause HIV/AIDS. From the vivid testimonies of respondents, Cheyeka cautions that, in the eyes of the Bantu of Zambia, a definitive cure for AIDS can only be available when they know how HIV and AIDS came about. For now, it remains something of a mystery. African traditional religion, medical culture, logic, and vocabulary therefore provide the framework through which people make sense of HIV/AIDS, a framework that should not be discounted out of hand or deconstructed without providing a better one.

In the chapter “Stigma and the Process of Deconstructing the Social Identity of Women Living with HIV/AIDS in Sudan,” Hwiada Mahmoud Abu Baker and Alawia Ibrahim Farag discuss Sudanese women’s experience with HIV and how the disease plays an important part in conceptualizations of identity. The chapter examines the gendered constructions of HIV through the construction of Sudanese women’s identity, addressing the implications of this construction for women’s coping mechanisms.

Women living with HIV/AIDS in Sudan are stigmatized by society. HIV/AIDS is perceived as a disease through its roots in the political and cultural context of Sudanese society. In the Sudanese community, attributes of the “ideal woman” revolve around the productive, reproductive, and social roles of women, which are reinforced through various community channels shaping Sudanese woman’s social identity. These constructed standards tend to be deconstructed by the community, leading to women being deprived of the privilege of enjoying their productive, reproductive, and social roles, and thus reshaping the social identity of women living with HIV/AIDS.

In her chapter on HIV/AIDS education, “HIV and AIDS and Teacher Education in Zambia,” Trinity Chikwanda analyzes education instructors’ and education students’ understanding of HIV and AIDS as well as critiquing the efficacy of HIV education offered to education students at a college of education in Zambia. Her chapter examines factors predisposing education instructors’ understanding and delivery of HIV education content to education students and how education students receive this information. Guided by the theory of socialization in explaining her findings, Trinity Chikwanda argues that the combination and interaction of various sociocultural factors, education instructors’ multiple identities, and institutional factors have increased instructors’ and students’ negative attitude towards HIV education, thus weakening the efficacy of the HIV education offered at the college.

Heather Munachonga’s chapter, “School and Home Sexuality Discourses in Selected Girls’ Secondary Schools in Lusaka,” examines how discourses on sex and sexuality that girls are exposed to in school and at home shape their
understanding of who they are in relation to sex in a Zambian community. The chapter discusses the girls’ primary socialization process in relation to sex, including how initiation rites impact girls’ perception of sex and sexual behavior. Munachonga finds that the socialization discourses at home as well as the discourse surrounding initiation rites confirm that the girls are socialized into abstinence before marriage, but she nevertheless emphasizes that the home discourses encounter competition from peer discourses regarding the provision of information to girls on sexuality. The chapter also shows that the school discourses are multiple and, whereas the official discourse reinforces the home discourse of abstinence, the semi-official discourse through school clubs gives an alternative message, which in many ways subverts the home discourse by emphasizing the girls’ sexual rights to make decisions on their own. Munachonga also discusses what she calls informal discourse, which is the discourse among peers and in which there are multiple discourses—from abstinence discourses before marriage to discourses in which indulging in sex before marriage is a necessary prerequisite for training for sex in marriage.

The impact of HIV/AIDS has contributed to what Munachonga calls a paradigm shift in opening up discussions pertaining to sexual issues because some parents and teachers are succumbing to sexuality discussions and thus breaking the culture of silence previously typical of issues pertaining to sex.

Mushaukwa Matale’s chapter, “The Sikenge Female Initiation Rite as a Means of Combatting HIV/AIDS” discusses the sikenge female initiation rite practiced by the Lozi-speaking people of Western Province in Zambia. Although initiation rites are not usually perceived as a channel of disseminating HIV and AIDS information, Matale shows how this initiation rite can be used to disseminate HIV-prevention messages but may also put girls at risk of contracting the disease.

The author uses script theory to show that the initiates are socialized into a certain behavioral pattern that involves postpartum abstinence, but that the rite’s script does not preclude some initiates deviating from what they were taught and following other practices. For example, after having been introduced to sex education in the rite, some initiates practice sex out of curiosity. The chapter also indicates that the practice of this initiation rite is a matter of social identity for the Lozi-speaking people.

Matale underscores the importance of avoiding essentialist views of initiation rites and of building on the knowledge of initiators on HIV and AIDS issues because initiators convey important indigenous teachings that are often beneficial in the fight against the HIV/AIDS pandemic.

Samuel Silomba’s chapter, “Perceptions of Condom Use and Sexual Risks among Out-of-School Youths in the Nakonde District, Zambia,” explores how out-of-school young people perceive the use of condoms and sexual and HIV risks. Based on a study in the Nakonde District, which is one of the districts with the highest HIV rates in Zambia’s Northern Province, Silomba argues that the perceptions and management of sexual risks among out-of-school youth are greatly influenced by their understanding of sexuality and gender. Their understanding is
deeply entrenched in the cultural and social contexts in which they make meaning of their sexual behavior practices and conceptualize the act of sex.

Silomba also claims that HIV prevention and management strategies need to take into account the social and cultural fields in which out-of-school young people receive, interpret, reproduce, and perceive knowledge about sexual risks and condom use.

