Aspirations and sex: Coming of age in western Kenya in a context of HIV
Blommaert, E.

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
Chapter 1

Introduction
Tactical agency—Living a good life today?

1. Introduction

In Winam, the *disco matanga*, or funeral disco, is an important gathering for kin and community the nights before and after a burial, and a place where people find comfort and say goodbye to a loved one. At these events, relatives who travel in from distant towns are happy to see one another once again, and young men and women from different locations take advantage of the chance to meet and interact. Rather than being a somber occasion, it is a space where joy and fun have no limits, where you find people dancing and chatting, sharing food, drinking *chang’aa* (a locally brewed, illegal, strong spirit), smoking *bhang* (marijuana), having sex in the bushes, and fighting over young women. But the *disco matanga* is also an ambiguous space, where life and death shake hands. While kin and community gather to mourn the death of someone—frequently someone who has died of HIV/AIDS—they also run a high risk of getting infected at this very same event, either through consensual unprotected sex or by forced sex. In this way, the *disco matanga* exemplifies the larger ambiguous and uncertain context in which young people are growing up, experimenting with sexual relationships, and trying to make a living.

The *disco matanga* has received much attention by local HIV/AIDS activists and public health workers in Nyanza Province, who assume that the *disco matanga* provides a major opportunity for HIV transmission given the prevalence of sexual activities at these events. There is, however, no epidemiological evidence that these venues promote HIV transmission. This assumption is merely based on the behavior at *disco matangas* and on self-reports of the youngsters of Winam (see also Njue et al. 2009). By not contextualizing the *disco matanga* and describing it as a ‘harmful risk situation’ practiced only by ‘the Luo people’, one runs the risk of stigmatizing and exoticizing Luo cultural practices (see also Cohen and Odhiambo 1989).

The *disco matanga* is not a static ‘cultural practice’ as is assumed by some public health workers but an event that has changed and is changing over time and is
perceived differently among the people of Nyanza Province. The grandparents of the youth with whom I worked, in their youth, attended events that were more of a quiet distraction, with nyatiti (traditional harp) music played in an attempt to re-establish the equilibrium disturbed by death (Shino 1997; Onyang’a 1998). In the 1970s this quieter event evolved into a real party, and began being called disco matanga. While disco matangas were banned in some parts of south Nyanza Province, for most of the youngsters of Winam, the disco was still ‘the place to be’. Youngsters would often go from one disco matanga to the other, when several people were buried on the same day. Days before the burial, young people would spread rumors, for instance, that famous Luo singers were performing at a particular disco matanga. Just like with other, non-funerary parties, the one with the biggest sound system or popular live band was the most successful, drawing the widest attendance.

During my research, it was clear that the reason why disco matangas were so popular among the youngsters of Winam was because there were not many other leisure activities for young people, where they could go enjoy life, and have fun drinking alcohol, smoking, and having sex. Attending a disco matanga also required few resources, since the attendees only had to contribute to the harambee (fundraising for the family) and the bereaved family members covered most of the expenses of a funeral. The disco matanga was usually organized by the youngsters in the family of the deceased person, which meant that many young people were likely to enjoy the musical entertainment. Disco matangas typically began with gospel music or a church orchestra, but soon after, Benga music (local Luo rhythms) and other types of Western ‘modern’ music, especially reggae, hip-hop, and rap were played.

While the youngsters with whom I worked continue celebrating life during disco matangas, the ubiquity of death and the suffering of JoWinam (the people of Winam) in the field often left me with a bitter feeling. I often asked myself how JoWinam managed to deal with this depressing situation. What about the young people whose aim was to achieve a ‘better life’ than their parents? What if their parents had passed away? What kind of future perspective did this allow them? This dissertation is rooted in the daily life world of young people (between 16 and 25) in Winam. It seeks to understand how young people struggle to find or create a livelihood and how this influences their sexual relationships in a context of social change in Winam. My assumption is—as various studies have already demonstrated—that the precarious living situation of young people in Winam affects their decisions concerning sexual relationships.
This dissertation focuses our attention on young people’s hopes, aspirations, and expectations and shows how the young people of Winam creatively constructed their daily life in a context where HIV/AIDS has taken a high toll. More precisely, I examine young people’s livelihood opportunities and challenges in Winam. I try to understand their sexual relations and networks, specifically, how they form sexual relationships, avoid the so-called health risks associated with sex, and understand the links between sex, love, and money. I show that young people’s aspirations and concerns need to be examined through a lens of intergenerational relations (see Cole and Durham 2007) as young people are members of families and other social entities and should be studied within this given context (see Amit and Dyck 2012). Young people’s perceptions of a ‘state-of-the-art’ HIV/AIDS prevention project are also analysed to discern the role this and similar interventions play in their daily life.

I discuss not only young people’s ‘tactical agency’ (De Certeau 1984), but also discuss the limits of that agency, and show how youngsters are confronted with ‘choiceless choices’ (Schepers-Hughes 2008). This analysis includes the context of ‘structural violence’ (Farmer 1999) that surrounds and gives shape to young people’s uncertain life worlds, in order to understand how they deal with sexual relationships and create ‘livelihood networks’. I argue that instead of asking ‘Why do young people take risks when they engage in sex?’ we should recognize that the real question is: ‘Why shouldn’t youngsters take risks if they hold the promise of a better life in the future?’.

1.1. Livelihoods, opportunities, networks

‘Winam’ (meaning “head of the lake”) is a pseudonym for the place where I carried out my fieldwork, which I use to protect the privacy of the people involved in this study. ‘Winam’, however, should not be confused with the actual Winam Gulf (the extension of north-eastern Lake Victoria), where it is located. When I use the toponym ‘Winam’, I refer to one of the communities that is part of Bondo District in Nyanza Province, located in western Kenya. Nyanza Province is one of the nine provinces in Kenya, and shares a boundary with the Rift Valley Province to the east, the Western Province to the north, and Tanzania to the south. Winam touches Lake Victoria, providing the area with several fishing beaches. Winam consists of more than 80 villages and measures 178.4 square kilometres, 1.6 of which are under the waters of Lake Victoria (Government of Kenya 2002). In 1999, Winam had a population of 56,883 and a population density of 319 persons per sq. km. (Central Bureau of Statistics 2001).
Figure 1. Kenya

Source: Economist Intelligence Unit 2008
Almost half a century after Independence, Winam remains one of the least economically diverse regions of Kenya. In Winam, disparate but converging socioeconomic, cultural, ecological and political forces prepared the stage for the HIV epidemic. The chronic poverty and the high mobility that characterize life in Winam have contributed to the rapid spread of epidemics. With the spread of HIV/AIDS, the inadequacy of the health infrastructure took a high toll on many—often very young—lives in Winam. When I began my fieldwork in 2005, antiretroviral drugs (ARVs) were only available at a very high cost in Kenya. Although this picture changed as medicines
became more readily available, there were a number of invisible obstacles (for instance, lack of emotional support and nursing care, and lack of nutrient-rich food such as milk and eggs) that continued to prevent people in disadvantaged places from receiving treatment (see also Whyte et al. 2004 for Uganda).

In a high-unemployment environment like Winam, young people devote tremendous energy to creating a 'livelihood': more than just earning a living, they pursue “a wide range of activities and social support capabilities” (Ellis 1998a) to create some level of stability and security. Their high level of mobility—going back and forth between rural and urban areas—helps them build sexual and social networks, which act as resources in constructing their livelihood. My work endeavours to explain how they work, and struggle, to do this. Understanding young people’s everyday concerns and larger aspirations is of great importance if we want to understand young people’s sexual relationships since the latter is related to the former. Creating livelihood networks—and utilizing sexual relations to do so—I argue, is a form of ‘tactical agency’ (De Certeau 1984). However, the limitations of the concepts of ‘tactical agency’, ‘livelihood’, and ‘social capital’ deserve special attention. These concepts usually start from the capabilities of a person to act in and adapt to, despite difficult, uncertain circumstances, but in an environment severely affected by persistent poverty and HIV/AIDS, many do not even have opportunities to act. Throughout this dissertation, it will become clear why “playing sex”, as they call it, is so important for young people, and why they continue to engage in ‘risky’ sex, despite their knowledge that it could lead to disease or death.

1.2. Gender inequality, sexual relations, and the quest for security
The large difference in HIV/AIDS infection rates between young men and young women in Winam has led many researchers to speculate about the transactional nature of sexual liaisons and the related power discrepancies of gender relations (see, for example, Amornkul et al. 2009). Although these explanatory approaches should not be dismissed, I believe it is a mistake to ascribe the spread of the HIV/AIDS epidemic to simplistic notions of ‘transactional sex’. We need to identify and disentangle stereotypes concerning female subordination, male dominance, and sex-for-money exchanges in sexual relationships. The mainstream literature on HIV/AIDS and sexual relations generally ignores motivations that rub against gender stereotypes, such as ‘having sex just for fun’ among young women and ‘giving money out of love’ among young men. While I wish to bring such non-stereotypical motivations into our analysis, I also
recognize that the discourse of love is sometimes used to mask less romantic intentions, such as getting money, having sex, or claiming a ‘modern’ identity, and demonstrate this with my ethnographic data. I examine not only what people say about their motives for sexual relations, but also the structures that inform their possibilities for action.

While young women’s economic and social vulnerability has received substantial attention (for instance, UNESCO and UNIFEM 2010; UNAIDS 2004a; UNAIDS 2008) in the context of AIDS research and treatment, the ways in which young men occupy a vulnerable position are all too often overlooked (Silberschmidt 2001; Simpson 2009). In this dissertation, I show how both young men and young women employed creative tactics and capitalized on social and sexual networks in order to find some degree of security. In these young people’s quest for security, mobility is central. By spending time outside or moving away from Winam, young people tried to extend their social networks—to maximize their social capital—including, sometimes, through sexual liaisons with multiple, concurrent partners (Thornton 2009). Although this tactic entailed health risks, the young people with whom I worked believed it was their only avenue to escape the misery at home. Sexual relationships could give them access to goods and services that conventional social networks could not (Thornton 2009). Yet, as my data illustrate, success at attaining a better standard of living through sexual liaisons seemed to be more prevalent for young women than for young men. By analysing young people’s sexual relationships in relation to their quest for social and financial security, my research shines new light on our understanding of the political economy of HIV/AIDS and its prevention—both of which are necessary if we are to find ways to help bring about structural changes.

1.3. HIV-prevention projects and ‘interdisciplinary’ research

What constitutes change, and how do we know ‘success”? In this dissertation, I examine the relevance of HIV prevention projects for young people, and how they make a difference in young people’s daily lives. Taking one project as an example, the Yeshica youth centre, we see that such projects do indeed have impacts, but not necessarily those expected by project designers and implementers. YESHICA, which stands for ‘Youth’s Economic, Skills, and Health Improvement Centre in Winam’, was funded through PEPFAR (the US Presidential Emergency Plan for AIDS Relief), and organized by the Institute of Tropical Medicine (ITM) in collaboration with the U.S. Centers for Disease Control and Prevention (CDC) and the Kenyan Medical Institute (KEMRI). The goal of Yeshica was to improve the sexual and reproductive health of young people
between 10 and 20 years old in Winam, and it was structured into three main interventions: the ‘Families Matter! Program’ (FMP), which targeted youth between the ages of 9 and 12, along with their caregivers; the ‘Life Skills Program’ (LSP), which targeted school-going youth between the ages of 10 and 14 and out-of-school youth between the ages of 13 and 17; and the ‘livelihood intervention’ (targeting out-of-school youth between the ages of 16 and 22). By examining young people’s motivations for and expectations of participating in Yeshica’s interventions, I show how diverse actors produced and understood ‘success’ or ‘failure’.

Understanding local perceptions and interpretations of HIV/AIDS prevention projects is a core task for any anthropologist fighting on this battlefield against HIV. The twist that my work gives to this well-studied area is that it occurred as part of an ‘interdisciplinary’ approach that was, actually, more multidisciplinary than interdisciplinary.\(^5\) I was part of a medical team—consisting mostly of epidemiologists\(^6\)—from the Belgian ITM who in collaboration with CDC/KEMRI were implementing a HIV/AIDS Youth Intervention Program (YIP)\(^7\) in Winam. The YIP aimed to measure and compare behavioural and biomedical parameters (specifically, the prevalence of Herpes Simplex Virus 2 (HSV-2) and HIV) before and after the establishment of Yeshica’s intervention programs. The planning of my ethnographic research was thus the result of collaboration between Belgian, Kenyan, and American scholars—including, as well, some important policy makers—from various disciplines. My medical colleagues were however, not very familiar with anthropological research and I found myself needing to explain and justify my methods, a process that caused me to consider in depth the different approaches of anthropology and epidemiology. Woven throughout this dissertation are my reflections on these differences, not only regarding methods, but also, and perhaps more importantly, power relations between quantitative and qualitative researchers (see also Streefland 1990) (see especially Chapter 2), and the interplay between institutional funding and whose ‘evidence’ is regarded as most robust (see Chapter 7).

One limitation of this study is that the wealth of empirical information was challenging to analyse, making it difficult for me to apply a method called ‘symmetrical anthropology’. This is a methodology used within science and technology studies, of which Bruno Latour’s (1987) actor-network theory is a part. In symmetrical anthropology, the anthropologist questions his/her own methodologies, concepts, and actions in the field in the same way the anthropologist studies his/her respondents, for example as Rottenburg (2009) did in his ethnographic work in sub-Saharan Africa. I
believe I worked according to the highest standards of anthropology in studying the relations between different actors as well as between myself and the youngsters with whom I worked. But on further reflection, I also believe that I could have described more closely how my methodology and concepts were perceived in the field, which I still hope to do in the near future — by writing a scientific article about it for instance. This means that in certain sections of this dissertation the reader may still detect a certain bias or lack of critical distance regarding my methodology, concepts, or actions. While this might be one of the limitations of this dissertation, it was the price I have chosen to pay for being passionate about the fate of the young people in Winam.

Since I was part of a medical team, some might expect from this dissertation clear-cut recommendations for HIV/AIDS prevention; some might wish to just skip to the conclusion. Missing the ethnographically informed ‘thick description’ (Geertz 1973) of my study, however, would be a mistake. I invite readers to first consider this whole work—to understand the full complexity of how AIDS is interwoven into the everyday life of young people—before assuming that I, or anyone, can come up with ‘the’ answer to the HIV/AIDS epidemic. After many years of expert research from epidemiology, anthropology, and other fields, we still have not found ‘the’ solution to stop this epidemic from spreading. My study will not alter this fact: the problem is just too complex. My contribution is, in the end, an invitation to listen to young people’s voices, which speak clearly about why they carry on with ‘risky sex’; they do so because although they have plenty of aspirations, the choices young people make in life are often ‘choiceless choices’ (Scheper-Hughes 2008) because they have to act within a context of perpetual crisis.

2. HIV/AIDS in Kenya and Nyanza Province

To contextualize the goals of the multidisciplinary medical research project and my part of that study, I begin with a statistical depiction of the HIV/AIDS epidemic in Kenya and, more precisely, Nyanza Province. Kenya is one of the countries most severely affected by the HIV and AIDS epidemic. The first case of AIDS was reported in Kenya in 1984, which—because of the long incubation period between HIV infection and AIDS—means that HIV had likely already begun to spread in the late 1970s. Booth (2004: 59–64) notes that the rise of HIV/AIDS during the late 1980s went along with the country’s political and economic crisis. The failure of Daniel arap Moi, the second president of Kenya (1983–2002, see also Chapter 3), to implement the structural adjustments imposed by the International Monetary Fund and the World Bank resulted in the
unwillingness of donors to further send monetary aid and loans. Such cuts in assistance forced Moi to decrease spending on education, health, infrastructure, and social services. This context set the stage for the denial of the existence of HIV/AIDS in the 1980s and 1990s in Kenya (Booth 2004).