Kabanda Mwansa’s chapter, “Alleviating HIV/AIDS through Sports and the Ubuntu Cultural Philosophy in Zambia,” starts by discussing the various mitigation approaches to containing the HIV/AIDS pandemic. International approaches dominate the region, leaving locally initiated alternatives in the doldrums of the development agenda. Among the approaches operating in the region is the Sport for Development and Peace (SDP) initiative, which uses sports and other leisure activities to mitigate the spread of HIV/AIDS. However, this practice is by and large guided and influenced by Western development discourses, whereas the use of “indigenous” or alternative perspectives remains limited and/or suppressed, also in the SDP. After examining the limited place and use of indigenous knowledge systems within the SDP frameworks of development, the chapter discusses the EduSport Foundation’s programming and practice as an example of an indigenous organization that uses the sub-Saharan African indigenous philosophy of Ubuntu. In this chapter, Ubuntu mirrors how indigenous knowledge systems are used as an alternative discourse in mitigating the HIV/AIDS pandemic in particular, and the social and economic development of the global South in general. Admittedly, the EduSport Foundation faces an uphill battle in making the Ubuntu approach fully appreciated at the local level because the forces of a “standardized good” are so strong, causing some locals to demonize Ubuntu in preference to what is fully enshrined in Western epistemology.

SECTION TWO

The chapter by Sigbjørn Ljung, “How the Social Context of Five Former Namibian Street Boys has Conditioned their Experience with Schooling,” explores five former street boys’ lived experiences with and understanding of schooling in Namibia. In doing so, attention is paid to their family background, their social network, and Namibian national policies on education. The chapter utilizes theories that explain how young people are constructed by society and how they actively construct their own social lives at the same time. Ljung presents important empirical evidence on street boys to support his findings on the five former street boys that participated in the study. In suggesting how youths on the street can be helped to gain entry into schools and remain there, Ljung argues for farm schools as places where former street boys and perhaps girls would feel at home because Namibia has failed to implement Education For All goal number two: to ensure that all children, including children in difficult circumstances, have access to complete free and compulsory primary education of good quality by 2015.

Live Grinden and Louis Botha’s chapter, “Lessons from Children’s Participation in CEYA Capoeira Classes, Cape Town, South Africa,” focuses on crime, drugs,
alcoholism, and violence in a township they refer to as Gerber Park in Cape Town, South Africa. Their main concern is how these vices negatively impact youth, a concern shared by a non-governmental organization (the Capoeira Educational Youth Association, CEYA) which aims to help children living in disadvantaged communities by offering free capoeira classes twice a week to keep them away from the violence of the streets, drugs, and alcohol abuse. In analyzing the philosophy of CEYA, Grinden and Botha employ Paulo Freire’s pedagogy of the oppressed, which places conscientization and hope as the centerpieces of liberation from oppression to develop the full potential of human beings. Grinden and Botha argue that capoeira as a martial arts game should be understood as a physical response to the oppression of youth in Gerber Park by gang members, drugged and violent parents, and human structures inherited from the apartheid era that are still entrenched and dehumanizing the people of Gerber Park. Grinden and Botha pull together various elements of capoeira, which they connect to Freire’s conscientization process and hope. They argue that the process of learning new skills, developing solidarity with other children in similar situations, and increased self-confidence resulting from participation in CEYA capoeira classes empower youth to protect themselves psychologically from the attractions of subcultures such as gang membership and drug abuse.

REFERENCE


Anders Breidlid
Faculty of Education and International Studies
Oslo and Akershus University College, Norway

Austin M. Cheyeka
Department of Religious Studies
University of Zambia, Zambia

Alawia Ibrahim Farag
School of Psychology and Pre-School Education
Ahfad University for Women, Sudan
SECTION 1
INTRODUCTION
The chapter discusses the hegemonic role of Western education discourse in fighting the HIV/AIDS pandemic in sub-Saharan Africa and questions whether Western epistemology adequately addresses issues related to sex and sex education. It argues that it is necessary for indigenous and Western knowledge systems to coexist and collaborate educationally in the global South in order to address the pandemic more effectively.

THE HIV/AIDS PANDEMIC: AN UPDATE
AIDS is one of the most destructive pandemics in history and, according to UNAIDS (2011), more than 30 million people have died since 1981. In Africa more than 15 million people have lost their lives due to the pandemic. In 2011, 1.7 million died of AIDS (UNAIDS, 2012). People living with AIDS in sub-Saharan Africa number around 23.5 million, meaning that around 69% of all people living with HIV are to be found in sub-Saharan Africa (UNAIDS, 2012).

Although the number of people living with HIV rose from around 8 million in 1990 to 34 million by the end of 2011, the overall growth of the pandemic has been relatively stable in recent years. In fact, the number of new HIV infections annually has steadily dropped and a significant increase in the use of antiretroviral treatment (ART) has meant that the number of AIDS-related deaths has also decreased significantly (UNAIDS, 2011).

Many African countries have boosted access to and distribution of antiretrovirals (ARVs). In Zambia, for example, the government provided universal access to antiretroviral treatment as early as 2001.