President Moi made an inadequate initial response to HIV and AIDS as he silenced the enormity of the HIV/AIDS pandemic (Okuro 2009). Nevertheless, Kenya was quick to set up a national AIDS committee and a National AIDS Control Program in 1987 with the primary intention of receiving AIDS funding. President Moi did little to break the silence about the existence of HIV in Kenya, and AIDS funds were missing or used for other purposes at least until 1995 (Booth 2004: 59–64). Okuro (2009: 1) attributed the slow response to HIV/AIDS in Kenya to the president’s need to maintain the structure of his neopatrimonial leadership.

In 1999, President Moi finally called AIDS a national disaster but restated that, together with the churches, the Kenyan Government would not advocate condom use as doing so would promote casual sex (AIDS Analysis Africa 2000). Only at the end of 1999 did Moi break the silence surrounding condom use and start promoting it as HIV prevalence was increasing. HIV prevalence in Kenya reached its peak in 2000 with 13.4 percent of its population infected with HIV (NASCOP and Ministry of Health 2006). By 2003, the Kenya Demographic and Health Survey noted a decline in the prevalence of HIV, estimating that 6.7 percent of the population (1.2 million people) between the ages of 15 and 49 were living with HIV (Central Bureau of Statistics 2004). Apart from the rapid expansion of preventive interventions since 2000, this decline has mostly been attributed to the large number of people dying from AIDS in Kenya: 150,000 in 2003 alone (UNAIDS 2004a).

Affordable ARVs only started to become available through public sector programs at the end of 2003. Beginning in 2003, Kenya supported the ‘3 by 5 Initiative’ of the World Health Organization and UNAIDS, which aimed to provide ARVs to three million ‘people living with HIV/AIDS’ (PLWHA) in developing countries by the end of 2005 (UNGASS 2006: 26). In 2006, Kenya’s President Kibaki declared that ARVs would be provided for free. The Kenyan Government aimed to provide ARVs to 95,000 PLWHA, of the total number of 1.3 million PLWHA (National Aids and STI Control Programme (NASCOP) 2005: 51); by September 2005, 54,000 PLWHA had received free ARVs (UNGASS 2006: 26). Whilst many people in Kenya are still not being reached with HIV prevention and treatment services, access to treatment is definitely increasing. In 2012, at the moment of writing, 72 percent of adults who needed treatment were receiving it.
with around 200,000 additional people on treatment in 2011 compared to 2009 (UNAIDS 2012). Due to the availability of ARVs at affordable prices or for free, people are no longer dying as quickly. However, this does not mean that HIV infection rates are going down. In addition, although more people than ever are now living with HIV, poor adherence to ARVs may lead to drug resistance, further complicating the picture.

There is a substantial gender disparity in rates of infection between men and women. The 2007 Kenya AIDS Indicator Survey (KAIS), which demonstrated a small increase in the national HIV prevalence compared to the 2003 survey, showed a prevalence of 8.8 percent among females, and 5.5 percent among males. Among adolescents aged 15–19 years, HIV prevalence was 3.5 percent among females and 1.0 percent among males—a gendered difference that widened further among those aged 20–24 years: 7.4 percent in females and 1.9 percent in males (NASCOP 2007). This gendered disparity in HIV prevalence is found across Kenya, as well as in other African countries. Women’s higher HIV rates are often attributed to the female reproductive tract’s greater susceptibility to HIV infection from unprotected heterosexual intercourse. Other factors may include women’s lack of power to negotiate safe sexual practices (see Chapters 5 and 6). Although the overall prevalence of HIV between 2003 and 2007 did not significantly change, a closer look at the data shows an increase in the proportion of HIV in rural areas (Central Bureau of Statistics 2003; NASCOP 2007).

According to Kenyan surveys (2003 KDHS and 2007 KAIS), Nyanza Province has been hit the hardest by the HIV/AIDS epidemic. Despite an overall downward trend in HIV prevalence across the nation, Nyanza Province still suffered high rates of HIV infection. The 2007 KAIS demonstrated an overall HIV prevalence rate in Nyanza Province of 15.3 percent in 2007: 17.6 percent in women and 11.4 percent in men (NASCOP 2007). Here, the gender disparity has been even more striking. Findings from a 1997–1998 multicentre study demonstrated a large difference in HIV infection rates between young men and women 15–19 years old in Kisumu, Nyanza’s capital: 23 percent among women and 3.5 percent among men (Buvé et al. 2001). However, little was known at that time about HIV prevalence in rural areas, where the majority of Nyanza’s population resides. The epidemiological component of YIP was a Baseline Cross-Sectional Survey (BCS), conducted between October 2003 and April 2004, in order to be able to evaluate the impact of Yeshica. The survey showed shocking results: 2 percent of the 13-year-old girls and 20 percent of the 19-year-old girls were already infected with HIV (Vandenhoudt 2004b). Among those aged 13–34, an HIV prevalence of 15.4 percent (20.5 percent among females and 10.2 percent among males) was
measured—about twice the national rate. HIV prevalence among females aged 15–19 years was 12 times higher than among their male counterparts. The investigators of the Baseline Cross-sectional Survey (BCS) speculated that one cause of this large gender disparity might be that young women have sex with older, more sexually experienced men, who are more likely to be infected with HIV (Amornkul et al. 2009). In the baseline study, however, young women reported that most of their sexual experiences were with peers. Thus having a first sexual partner much older in age was not significantly correlated with HIV infection (Vandenhoudt 2004b); instead, it was thought that biological factors and the high HSV-2 infection rate might contribute to the high rate of HIV among women in Nyanza Province.

3. AIDS control strategies in Africa and Kenya

To combat the HIV/AIDS epidemic, a number of interventions were initiated. The first generation of interventions that appeared during the 1980s aimed to induce behavioural change by educating target populations about the risk of HIV infection (see also Parker, Barbosa, and Aggleton 2000; Barnett and Whiteside 2002; Altman 1999). Such approaches—focusing on individuals’ rational behaviour—failed to account for the more powerful forces that constrain social life and influence sexual behaviour patterns.

Within these initiatives, there are two parallel and competing approaches. The first, a ‘morality-based’ approach, was inspired by PEPFAR, started by US President George W. Bush, which has the promotion of Christianity as a side agenda. In 2003, PEPFAR launched the ‘ABC’ (Abstain, Be faithful and use Condoms) campaign, a multibillion-dollar initiative to address HIV/AIDS around the world. The ABC campaign adopted the Ugandan concept of ‘zero grazing’, translated as either abstaining or being faithful to one monogamous partner (Ocholla-Ayayo 1997: 120). This concept was, notably, in line with the politics of the neoconservative, religious groups that were important constituents of Bush’s presidency. In Uganda, however, ‘zero grazing’ does not refer to abstinence (zero sex), but invokes instead the image of the ‘zero’ that results from tying a cow to a peg while it grazes—the cow grazes as far as its tether will allow, forming a circle of grazed grass. The analogy of zero grazing implies that you can ‘eat’ or have sex as much as you like, as long as you keep it local and close to home (Thornton 2008: 19–20). The decision to adopt the ABC approach was, according to the US administration (US Department of State 2006: 11), based on Uganda’s success in reducing the prevalence of AIDS, but there is no conclusive evidence showing that
abstinence or fidelity were major factors in the decline of HIV in Uganda since 1992.\textsuperscript{11} We will probably never know for certain what contributed most to the decline since the literature is contradictory (see also Green et al. 2006; Thornton 2008: 85–91).

The politically biased interpretation of the Ugandan experience has from the early 2000s been used as a template for US-funded HIV-prevention programs in all fifteen countries receiving PEPFAR funding, including Kenya. PEPFAR funding was also provided to faith-based organizations. Given this funding source, the main focus of the AIDS control strategies has been on ‘abstinence’ and ‘faithfulness’ and a ‘responsible use of condoms’. The distribution of condoms has been restricted to ‘high risk groups’, such as sex workers and their clients, sexually active ‘discordant’ couples (in which one partner is known to have HIV), and drug abusers (see US Department of State 2006). In this way, PEPFAR imposed a policy regime that ignored the reality of sexual activity before or outside of marriage among millions of young people (Murphy 2006).