According to the World Health Organization (WHO), 68% of infected persons were receiving ART by the end of 2012, an increase of more than 90% compared to 2009. Moreover, five countries were providing antiretroviral medicines to at least 90% of pregnant women with HIV (WHO, 2013).

According to UNAIDS (2013), new infection rates in Malawi were reduced by 73% from 2001 to 2011, and similar reductions were observed in Botswana (71%), Namibia (65%), Zambia (58%), and Zimbabwe (50%). New infections dropped by
41% in South Africa and 37% in Swaziland, the country with the highest HIV prevalence in the world. In Zambia, 90% of adults needing treatment were on ARV treatment.

Although deaths from HIV-related causes are being reduced and treatment availability is increasing, the reason for these positive developments is primarily the use of ARV drugs.

The use of ARV drugs is not without problems, however. The delivery of ARVs is costly, and poor countries are extremely dependent on donors to provide the necessary medicine. In Zambia the government program is largely funded by the Global Fund to Fight AIDS, TB, and malaria, and the authorities would not be able to continue their ARV offensive without external funding. This means that the sustainability of supplying drugs is problematic from a long-term perspective. Given the weak health systems in many countries in sub-Saharan Africa, there is a lack of both adequate health infrastructure and health personnel. Moreover, challenges linked to poverty, inequality, discrimination, and stigma add to the complexity of the situation. There are also problems with treatment compliance because patients must take the drug at exactly the same time every day. In addition, some patients may experience serious side effects.

Even though the pandemic has stabilized and even declined recently, the national and individual challenges linked to the pandemic are still quite overwhelming, and interventions other than providing ARV drugs have to be kept at a high level in order to prevent both an increase in newly infected people and the drain on resources in the country. In other words, it is necessary to educate people about safe sex so that ARVs are not needed to the same extent as they are now, and also look for alternative ways of preventing the spread of the disease.

Although ARVs are seen as biomedicine’s response to containing the pandemic, interventions by indigenous medical practitioners have been welcomed by governments in sub-Saharan Africa as well as by Africans in general. Still, such interventions are very contested and are mostly ignored due to the hegemony of Western medicine.

THE GLOBAL ARCHITECTURE OF HEALTH

Historically there is no doubt that biomedicine served “as a ‘tool of empire’ in the colonial and developmental eras” (Decouteau, 2013, pp. 221–222). This biomedical hegemony, or what I call the global architecture of health, has certainly not diminished in the wake of neoliberalism and is of concern because its cultural imperialistic thrust completely marginalizes indigenous medicine and healing across the global South. The global architecture of health means a common, Western medical discourse that hegemonizes the perceptions and understanding of health issues globally, and whose epistemological claims to superiority leave little or no room for other medical discourses. In the fight against the HIV/AIDS pandemic, ARVs have been promoted as a triumph of Western medicine and a quick fix for HIV/AIDS infections, but leave “relatively untouched some of the more fundamental causes of ill health, which breed in conditions of systemic
inequality” (Decouteau, 2013, p. 222). Because indigenous medicine and healing are so integrated into Africans’ belief systems and identity construction, their marginalization robs indigenous people of indigenous identity and solidarity and produces more social insecurity and vulnerability. For example, there have been attempts by the South African government to formalize indigenous medicine and healing, but these efforts seem to have diminished under the present government of President Zuma, in which more emphasis has been placed on expanding biomedicine to all corners of the health system. The reason for this can be explained both as a reaction to former President Mbeki’s negligence regarding the pandemic and the result of lobbying activities by the international pharmaceutical industry, but of course also due to the drugs’ effectiveness. Critiquing the erasure of indigenous medicine does not mean that biomedicine should not be expanded to all areas of the health system. The problem is, however, that the global architecture of health has orientalized indigenous healing and medicine as something irrational and irrelevant, with dire consequences for Africans. Statistics show that indigenous medicine is used by the majority of the African population. According to Campbell (1998), 80% of South Africa’s population resorts to indigenous medicine.

The reason why indigenous healers and medicine are still used by the indigenous population are multiple: the healer and the patient have established a long-term relationship of trust, the indigenous practitioners observe much greater care and quality time than do biomedical practitioners, they spend more time explaining the patients’ symptoms, and they employ language that the patients understand. In short, the indigenous healers and healthcare workers make use of a more holistic approach that also includes the patients’ socioeconomic situation (Decouteau, 2013).

Added to this is the hybrid healing methods that indigenous healers make use of. Their healing practices are in constant flux, and indigenous healers use pluralistic methods of healing, wherein biomedical knowledge is often part of the indigenous healing package (Decouteau, 2013). Such a hybrid approach embedded in the patients’ epistemology and the socioeconomic environment provides security for the patients, whereby their indigenous identity and self-respect are not being disparaged.

EDUCATIONAL INTERVENTIONS

Clearly, the classroom is potentially one of the most important sites for combatting the pandemic because a substantial number (in most countries the majority) of the young population attend school every day. HIV/AIDS topics are now part of the curriculum in most sub-Saharan countries (providing HIV life skills based education, youth peer education, etc.) and pupils are supposed to be regularly targeted with sex education and HIV/AIDS messages. Sex education can be defined as:

[the] process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy. Sex education is also about developing young people’s skills so that they make informed choices about
their behaviour, and feel confident and competent about acting on these choices. (AVERT, 2014)

The question is whether the classroom provides the necessary tools or skills and the necessary language and if the teacher and the teaching material are authoritative enough to achieve the goals of sex education. Admittedly, education is frequently termed the social vaccine against HIV/infection (see, e.g., Coombe & Kelly, 2001), and research seems to show that students have knowledge about the pandemic (even though it varies somewhat from country to country). However, students are less able to relate this knowledge to their own situations by, for example, effecting behavioral change (Baxen & Breidlid, 2009). The reasons for this apparent lack of receptiveness to the HIV/AIDS messages are multiple.

THE GLOBAL ARCHITECTURE OF EDUCATION

One overarching reason for the general unreceptiveness among students is the epistemological and cultural climate in which the information and knowledge about HIV/AIDS are conveyed in the classroom. The educational discourse in the classrooms parallels the hegemonic role of the Western biomedical discourse referred to above, both discourses being part of the post-colonial and neoliberal epistemological thrust in the global South. An analysis of any curriculum in countries in sub-Saharan Africa discloses a common epistemological and cultural pattern: the pervasiveness of Western epistemology and a specific, Western education discourse. In line with Jones (2007), I call this education discourse the global architecture of education (Breidlid, 2013), meaning a common Western, homogenous education discourse that is hegemonic and exists in countries with heterogeneous socioeconomic and political systems. This global architecture of education, which presumes universality, is, as Nordtveit states, “a western-capitalistic discourse, not only by its structures … but also by its curriculum and thereby the identity formation of children and adults” (2010, p. 326). The education architecture, like the health architecture, exists globally, both in the core and the periphery, and is distributed in substantial part through the World Bank (WB), the International Monetary Fund (IMF), the UN organizations, international non-governmental organizations (INGOS) such as USAID, Save the Children, and other related organizations, and through state-to-state cooperation. The global architecture of education is a consequence of globalization, and means a dislocation and “othering” of local and indigenous knowledges and cultures. The hegemonic knowledge production in the West has been exported as the sine qua non and is undoubtedly, as Ngũgĩ states, a continuation of the colonial export to the South (Ngũgĩ, 1986).

The dislocation of home languages and cultures thus causes demotivation and learning problems, and also problems in getting messages (e.g., HIV/AIDS messages) across in a meaningful way even though the knowledge is theoretically understood.

Because the HIV/AIDS messages are more or less a priori linked to Eurocentric epistemology and knowledge production, and even European languages
(confirming the success of the Western episteme), indigenous students suffer because the knowledges (and often the languages) they bring from home are not being discussed or valued in the classroom. The epistemological transfer impacts school interventions on HIV/AIDS because they contribute, I argue, to alienating students in the global South cognitively from their home environments, traditions, and moral views. The global architecture of education imposes a kind of one-dimensionality at school, where the HIV/AIDS interventions in most countries in sub-Saharan Africa are couched in Western biomedical terms in an alien language, whereas indigenous medicine is sidelined. As has been noted elsewhere, “If you as a pupil cannot quite understand what the teacher is saying, it will not help to try to figure out why she is saying it” (Botha & Breidlid, 2014).

The lenses through which people see and understand the world are multiple, and these understandings are often in conflict. This is certainly the case with HIV/AIDS, in which different worldviews and epistemologies often seem to collide. Although it has been noted that biomedical knowledge about the pandemic seems to be acquired by most pupils, the issue is the lack of indigenous perceptions of the pandemic in the classrooms as well as indigenous role models and in the transmission of the practical information about and indigenous perceptions of the disease. In order to achieve this understanding, to make the syllabus more relevant, and to boost students’ identity formation and self-identity, there is a need to consult with clan leaders, religious leaders, cultural leaders, indigenous healers, and other indigenous role models because there is an inextricable link between African epistemology, indigenous medical practices, and “Africans’ sense of identity” (Decouteau, 2013, p. 213). There is a sense that the education system has been unwilling to accept that indigenous medicine and healing practices that survived colonialism are relevant in fighting the pandemic. Moreover, indigenous medicine survived partly due to its “ability to adapt and reinvent through selective incorporation of aspects of biomedicine within a changing repertoire of practices” (Digby, 2006, p. 371), and indigenous medicine “continues to adapt to present-day constraints, not least of which is the AIDS pandemic” (Decouteau, 2013, p. 214).

However, as long as school marginalizes the indigenous population and its epistemology and medical practices, so also will students marginalize the information from the school and seek “knowledge” among their peers, but not necessarily from people that can give good answers in an indigenous setting.

This epistemical alienation also means, as we have seen in South African secondary classrooms, that the focus on sex education is primarily on information and awareness related to HIV/AIDS, but little about questions related to lifestyle and cultural practices.