The ABC campaign, which has often been synonymous with abstinence-only sex education programs for youth, failed to acknowledge and respond to the actual social circumstances driving sex. One after another, research projects began to demonstrate that people, even with full knowledge of the dangers of the epidemic, continued to have unprotected sex (Campbell 2003: 7). This gave rise to the second approach: ‘community-based’ interventions to address the more powerful forces that constrain social life and influence sexual behaviour patterns instead of only focusing on individuals’ rational behaviour. This approach concluded that morality-based interventions—based on the idea that the spread of HIV was associated with ‘individually based risk factors’, such as certain sexual practices among particular ‘risk groups’—were ineffective (see Link and Phelan 1995). This important shift in the AIDS discourse emphasized contextualizing risk factors in order to uncover the processes that put people at risk (see Parker 2001; Schoepf 2001).

Community-based interventions were designed as a response to this more contextual view of HIV/AIDS. The aim was to work closely with communities so that prevention messages would come from peers and locally respected individuals instead of from the top down and from outside, as before; ‘participation’ became a key concept. However, in her book, ‘Letting them die’: Why HIV/AIDS Prevention Programmes Fail, Campbell (2003) convincingly argues that “participation is by no means a ‘magic bullet’ ” or the \textit{sine qua non} for ‘success’, as too often is assumed by health workers. According to Campbell (2003), lack of commitment by key stakeholders or poor capacity in areas like
organizational development and project management might also limit the participation level of a project.

While community-based interventions were an important step forward in moving away from conceptualizing individuals as isolated, rationally calculating actors, broader economic and political considerations were still not incorporated into their design. HIV activists and a number of social scientists (Farmer 1999; Campbell 2003 among others) argued that only structural interventions such as the implementation of vocational trainings and microfinance could combat these broader factors, especially poverty and gender inequality. Such interventions attempt to create the conditions in which people can adopt safer behaviours. Making microloans available to poor women, it was thought, might help women to become economically independent and to reduce their need to engage in transactional sex. One evaluation of the ‘Intervention with Microfinance for AIDS and Gender Equity’ (IMAGE) in South Africa found a decrease in partner violence but no direct impact on sexual behaviour (Hargreaves et al. 2010; see also Kim et al. 2007). Giving loans to women however, could also have adverse effects, for example, causing conflicts within households where women have no control over the use of the loan. Repaying a loan could be an additional burden for poor women (Kabeera 2001). Apart from addressing women’s empowerment in HIV-prevention programs, researchers emphasized that men’s vulnerability also required attention. Higgins et al. (2010: 443) conclude: “HIV programs and policies should include men as well as women in structural interventions, such as job training, debt relief, income generation, and trade and migration policies, while also attending to gender-based power in relationships”.

4. Young people and HIV/AIDS research: A generation ‘in need of change’?

Part of effective treatment and care is starting with a grounded understanding of the population to be treated. In this section, I describe how youth have been targeted, and why such programs have failed to recognize young people as ‘tactical agents’. According to Comaroff and Comaroff (2005: 20), “one global feature of the contemporary world is a sense of crisis surrounding the predicament of juveniles”, and this is certainly true in much public health research (see, for example, Kebede et al. 2005). In public health literature—but also elsewhere, for instance in daily newspapers—youth are often viewed as troublesome and constructed as a ‘problem’ (Amit and Dyck 2012; De Boeck and Honwana 2005; Connell 2000). Much of the writing on youth depends upon “stylized
and stereotypical anecdotal sources of information”, which are not obtained through detailed empirical and ethnographic investigations that would give us a rather more varied and complicated picture of the daily life of young people (Amit and Dyck 2012: 5). Many, if not most, HIV prevention programs focus on young people because they are considered to be the most vulnerable age group due to their limited access to education, employment, health care, and basic nutrition (United Nations Population Fund (UNFPA) 2010). They are believed to engage in ‘risky sex’ and therefore are often targeted as a generation ‘in need of change’ in particular ‘behavioural change’. This lens creates difficulties for successfully fighting the spread of HIV/AIDS, because it presents a narrow vision of youth instead of highlighting youth’s potential power and ability to change.

Africa might be considered the world’s youngest continent, as young people are the majority of the population: in 2010, more than 70 percent of the population was under the age of 30, and slightly more than 20 percent was between the ages of 15 and 24 (UNYouth 2010). Young people are severely affected by HIV: about 40 percent of new infections are among 15–24 year-olds (UNFPA 2010). In addition to seeing them as at risk, UNFPA (2010) acknowledged in 2010 that young people are “the greatest hope for turning the tide” against the spread of AIDS because—if not yet infected—they can still change their behaviour and stop the spread of the disease. Moreover, they are generally more receptive to changing their behaviours than are adults (see also World Bank 2006). However, young people are often placed at the margins of the public sphere, and their voices, views, and visions are rarely consulted (De Boeck and Honwana 2005: 1).

4.1. Historical and social constructions of the concept of ‘youth’: From ‘vandals’ to ‘intergenerational’ change agents

In order to understand the contemporary use of the concept of ‘youth’, it is necessary to first understand that the concept of ‘youth’ is a historically situated and socially constructed concept, including related beliefs about how youth should behave. In the Western context, the rise of industrial capitalism is related to the emergence of the category of ‘youth’ (Comaroff and Comaroff 2005: 23). The creation of mandatory primary schooling separated very young people from the workplace and from adults; earlier, children worked on farms and in family enterprises, alongside adults. Children were expected to enter the world of education. However, in manufacturing towns, ‘delinquent’ crowds of the rising working class gathered in the urban slums as they were often left on their own to survive. State education systems did not eradicate the
delinquency of youngsters by excluding them from the productive sector of national economies, but rather reproduced it by different means (Comaroff and Comaroff 2005: 23). In the early 1900s, as industrial capitalism developed, youth personified “the failure of moral reproduction” and were an “affront to bourgeois family values” (Comaroff and Comaroff 2005: 24), as they were underclass, delinquent, unruly, and violent. The Comaroffs (2005: 24) note that sociologists in the 1920s depicted ‘youth’ as “a disruptive masculine force in the city”. Such writings about youth at the same time conceptualized youth as “incomplete, cultural actors” and believed that the transition to adulthood was shaped by biological factors, following the psychological patterns of human development (Cole 2007: 77).

In the twentieth century, the rise of neoliberal capitalism gave rise to a global ‘youth culture’ (Comaroff and Comaroff 2005: 24), distinguishable from ‘the culture of parents’ (Cole and Durham 2007b: 17). Scholars focused on youth as a distinct cultural entity, analysing them as independent, social actors who were actively engaged in the construction and reconstruction of social and cultural forms on a local and global level (Cole 2007: 77). By studying youth as a subculture with their own worldviews, styles, behaviours, and interests, these scholars moved away from approaching youth as a stage in development (Christiansen et al. 2006: 15–16). With the creation of a Western ‘youth culture’, the category of ‘youth’ came to be associated with consumption. A market was created to meet young people’s desires for clothes, music, and magazines, inspired by media-driven ideologies and the production of identity (Comaroff and Comaroff 2005: 24–25; see also Cole and Durham 2007b). The structural, economic transformation from production to consumption altered the essence of labour and social reproduction. Or as the Comaroffs (2005: 28) nicely describe: “Neoliberal capitalism has become invested with an almost magical, salvific capacity to yield wealth without work, money without manufacture”. Youngsters, probably because of their relative marginal position in the productive sector, became ‘consumer-citizens’ (Cook, cited in Comaroff and Comaroff 2005: 25) and created their own spaces of production and recreation. In this way, young people gained semi-autonomy as a social category (Comaroff and Comaroff 2005: 21–22). Young female bodies became increasingly visible, used everywhere “as part of the market eroticizing of consumer goods” (Cole 2007: 79).

Importantly, this concept of ‘young people’ varies within societies and across cultures over time (De Boeck and Honwana 2005; Christiansen et al. 2006). Several authors have argued that—in contrast to the Western context—the social category of ‘youth’ or ‘adolescent’ as completely distinct from adulthood did not exist in the African
context until just recently (De Boeck and Honwana 2005; Honwana 2005; Comaroff and Comaroff 2005). The belief that young people are in a transitional stage and must evolve through various phases of development before they reach adulthood is a Western, middle-class concept (De Boeck and Honwana 2005; Comaroff and Comaroff 2005; Christiansen et al. 2006). In Western societies, young people are perceived as “people in the process”, still becoming adults (Honwana 2005). In many places in Africa, in contrast, very few children enjoy the luxury of being dependent on their parents until they have finished their studies and found a job to sustain themselves. Being a child has little to do with age and dependency but is rather linked to social roles and responsibilities (Honwana 2005). Children might have adult responsibilities such as running the household because they have lost their parents due to HIV/AIDS; they might drop out of school and begin working at an early age. The social divide between childhood and adulthood is therefore often blurred and should not be regarded as static and stable. The connotations and expressions of the generational category of ‘youth’ develop in relation to specific social processes and historical influences (Mannheim 1952, cited in Christiansen et al. 2006: 10).

During the last two decades, various disciplines have criticized the socialization theory that views youth as a universal stage of development. Thorne stresses that “more is to be gained by addressing young people not solely as a future generation of adults but as fully engaged social actors” who are not in “preparation for life; they are life itself” (cited in Amit and Dyck 2012: 5). The ‘life-stage perspective’ as the focus on ‘youth culture’ does not capture the complexity of being a youth; it underestimates “the agentive capacity [of youngsters] to change or move within or between generational categories” (Christiansen et al. 2006: 16). In contrast, the subcultural approach to youth overestimates youth’s power to construct their own worlds, separated from the context in which they live and position themselves (Christiansen et al. 2006: 15–16). Whether youth are constituted as social actors or as dependent, marginal beings definitely depends on cultural and historical factors but also on the opportunities and daily life chances that are shaped by the social environments in which young people are living. Only by illuminating the dialectical relationship between agency and structure, might we be able to fully realize the complexity of young people’s position in society (Christiansen et al. 2006).

At the same time, speaking of youths categorically creates misunderstandings (Amit and Dyck 2012). While different scholars (for example, Honwana and De Boeck 2005; Abbink and van Kessel 2005; Nilan and Feixa 2006) have focused attention on
youth as a particular age group as a way to examine the social processes associated with modernity and globalization, a recent study of Cole and Durham (2007a) argues that studies of age should question the very social categories of age, such as ‘children’, ‘youth’, or ‘the elderly’. Instead, they claim that ‘age’ itself should be taken as an analytic—approached as a relational concept—which implies that youngsters’ role in social change cannot be examined “without taking account of the complex generational relations within which they are embedded” (Cole 2004, cited in Cole and Durham 2007b: 18). One can only be a youngster in relation to parents and to grandparents. Youngsters are individuals who are operating within a certain social environment and are members of families. They cannot be viewed outside of their given context (Amit and Dyck 2012: 5). It is only within these intergenerational relations that changes take shape, as such relations are important for passing on and transforming traditions (Cole and Durham 2007b: 2–3). Karl Mannheim’s concept of ‘fresh contact’ (cited in Cole and Durham 2007b: 18), articulates how ‘re-generations’ are manifested: “fresh contact takes place as young people, reaching adulthood, “come into contact anew” with their accumulated sociocultural heritage”. According to Mannheim, with each “fresh contact”, there is always a “loss of cultural material” as each new generation modifies some aspects of the past cultural heritage and transforms or keeps others in new circumstances (cited in Cole 2007: 78). This generational transformation has to be viewed as a dialectical process of change, as intergenerational relations are not only shaped by historical, political, and economic processes, but also shape the transformation of these processes (cited in Cole 2007: 78). Cole (2007: 78–79) states that youngsters are in a unique position to take advantage of new social and economic conditions since they are less embedded than adults in older networks of patronage and exchange. Thus, in order to analyse youngsters’ role in social change, it is important to take young people’s participation in processes of social regeneration into account.


Since 2007, HIV/AIDS research has paid special attention to ‘out-of-school youth’ (Stroeken et al. 2012) because they are regarded as more likely to be sexually active at an earlier age than those that are enrolled in school (World Bank 2006). The term ‘out-of-school youth’ refers to primary-school-aged children who have left school (Burk 2006). This distinction between in-school and out-of-school youth is considered important because some studies have shown that there is a correlation between educational attainment and less ‘risky sexual behaviour’ (see, for instance, Burk 2006:
Hargreaves et al. 2008; Stroeken et al. 2012). While out-of-school youth are believed to engage in ‘risky sexual behaviour’, the ones who are still in school are assumed to benefit from health literacy and from a ‘safer’, near-age sexual network in school. In their literature review, Stroeken et al. (2012) argue that the school environment where students associate with other students decreases ‘risky sexual behaviour’, since there are fewer economic exchanges between students to lure them into so-called transactional relationships (see Chapter 6). Moreover, there seems to be a difference between rural and urban out-of-school youth (aged 13–18) concerning knowledge of HIV/AIDS among young men; according to Bastien, “boys in urban areas with higher education are believed to be more knowledgeable about HIV/AIDS than their rural, less educated counterparts” (cited in Stroeken et al. 2012). Stroeken et al. (2012: 7) further emphasize that “the lure of pastoralist and agricultural lifestyles should not be underestimated, nor their incompatibility with school curricula and attendance”. However, several research projects have highlighted the limited impact of school-based AIDS education (for instance, Campbell 2003; Kinsman et al. 2001) and demonstrated that knowledge about HIV/AIDS does not necessarily lead to different sexual behaviour (see for instance Akwara et al. 2003). Noting a correlation between educational attainment and sexual behaviour does not mean that one is causing the other. Indeed there are many other factors than school attendance that explain sexual behaviour. Stroeken et al. (2011) seem to underestimate the potential of peer pressure in schools to engage in ‘risky sex’. Masatu et al., demonstrate an “unexpected higher risky sexual behaviour in rural Tanzanian schools” (cited in Stroeken et al. 2012: 8).

Although the Kibaki administration made primary education free of charge in 2003, many parents in Winam still find it hard to pay for the required books and uniforms, and their children often stop attending school. They are considered victims of a vicious cycle, in which family poverty forces them to drop out of school, leading to further poverty. Additionally, girls and young women often drop out because of pregnancy. For these reasons, out-of-school youth are often considered to be particularly vulnerable to HIV/AIDS and are targeted as a priority population for HIV/AIDS interventions. Since the sexual behaviour of ‘out-of-school youth’ has been associated with ‘risky sex’, public health workers have come up with an extensive list of (negative) characteristics to describe young people’s ‘risky sexual behaviour’, including “early sexual debut, high levels of partner concurrency, transactional sex, age-mixing, low STI/HIV risk perception, a high life-time number of partners, and inconsistent condom use” (Stroeken et al. 2012: 1). Being out-of-school is never a choice, and such a description of ‘out-of-
school youth’ adds to the stigma already attached to this group of young people. By presenting such a negative picture of those who have dropped out of school, it is not a surprise that public health workers view out-of-school youth as an extraordinary group, one that is difficult to deal with.

There are a number of barriers that local staff of NGOs or public health researchers experience when they target ‘out-of-school youth’, and they find it extremely difficult to reach this group of youngsters using conventional sexual and reproductive health messages. This is mainly due to the fact that they cannot be identified and followed through the easy recruiting method of contacting schools. Surveys are usually conducted in urban settings among easily accessed groups of young people, such as secondary school or university students (UNAIDS 1999a; UNFPA 2010; Stroeken et al. 2012). Public health workers often describe ‘out-of-school youth’ as being marginal and constantly on the move. They are hard to communicate with since they usually speak a slang version of local languages, such as Dholuo, mixed with some English and Kiswahili words. They are often not reliable participants, as they do not turn up on a regular basis whenever there are interviews or samples to be taken. As a consequence, marginalized youth all too often do not have a voice. The experiences of school-leavers and people living in rural areas are often not captured, or even sought out, since they are hard to reach (UNAIDS 1999a). AIDS ethnographies about urban school leavers, working in the streets of Dar es Salaam (Moyer 2003) and Dessie (Tadele 2005) have helped illuminate the situation of those youngsters, however, as this dissertation demonstrates, livelihood options for rural youngsters are different than those of urban youngsters.