This means, as Govender and Edwards (2009, p. 120) state, that students are not being exposed to life skills such as decision-making skills and communication skills in the classroom. In other words, the knowledge conveyed is often too theoretical and couched in the aforementioned alien, modernist, biomedical discourse. There is therefore a need, as Abel and Fitzgerald state, for “richer conceptualization and methodology to understand and evaluate how messages are received, resisted and reworked in youth experience” (Abel & Fitzgerald 2006, p.
This is important because, as Parker and Aggleton (2003) argue, most HIV/AIDS interventions seem to function according to what Freire (1970) termed “banking” education, implying that students are “filled” with knowledge by curriculum designers that think they know what is needed. Added to this is the teachers’ own often ambiguous attitude to sex education, torn as they frequently are between the school’s HIV guidelines and their own and/or the community’s indigenous norms. This is problematic because sex and sexual practices are heavily influenced by peers, who often carry contradictory and ambiguous messages. Moreover, the skewed power relationship between male and female peers makes change in sexual practices more a matter of ingrained gender inequality patterns than anything else, and must be addressed in a culturally sensitive way. There is, however, another side to peer influence: peers can function constructively through what is often termed peer education, which attempts to use peer influence to make a positive impact on young persons’ safe-sex behavior.

Finally, parent attitudes are often at loggerheads with sex education in school because many parents regard sex education as taboo and not belonging to the school curriculum. This means that it is even more important for the education system to liaise with the home culture and home perceptions in order to find effective, culturally sensitive means of fighting the pandemic.

THE IMPORTANCE OF CULTURAL CONTEXT

This huge epistemological and cultural gap between school HIV intervention programs on the one hand and the target groups and their environment such as peers, parents, and even sometimes teachers on the other is not unique to sex education (even though the message of abstinence also seems hegemonic in many schools), but also applies (as mentioned in Footnote 1) to most topics taught in school in sub-Saharan Africa. However, even though the results in theoretical subjects are poor and disastrous, the inadequate interventions in HIV/education directly affect students’ wellbeing and health. It is therefore crucial and critical to find a bridge between the classroom culture and the home culture that enables communication across epistemological and cultural dividing lines.

INDIGENOUS CULTURES: CONSTRAINTS AND POSSIBILITIES

Culture is a complex concept that is not easily subsumed under one definition. Geert Hofstede interprets culture as “the collective programming of the mind” (Hofstede, 1991), whereas Bruner refers to some anthropologists that define culture “as a toolkit of techniques and procedures for understanding and managing your world” (Bruner, 1996, p. 98). Other anthropologists frequently define culture as encompassing both societal structures and ways of acting and thinking, whereas sociologists often make a distinction between culture and structure and how various groups have different access to power and resources. In Kearney’s definition of a worldview, the difference between culture and worldview seems marginal:
A culturally organized micro-thought: those dynamically interrelated assumptions of a people that determine much of their behaviour and decision-making as well as organizing much of their symbolic creations ... and ethnosophy in general. (Kearney, 1984, p. 1)

This understanding is in line with Ogunniyi, who defines a worldview as “the product of his/her culture (i.e. knowledge, beliefs, art, morals, laws, customs and practices) in which he/she was reared” (Ogunniyi, 2003).

Crossman and Devisch do not seem to distinguish between indigenous knowledge systems and indigenous worldviews, defining indigenous knowledge systems as a “community-, site-, and role-specific epistemology governing the structures and development of the cognitive life, values and practices shared by a particular community (often demarcated by its language) and its members, in relation to a specific life-world” (Crossman & Devisch, 2002, p. 108). However, students operate within complex discursive and cultural spaces that constrain them as well as offer multiple options for defining themselves. Pupils are influenced both by their own cultural roots and by so-called modernist tendencies, thus making navigation difficult within social and cultural practices that are fluid and often contradictory. These difficulties notwithstanding, a number of South African studies acknowledge the importance of culture and indigeneity in the efficacy of HIV intervention programs. Whereas Cohen (2002) claims that both culture and socioeconomic circumstances are serious obstacles in the fight against the pandemic, Archie-Booker, Cervero, and Langone (1999) argue that HIV/AIDS prevention education must include indigenous culture in order to be effective.

Clearly, there are cultural practices across sub-Saharan Africa that are not conducive to combatting the disease. John Mbti refers to:

[a] “joking relationship”, in which people are free and obliged not only to mix socially but to be in physical contact which may involve free or easier sexual intercourse outside the immediate husband and wife. There are areas where sex is used as an expression of hospitality. This means that when a man visits another, the custom is for the host to give his wife (or daughter or sister) to the guest so that the two can sleep together. (Mbti, 1969, p. 147)

Moreover, there is a sense that neither female premarital chastity nor male sexual abstention has been supported by indigenous religion. There is also an allegation that many African communities appreciate risk-taking, especially daring behavior by young men (Caldwell, Caldwell & Quiggin, 1989, pp. 224–225). This is in agreement with Nattrass, who claims that “gender inequality, sexual violence, a preference for dry sex, fatalistic attitudes and pressures to prove fertility contribute to a high-risk environment” (Nattrass, 2004, pp. 26–27).

Other questionable cultural traits pertain to the practice whereby young women are in sexual relationships with older men for financial gain. This means that they are vulnerable to HIV infection because liaisons based on exchange or money are circumstances in which young women have little power to insist on condom usage and where poverty is a determining factor (Kelly & Ntlabati, 2002, p. 52).
Moreover, misconceptions that HIV can be caused by witchcraft weaken intervention strategies. These misconceptions have sprung out of cultural beliefs that are nurtured by magical and supernatural phenomena and explanations.