4.3. Conceptualizing ‘young people’ and ‘out-of-school-youth’

Despite the fact that definitions of ‘young people’ cannot simply be based on one’s physical age, organizations typically use age to define their target populations; complicating matters, there is a lack of standardization in defining ‘youth’ for HIV/AIDS in interventions and research (Stroeken et al. 2012: 5). The Youth Fund, an initiative of the Kenyan Government that provides microloans to youth groups (introduced in late 2006), defines youth as young people aged 18 to 38. The WHO usually defines young people as those between 10 and 24 years old (WHO 1999). Yeshica, the HIV-prevention project in Winam, adjusted their definition a little further, targeting youths between 9 and 22 years old. Depending on the intervention, the minimum and maximum age limit for Yeshica programs varied. For example, the ‘livelihood intervention’ targeted ‘out-of-
school youth’ between 16 and 22 years old, and the ‘Families Matter Program’ targeted youth between 9 and 12 years old. Yeshica’s targets did not prevent young people from creatively defining themselves as youth, participating well past the age of 22, and before the age of 16 for the ‘livelihood intervention’.15

Apart from the difficulty of defining young people based on physical age, it is hard to make a boundary between ‘out-of-school youth’ and school-goers or students. Schooling is not a linear and clearly demarcated process, and these are not mutually exclusive and fixed categories. Students can at any time become out-of-school youths, and out-of-school youth can resume, months or even years later, attending school. Youths drop out of and resume attending school in accordance with their financial status (and that of their parents), or pregnancy. In some families, both father and son are students. Moreover, young people can simultaneously occupy more than one position: a student might, at the same time, be an artist, servant, or fisherman (De Boeck and Honwana 2005: 3).

In Winam, as in other places in Kenya and sub-Saharan Africa, schools can hardly be called ‘protective’, given that school provides students access to a near-age sexual network. Attending school in the context of limited financial resources means that young people are vulnerable to peer pressures and pressures from adults. Many students for instance engage with bus conductors because they do not have bus fare or are in need of cash to pay their school fee. In Winam, it was also common to hear that teachers, being in a powerful position, had sexual relations with female students. Furthermore, students often do not go to school near their home village, but rent a room near the school, far from parental control. In these cases, one may actually argue the opposite, following Masatu (cited in Stroeken et al. 2012): attending school actually increases risk.

In sum, the differentiation between ‘out-of-school youth’ and ‘in-school youth’ made by public health research is problematic. In this book, I eschew the use of ‘out-of-school youth’. Young people do not primarily self-identify as ‘out-of-school youth’. They identify themselves instead with what they are doing to earn a living or with the vocational training they are taking at the moment. In this way, they can be described as ‘tactical agents’.

4.4. Young people as ‘tactical agents’

Are youngsters simply passive victims of the societal crisis created by the HIV/AIDS epidemic? De Boeck and Honwana (2005: 2) argue that ‘youngsters are both makers and
breakers of society, while they are simultaneously being made and broke by that society”, and that, despite their marginalization from education, health care, and salaried jobs, many young people have demonstrated tremendous creativity in making a living for themselves (see also Christiansen et al. 2006). It is this creativity and power of youth who are living in a precarious context of persistent poverty that is often ignored in public health research.

The young people of this dissertation do not perceive nor describe themselves as ‘victims of structural violence’ (Farmer 1999). The ‘weapons of the weak’ (Scott 1985)—the ways people assert power and agency to act within limiting circumstances—are sometimes much stronger than we might think. While the young people of Winam are a heterogeneous group, they can be analysed as ‘tactical agents’. ‘Agency’ is defined here as the capacity of individuals to act independently and to make their own decisions, whereas ‘structure’ might enable or limit an actor's agency. Humans act under the pressure of society, which limits their freedom of choice and determines the extent of their agency. However, the core of Giddens’ theory of structuration (1984) was to conceptualize the active interplay between human action and structural constraints, each one shaping the other. While the social structure determines and limits the choices and opportunities of the young people in Winam, the youngsters are at the same time ‘reflexive agents’ who are able to actively produce and reproduce the social world. It is within this dialectical relationship between agency and structure that social relations are constantly being redefined (Giddens 1984).

In their book *Navigating Youth, Generating Adulthood*, Christiansen et al. (2006) try to balance their analysis between how young people are positioned in society and how they seek to position themselves in society. In the same volume, Vigh (2006) who focuses on terrains of war in Guinea-Bissau, illuminates how young soldiers navigate their path by trying to escape social death—characterized by the “absence of the possibility of a worthy life” (Hage 2003: 132, cited in Vigh 2006: 45)—in the hope of maximizing their future possibilities in a time of warfare. While the concept of ‘navigation’ suggests an actor-oriented approach, Vigh (2006) uses the term ‘social navigation’ to capture the relationship between objective structures and subjective agency. The term shows the way “[agents] move within moving social environments” (Vigh 2006: 54).

In De Certeau’s (1984) work on ‘everyday practices’, he opts for a distinction between ‘strategies’ and ‘tactics’. Strategies are characterized by defined goals and coherent, long-term plans, in which certain situations are approached as opportunities.
A strategy can be abstracted from an environment whereas, in contrast, a tactic is a response to existing conditions in an environment. A tactic as De Certeau (1984: xix) states “depends on time”. Since it is reactive in character, it risks losing in the next moment what was just won. Tactics may allow people to seize opportunities when they suddenly arise, but they do not structurally generate opportunities. A tactic could thus be described as a kind of temporally dependent, situational intelligence embedded in everyday struggles, whereas strategy has a deep running connection to power often concealed under objective calculations (De Certeau 1984). Tactics cannot be observed through statistical analysis as such research breaks down these “bricolages (the artisan-like inventiveness) into units [...] that compose them but to which they cannot be reduced”, leading to homogeneous findings (De Certeau 1984: xviii).

In her study in Mozambique, Honwana (1999, 2005) shows how child soldiers acted as ‘tactical agents’, trying to cope with the immediate conditions of their lives in ways that maximized the circumstances created by the military and the violent environment. The youngsters of Winam, like those child soldiers whose possibilities for action are structured by a position of weakness, can similarly be seen as ‘tactical agents’. Expanding social capital by utilizing sexual relations is a form of tactical agency. Winam youth are not in a position of power and they act within certain constraints; “they may not be fully conscious of the ultimate goals of their actions [since] their actions are likely to have both beneficial and deleterious long-term consequences” (Honwana 2005: 32). But youngsters do “constantly manipulate events in order to turn them into opportunities” (De Certeau 1984: xix), and enjoy the immediate rewards of their actions (Honwana 2005: 32). One such youth, Ochien’g, for example, was an orphan at early age. Due to a lack of financial means, he dropped out of primary school (in Class 3, when he was about 8 years old) and when he was about 14 years old, he started to earn a living as a fisherman. When Yeshica was established in 2003, he became an active member; when the opportunity arose, he took advantage of the chance to serve as the centre’s security officer for a month. This opportunity resulted in long-term consequences, as he, thereafter, no longer wanted to work as a fisherman since he assumed that he had already moved upward, and found it difficult to resume a lower-status position. Although he was a married person and thus obligated to take care of his young wife and baby, he often was unable to do so (see also Chapter 7). As Honwana (2005: 51) highlights, “young people navigate a diversity of spaces and states of being: they are concurrently children and adults, victims and perpetrators, and more”.