The picture is, however, much more complex and diverse than discussed above. Among many ethnic groups, sexual intercourse before marriage is prohibited (see the chapters on Zambia in this book), and, according to Mbiti, sexual offences are taken very seriously (Mbiti, 1969). This is in line with what Botillen found in Malawi, where:

the Malawian worldview and aetiology shows that there are a great number of detailed regulations concerning sexual activities, especially in connection with the *mdulo* complex … Malawian tradition has laid down an extensive system of norms informing acceptable sexual behaviour. Some of these regulations manifest themselves in ritual behaviour, and as we have seen, the rationale behind the regulations on sexual behaviour is that they are believed to ensure that optimum conditions for human reproduction are maintained. (Botillen, 2008, p. 101)

In the same vein Epstein claims that:

sexual behaviour on the [African] continent is governed by strict moral rules. They may not be the same as Western rules—polygamy and other forms of long-term concurrency are considered acceptable to many people—but they are rules all the same. (Epstein 2007, p. 146)

In addition to introducing the importance of prevention measures like safe sex, in which both modern prevention measures and some indigenous regulatory interventions in the classroom are proposed, there is a need to introduce indigenous medicine and healing practices and knowledges even though they represent no quick fix to the challenges of the pandemic. The potential introduction and discussion of such knowledges will mean that they are taken seriously in a modernist school context and will help students to de-alienate and link their own cultural backgrounds to messages from the school. It will also affect identity construction in the sense that the othering of the indigenous students in the classroom is challenged. As already mentioned, the importance of including indigenous knowledges and health perceptions in school is now increasingly rhetorically acknowledged by school authorities in the various sub-Saharan countries where role models such as chiefs and religious and community leaders are meant to contribute more to education in the schools. As early as 1999, the education plans in South Africa referred to the inclusion of religious and traditional leaders: they “should be involved in developing an implementation plan on HIV and AIDS for the school or institution” (Department of Education, 1999, p. 25).

Still, this rhetoric has not seriously moved from the theoretical plans into practice, partly due to economic constraints, but also due to the marginalization of indigenous health and healing in the classrooms in countries in sub-Saharan Africa. There is a fear, as de Beer and Whitlock argue (2009), of introducing so-called unscientific practices in a modernist, global school with few concessions to
traditional, indigenous practices. According to Shizha, Western science as conveyed in the African classrooms “disregards people’s science or everyday life experiences and focuses on replicable observation, description, prediction, and experimentation related to the physical world” (2011, p. 19). This agrees with Action Aid’s comparison of HIV/AIDS education in Kenya and India, where teachers applied a “selective teaching approach” (Boler, Adoss, Ibrahim, & Shaw, 2003). They emphasized scientific issues relating to HIV/AIDS in their teaching and left out the sensitive issues of sexuality and culture.

MULTILATERAL INTERVENTIONS

According to Islam and Mitchell, the educational contributions to HIV and AIDS prevention advanced by many multilateral agencies have “been inadequate as framed within a neoliberal globalization agenda, and have fallen short of [their] potential for addressing the epidemic” (Islam & Mitchell, 2011, p. 121). Although Islam and Mitchell are correct about the failure of the neoliberal globalization agenda to address the pandemic, most interventions from multilateral agencies, whether neoliberal or not, have clearly not been able to convey the message of the seriousness of the pandemic sufficiently to effect behavioral change. Strikingly similar to the teaching programs in schools, this failure is not surprising because it stems from a similar modernist epistemological approach to that in schools: it is a modernist thrust of the message couched in the rhetoric of Western rationality and bioscience without taking into account indigenous values, world views, and rituals, and without trying to explore why people do what they do.

It is therefore urgent to find ways of including both indigenous and Western knowledge systems in the intervention programs in the classrooms and beyond. It necessitates curriculum reform in most sub-Saharan African countries and a stronger commitment on the part of the education authorities to accept indigenous epistemologies inside the classrooms in practice. However, it also necessitates a critical gaze at traditional practices, not least of all related to the gender relationships in sub-Saharan Africa. Because the group most vulnerable to HIV infection is women, the pandemic hits this most oppressed segment of the society the hardest. As Aggleton states:

The impact of HIV and AIDS on communities all over the world is far from uniform. More usually, those who are already marginalized and oppressed suffer most, demonstrating the capacity of the virus to exploit the fault lines of an already divided society. In Africa, where the impact of the epidemic has been particularly severe, women have found themselves not only especially vulnerable to infection, but required to shoulder the burden of responsibility for community education and care. (Aggleton, cited in Baylies & Burja, 2000, preface)

Given the ways in which gender inequality is thoroughly embedded in the social and economic fabric of sub-Saharan African societies, there is a sense that school cannot alone subvert the present order of domination. At the same time there are
indigenous knowledges and indigenous leaders such as chiefs and healers that are potential allies in the fight against HIV/AIDS because African communities have great respect for their traditional leaders and their words are often listened to more than those of government personnel coming to the villages from the ministries. There is therefore a need to create a third space in which the contesting epistemologies meet to generate new knowledges based on a critique of the present models of interventions in the classroom and among the (I)NGOs.

THIRD SPACE

I see the “third space” in this context as a space (see Bhabha, 1990) where Western and indigenous epistemologies meet and coexist and are transformed into “something different, something new and unrecognizable” (Bhabha, 1990, p. 210). This means that indigenous leaders with their indigenous knowledges and cultures are included in the discussion on HIV/AIDS strategies and given space to question hegemonic epistemology, which may open up new avenues in combating the disease.

Such a conversation requires some sort of humility as to the potential capacities of Western science to provide a way out of the apparent deadlock in which the HIV/AIDS situation finds itself; it also requires an acknowledgement of the limitations of Eurocentric epistemology and biomedicine in “solving” the critical issues, even though ARVs have helped many people in sub-Saharan Africa. Conversely, indigenous culture, knowledges, and health practices must also simultaneously be critically examined.

The third space, as I define it, is a space that generates new possibilities by questioning entrenched categorizations of knowledge systems and cultural practices in order to prevent the perpetuation of imbalance and asymmetry between the knowledge systems within the third space.

Reminiscent of Freire’s (1970) concept of dialogue, in which critical consciousness is the fundamental aim and in which “banking” education is discarded, Freire’s concept is potentially the first step in providing the foundation for a new space in which both nostalgic and romantic perceptions of indigenous knowledges, Western pretensions of superiority, and the inherent contradictions in both knowledge systems can be interrogated.

In this regard, cultural-historical activity theory (CHAT) offers a useful analytical approach because “it allows for an understanding of how multiple contexts in which an individual operates work together to transform internal thought processes and behaviours” (Saka, Southerland, & Brooks, 2009, p. 1000). Louis Botha makes use of CHAT in his attempt to articulate a way of knowing beyond Western consciousness. He suggests:

[CHAT] as a conceptual framework within which mixed methods can be employed to negotiate more appropriate knowledge-making relations and practices between the epistemologically divergent ways of knowing of indigenous and Western knowledge communities. (Botha, 2011, p. 2)
Third-generation CHAT (Engeström, 1987, 2001) has the advantage of being able to analyze the inevitable contradictions within and between the frameworks that employ the activity systems of indigenous knowledges and Western knowledge. In CHAT, contradictions are viewed as central sources of change and development. Combatting HIV/AIDS is one example of a crucial object of activity in which Western knowledge systems and indigenous knowledge systems interact. Making use of CHAT is a way of operationalizing the third space, in which indigenous peoples can name their knowledge-making processes and health discourses and state where and how they would relate them to Western knowledge and biomedicine. This third space is then a potentially shared object of activity: that is, objects of activity or problems and contradictions that trigger collaboration between activity systems and contentious knowledges; in this case, between biomedical and indigenous health discourses.

The minimal model for cultural-historical activity theory is composed of two interacting systems (Engeström, 2001), wherein CHAT can trace the interactions between the two discourses or knowledges and at the same time keep track of how these knowledges are produced and how the interactions between them can produce new understandings and new solutions to problems and challenges (see Figure 1 below).

![Diagram of two interacting activity systems](image)

**Figure 1.** Two interacting activity systems as minimal model for third-generation activity theory. Adapted from Engeström (2001, cited in Botha, 2011, p. 136).

The point of departure for such a collaborative activity is the effort of the relevant participants and the institutions towards a shared activity, in this case a conversation or dialogue between the advocates of biomedicine and of indigenous medicine and healing in the fight against HIV/AIDS. This conversation or dialogue may produce “new” solutions based on initially contradictory and contested suggestions. Given the centrality of contradictions in CHAT, an analysis of the contradictions may aid the participants to focus on the fundamental reasons for
contention and thus identify solutions to the challenges based on these contradictions (see also Breidlid, 2013).

Even though the Western architecture of health tries to impose an impression of the incompatibility of biomedicine and indigenous medicine, scholars (e.g., Decouteau, 2013) have shown that there are areas of commonality between the discourses, especially in places where indigenous healing and health practices are in constant flux and include biomedical knowledge in their practices. Such a hybrid, indigenous discourse is a good starting point for negotiation in the third space. However, it does necessitate a willingness of biomedicine to relinquish its hegemonic role and enter into negotiations with other knowledge systems.

Carm (2012) used CHAT and expansive learning as tools for analyzing processes that were manifested in transformations and changes at individual and institutional levels in a HIV/AIDS program in Zambia. Two activity systems were involved in the research: one was the public governmental and educational structure, the other was the traditional leadership structure. This opened up dialogue and reflection between the two systems. While the former system, based on “rational” Western epistemology, was not conducive in driving back the pandemic alone, the traditional leaders were employed to act as gate openers and role models openly discussing issues related to sexuality and HIV/AIDS prevention and the need for changing cultural practices:

[The] chiefs based their interventions upon the very immediate situation—the impact of HIV/AIDS as experienced among and within their villagers—and by working with others and gaining scientific knowledge, they took steps towards changing some aspects of their traditional cultural practices in order to promote cultural practices that were more gender sensitive and supportive of their aim of reducing the spread of HIV/AIDS. (Carm, 2012, p. 814)

The importance of identifying contradictions between Western knowledge and indigenous knowledges in the activity systems helped “practitioners and administrators to focus their efforts on the root causes of problems” (Carm, 2012, p. 799), thus creating a shared vision and resolution of the contradictions. Moreover, the HIV/AIDS messages reached the rural population because of the respect and authority that the chiefs inhabit.