30
While I refer in this dissertation to young people as ‘tactical agents’, I also point out the concept’s limitations in the following chapters. The notion of ‘tactical agency’ tries to capture the interaction between agency and oppressive structures by demonstrating ordinary people’s creativity in which they ingeniously manage to manoeuvre within certain situations to their own benefit given the limited opportunities. The concept does not, however, address the restrictions for agency under times of ‘enduring’ uncertainty (De Bruijn and Both 2011) or, said differently, where “uncertainty has become the norm and is no longer seen as deviant” (Vigh 2008, cited in De Bruijn and Both 2011: 1). Young, ordinary people certainly have a ‘talent for life’ (Scheper-Hughes 2008) but in Winam, the opportunities for agency are very limited, even when they try to deal with it in a tactical and pragmatic way. On a daily basis, the youngsters of Winam have to deal with ‘choiceless choices’ (Scheper-Hughes 2008), as I explain and reflect upon during the course of this dissertation.

4.5. The research population

My research population consisted of youngsters of Winam between 16 and 25 years of age, who were not enrolled in school at the moment I came into contact with them. As requested by the Belgian Institute of Tropical Medicine (ITM), I focussed on youngsters who were not able to finish primary or secondary school, those who in most of the public health literature are defined as the most ‘marginal’ youngsters and the ‘hard-to-reach youngsters’. In selecting the youngsters, I included people who participated in Yeshica and those who did not. I had no intention of forming a ‘control group’—as experimental designs do—in order to compare participants with non-participants. My goal was simply to reach a wide variety of youngsters who were working to secure their livelihood; as Yeshica was one such avenue, I wanted to grasp young people’s motivations for participating or not participating in the project.

Using the ‘snowball method’—in which one contact leads to another—I selected a number of youngsters between 16 and 25 years old with the broadest possible background and coming from different villages within Winam. My aim was to maximize diversity rather than construct a sample of ‘representative’ youths. My work should be seen as a step prior to selecting for representativeness, because I wanted to gain an understanding of all the variations of meanings and representations that existed in this heterogeneous group of young people.

My research assistant Petronella and I approached young people and engaged in informal conversation with them at places where they usually hang out, for instance
at fishing beaches, marketplaces, sport fields, and churches and also at Yeshica. Of course, youngsters were chosen on the basis of their willingness to share with me their life stories and aspirations. Once they had agreed to be part of my research group, we followed them throughout the fieldwork period, from March 2005 through October 2006 (total of 20 months).

Only a few members of my research group were already ‘married’ when I first met them. However, I had decided that I would not select young people on the basis of their marital status as this is unstable and ambiguous: a young woman might be considered ‘married’ if she has spent only one night at her boyfriend’s place. Marital status thus changes frequently and is therefore not an important criterion for selecting youngsters. This means that my research group included unmarried and married young people as well as those whose status was ambiguous, for instance those who recently ‘married’ while it was not yet clear if they were in a stable relationship.

The youth who were participants in Yeshica and who became part of my research group were mainly active in Yeshica’s ‘livelihood intervention’ as this intervention was targeting ‘out-of-school youth’ (i.e., which for Yeshica staff implied youngsters who had dropped out of primary and secondary school) between 16 and 22 years old. The two other interventions of Yeshica, the ‘Life Skills Program (LSP)’ and the ‘Families Matter! Program (FMP)’, targeted youngsters who were still attending school and who were younger than those in my research group. Although I tried to reach a wide variety of youngsters in my research group, many of the youth that were participating in Yeshica’s ‘livelihood intervention’ were not dropouts but secondary school graduates, who were waiting to get admitted to college or university (see Chapter 7).18 Many were also much older than 22—some were even more than 30 years old—and a few were younger than 16.19 Although Yeshica’s intervention mainly served secondary school graduates, I was able to reach a variety of youngsters, including primary and secondary school dropouts.

In addition to the youngsters we followed closely, my research assistant Petronella and I had many other informal conversations and in-depth interviews with youngsters’ parents, grandparents, and other family members, as the intergenerational relations within which youth are embedded are an important aspect of youths’ experience. Whenever Petronella and I visited a youngster at their rural homestead, we usually first had an informal conversation with their father, mother, their neighbour or whomever we encountered. It was a common and polite way of welcoming us (see also Chapter 2). We also had numerous formal and informal conversations with Yeshica
staff, CDC staff, other health workers, traditional herbalists and staff members of public
and private institutions, in order to glean insights from all possible stakeholders.

In the end, the research group consisted of 44 youngsters with whom Petronella
and I met on a regular basis. In addition, there were many other youngsters with whom
we encountered once in awhile, such as during the weekly microloan program meetings
at Yeshica, but whom we did not follow closely. Of the 44 youngsters we followed closely,
23 were young men and 21 were young women; 20 were participating in Yeshica, including
10 young men and 10 young women. The remaining youngsters (13 young men and 11
young women) we worked with had never participated in Yeshica and most did not know
that Yeshica even existed. By the end of my fieldwork, all 20 of the youngsters who
originally constituted my group of ‘Yeshica participants’ had left Yeshica because they
had found other, better means to improve their livelihood.

A number of the youngsters whom I followed closely moved in and out of Winam
during the course of my fieldwork, which helped me realise just how mobile the young
people of Winam are. Although Yeshica staff had hoped to stop young people’s migration
from the village to the larger towns by giving them some viable livelihood options, they
were ultimately unable to do so. As an anthropologist, I was able to follow the
youngsters to their new places and understand the opportunities and challenges they
were facing there, as well as what they had left behind. Moving away from Winam is
thus an integral part of the story and not just ‘attrition’, as categorised in surveys. To
understand their mobility better, I invited some of the youngsters who were already
familiar with town life to travel with me to Kisumu, where they brought me to places
they knew and introduced me to their relatives and friends. Spending time together, we
became more familiar with each other, and I was able to get a detailed understanding of
their livelihood networks, and the kind of places they frequented in town. Petronella
and I tried to visit them all over Bondo and Siaya Districts, where they went to stay
with relatives or where young women relocated after getting married. At times we had
to pursue them even further, all the way to the suburbs of Kisumu, Nairobi, and
Mombasa. Mobile phones were an essential technology in maintaining our connection
when youngsters moved to a new place, as they would “flash me” (let my phone ring
once), and I could then call them back. When I did so, they would tell me: “I am in
Nairobi”, “I am at my sister’s home in Ahero”, “I am at my boyfriend’s place in Obambo,
near Kisumu” or “I am at my uncle’s in Mombasa”. Together with Petronella, I strove to
follow them all. Only a small number (about 3 young women and 2 young men) of the 44
youngsters that I followed closely moved very far away (to Nairobi or Mombasa or even
to Uganda) and remained there. The majority remained within Nyanza Province. Others (about 12 young women and 8 young men) lived far away from their home only temporarily (longer than a month), just for a visit or for temporary work.

Throughout the dissertation, I used pseudonyms to protect the identity of the youngsters I worked with, as well as for the members of the Yeshica team. My research assistant is also identified through a pseudonym, not because her identity needs protection but because using her real name would make it easy for many people to identify the research setting and my respondents. For people who could be easily identified because of their position, I used their real names, and I obtained their permission to do so throughout the dissertation.

5. Outline of the chapters

One of the questions the youngsters asked themselves was how to live a good life, in the immediate framework of today and tomorrow. ‘Living a good life’ for them simply meant living in a cement house with electricity, close to a marketplace, and preferably in the city: and being able to buy good food (meat, chicken, and rice) and luxury items (such as nice clothes, lotion, soap, and mobile phones) without having to do agricultural work, which is perceived to be “hard work”. To some extent, these might be viewed as banal, but for these young people, they were the basics for survival, and not necessarily within reach. This dissertation focuses on their quest for security, as pursued, in part, through their sexual relationships. ‘Living a good life’ thus is bound up in sex and in risk, in livelihood and in disease.

The dissertation is divided into two parts. Part I (Chapters 2 to 3) provides the larger context of the research while Part II (Chapters 4 to 7) focuses on the young people in particular. Chapter 2 starts off with the methodological concerns of my research. Based on an activist approach, I explain how anthropological work with its methodological rigour can contribute to understanding the causes and patterns of the HIV/AIDS epidemic. In the second half of the chapter, I share the challenges I encountered as the only anthropologist working in a medical team. I explain the methodologies I used to carry out the research and end the chapter with some recommendations for future interdisciplinary work between anthropologists and epidemiologists.