According to Carm (2012, p. 809), “collaboration also improved the link between the schools, the parents and the wider community, thereby, creating a better learning environment”; teachers and students applied relevant indigenous knowledges in the discussion of the pandemic as well as issues related to safe sex. The coexistence of both western epistemology and science and indigenous knowledges linked to indigenous medicine and spiritual beliefs seems to have created what I call a third space, in which new solutions to combat the pandemic were found. Such a strategy requires many rounds of dialogue and temporary solutions (because of contradictions within and between the knowledge systems) in order to reach new solutions not previously tried in the battle against the HIV/AIDS pandemic. It shows that carriers of indigenous knowledges have something to contribute in effecting change and creating more sustainable
solutions. The program in Zambia is just one of many interventions where the local leaders and chiefs play an important part.

CONCLUSION

Even though the formal education system is still lagging behind in combining diverse knowledge systems in fighting the pandemic, there is hope that the growing realization that HIV/AIDS organizations and indigenous leaders have to work together with the authorities to fight the pandemic will eventually spill over into more formal education structures. The challenge of including this third space systematically in the curriculum in the sub-Saharan countries is, however, formidable, not only in relation to HIV/AIDS and sex education, but to other subjects as well. It is both an issue of implementation and economic constraints as well as an ingrained skepticism toward anything that smacks of indigenous or traditional among the educated elite in the ministry offices. Thus, the imposition of Western knowledge casts a long shadow on the school system in sub-Saharan Africa, and still contributes to preventing implementation of an effective strategy in fighting the deadly pandemic.

NOTES

1 In this chapter I use Western epistemology in the singular to suggest and underline the role of a specific epistemology which is hegemonic globally while indigenous epistemologies are used in the plural to indicate the multiplicity of indigenous knowledges and knowledge systems.

2 As a recent report from the World Economic Forum (2014) shows, South Africa is at the bottom in mathematical literacy in the world. This has sent shock waves through South African society. South Africa is also very close to the bottom in other topics, but other sub-Saharan African countries also scored poorly. The poor mathematics results in the South African schools can at least partly be ascribed to epistemological and linguistic alienation: there is hardly any ethno-mathematics in the syllabus in South African schools that is relevant in a black South African environment, despite the sophistication of non-Western forms of mathematical knowledges. As the Frankfurt school states: no knowledges are neutral, and the notion often reiterated in the Western, positivist climate that mathematical ideas are culture-free is simply not true. This misconception has meant a systematic suppression of ethno-mathematics around the world (Breidlid, 2013). Moreover, when the medium of instruction and exam questions are in a foreign tongue, there are poor end results. Basil Bernstein’s (1971) exploration of working-class children’s encounter with the middle-class English classroom is instructive in this context. Bernstein states that the working-class children employ a restricted language code, whereas middle-class children use an elaborate language code. Because the UK classroom is middle-class in a linguistic (and cultural) sense (using the elaborate language codes), the working-class children are exposed to an alien culture at school, which has a negative impact on their learning. It goes without saying that indigenous students in schools in sub-Saharan Africa are much worse off in a classroom where both the teacher and the students have a poor command of the alien medium of instruction. What a principal said about a schoolboy during our field work in Eastern Cape in South Africa is telling in this context: “he is the best in the class in maths, but he will fail the exam because the exam questions are in English.”

3 As has been pointed out elsewhere, “indigenous” is commonly defined as “a group of people who are considered to have developed a long-term cultural relationship with an area of land, where such relationship pre-dates the colonial conquests from Europe. What should be emphasized when locating and historicizing indigenous communities is the significance of colonial domination by the
West. Definitions of indigenous are shaped by historically initiated relations of dominance and subjugation which persist between western and indigenous communities” (Breidlid & Botha, 2015, p. 322). Indigenous knowledges are knowledges produced in specific historical and cultural contexts and are typically not “generated by a set of pre-specified procedures or rules and [are] orally passed down from one generation to the next” (Semali & Kincheloe, 1999, p. 40). Consequently, I argue that indigenous knowledge systems encompass “worldviews, cultural values and practices, and knowledge systems derived from these worldviews and practices, and they are related to metaphysical, ecological, economic, and scientific fields” (Breidlid, 2013, p. 34). Although the inclusion of indigenous culture and epistemology as well as community leaders is important in addressing the pandemic in schools, such inclusion is not a miracle cure because indigeneity is sometimes part of the problem rather than part of the solution and should be critiqued in school.

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INDIGENOUS KNOWLEDGES AND THE HIV/AIDS PANDEMIC


*Anders Breidlid*

*Faculty of Education and International Studies*

*Oslo and Akershus University College, Norway*