Chapter 3 presents a concise history of Nyanza Province in general, and Winam in particular. By explaining the political economy of Winam, the chapter highlights how
the rapid spread of HIV is related to ‘structural violence’. I show that this kind of structural violence’ is stressed in situations of prolonged crisis and limits the capacity of agents to deal with the deterioration of the social fabric. The chapter further examines why the area was subject to a huge HIV epidemic and has become the focal point for a gamut of research studies and interventions, dominated by a powerful American organisation, the CDC. I explain how these biomedical research studies have influenced the way in which the people of Winam perceive medical health care in general and why they participate in such studies despite their fear generated by the old stories of ‘bloodsucking’, and their associated distrust in medical research. This background on the CDC’s medical research projects not only sheds light on the lack of basic health care in the area but also serves as context for the creation of Yeshica, a HIV/AIDS prevention project in Winam, discussed in Chapter 7.

Part II delves into the life world of the young people with whom I worked in Winam. Chapter 4 explores the different livelihood opportunities of young people in Winam and elaborates on their aspirations towards urban mobility. While highlighting the importance of social and sexual networks in young people’s livelihood tactics, I also point to the key limitations of the concepts of ‘livelihood’ and ‘social capital’. Chapter 5 explains how people deal with disease and risk. I elaborate how JoWinam interpret AIDS and discuss their modes of managing uncertainty. I explain the importance of “playing sex” for young people and explores their tactics for avoiding ‘health risks’. The ambiguity of sexual relations and gendered power dynamics, which I begin to explore in Chapter 5, are further analysed in Chapter 6. This chapter, written from an intergenerational perspective, critiques the focus on the transactional aspect of sexual liaisons, showing that love also has an important role to play, going beyond stereotypes of male domination and female subordination. Chapter 7 explains the tension between policy and practice. It explains young people’s motivations for and expectations of participating in Yeshica’s interventions, and shows that opportunities to meet other youth and salaried staff were an attraction—much more so than the HIV-prevention messages themselves. I elaborate how the project resulted in unintended consequences because of the different interpretations and expectations between the project management, the staff and the youngsters. I further examine how different actors produce ‘failure’ and ‘success’: while the youngsters at the end perceived the project as a ‘failure’, the project management described it as a ‘success story’ by highlighting only one intervention of the project.
Finally, in the concluding chapter, I reflect on what my contribution is to the fight against HIV. Although AIDS is no longer a death sentence at the time of this writing, owing to the availability of ARVs (mostly) for free, my dissertation does not have a happy ending. I conclude that in a context of enduring uncertainty, agents have only limited room to manoeuvre because social structures inhibit them and are hard to modify. Despite their inability to affect change, youngsters are inventive and creative in their attempts to make the best of their situation. They act pragmatically to deal with HIV risks, gender inequality, mobility, and HIV/AIDS prevention projects, which they encounter along their pathways. I explain that although their choices might be considered ‘pragmatic’, they are at the same time also ‘choiceless’: whatever they chose to do, chances are that in the end they will be in the same situation as before.

1 The relaxing, quiet atmosphere changed when nyatiti was replaced by “music from town”. According to JoWinam (the people of Winam), in the 1970s, a gramophone was used, and around the 1980s, the cassette was introduced. Later, from the mid-1990s onwards, big sound systems or bands were hired (see Blommaert 2014, forthcoming).

2 Combining local music and other types of Western ‘modern’ music during the disco matanga is a nice example of how young people “create, re-invent and domesticate global trends into local forms” (De Boeck and Honwana 2005: 1).

3 The division of provinces was abolished in Kenya in 2010 when the Kenyan government enacted a new Constitution with devolved structures, creating 47 counties instead of 9 provinces. However, since I conducted my research in 2005–2006, I use the language of ‘provinces’.

4 I put ‘success’ and ‘failure’ in quotes because both terms are very relative in their use. Mosse (2003: 3) states that “failure as much as success can reconfirm theory and its models”, because it depends on what grounds a project is deemed a ‘success’ or a ‘failure’. Or as Apthorpe (cited in Mosse 2003:3) argues: “even if projects fail as practice they may nonetheless succeed as code or policy argument in the wider arena”.

5 A multidisciplinary team is not the same as an interdisciplinary team. In a multidisciplinary team, different disciplines work in a coordinated way, but each discipline retains its own methodology and assumptions; there may be a lack of exchange between the different disciplines. An interdisciplinary team creates something new by crossing the boundaries of different disciplines, and drawing on all of them in an integrated way. While ITM wanted to apply a more interdisciplinary approach, my experience was that we worked as a multidisciplinary team.

6 The World Health Organisation (WHO) defines epidemiology as follows: “Epidemiology is the study of the distribution and determinants of health-related states or events (including disease), and the application of this study to the control of diseases and other health problems” (http://www.who.int/topics/epidemiology/en/, accessed July 2013).

7 I want to clearly distinguish between the larger, PEPFAR-funded Youth Intervention Program (YIP) and the Youth HIV Prevention Project of Yeshica, part of which was funded by the Belgian
government. YIP had two major components: Yeshica was the community-based component, and the Baseline Cross-Sectional Survey (BCS) was the epidemiological component. In Chapter 7, I elaborate further on this distinction.

8 I put 'risky sex', and also 'risky sexual behaviour' in quotes because it is a common term in the public health field, but it is a term that I find faulty because it has a very negative connotation and is not neutral in its use.

9 The 2007 Kenyan AIDS Indicator Survey, funded by PEPFAR and executed through the CDC and the US Agency for International Development (USAID), is recognised as the most comprehensive national surveillance effort ever implemented by the Kenyan government.

10 Luke (2005a) explains in her study on Kisumu that the magnitude of the 'sugar daddies' phenomenon' is not as significant as generally assumed (see also Chapter 6).

11 The promotion of condom use may not have played a major role in reducing HIV in Uganda since condoms were not yet available in large numbers before 1992 (Thornton 2008: 87–91). Nevertheless, Ugandan's condom-promotion program grew significantly between 1992 and 2002, even in the face of opposition from various religious groups (Kinsman 2008: 95–100).

12 Some recent examples of ethnographic studies on youth are Setel (1999a), Honwana and De Boeck (2005), Christiansen et al. (2006), and Cole and Durham (2007a).

13 In Kenya, there is a so-called 8·4·4 education system: primary school begins with Class 1 (from five years of age onwards) and continues through Class 8 (from 13 years onwards); secondary school begins with Form 1 (from 14 years onwards) through Form 4 (from 18 years onwards). Attending university adds another four years beyond secondary school.

14 Moyer (2003) does not describe the urban Tanzanian youngsters with whom she works as 'out-of-school youth' but rather associates them with the particular kijiwieni or maskani (street corner) on which these youngsters worked.

15 Participants tended more often to be older than the target age; it is more difficult to lie about being younger. For example, some participants who were about 32 years old claimed to be 22 (see Chapter 7).

16 I could easily have included youth who were much older than 25 or younger than 16 in my research group, as physical age is a rather arbitrary means of defining someone as being a youth. For instance, even someone as young as an eleven-year-old could commence sexual activities and have a livelihood. The Belgian YIP program coordinator from the Institute of Tropical Medicine (ITM), however, asked me to use this age limit, as she was afraid that CDC/KEMRI would not approve a project that went beyond Yeshica's age target for the 'livelihood intervention', which capped participation at 22 years old.

17 For more on Petronella's background and responsibilities, see Chapter 2.

18 The fact that Yeshica, the HIV/AIDS prevention project in Winam, did reach a high number of secondary school graduates should not have been a surprise since Campbell (2003: 56) who did research among young people in South Africa, notes that “there is evidence that participation in local networks is most likely to take place among the most advantaged members of a community”.

19 Due to the 'output approach' of the YIP program coordinator, Yeshica local staff rushed to fill classes with youth, regardless of whether the training was appropriate or whether the participants fit the target profile (see also Chapter 7).
The results of YIP’s Baseline Cross-sectional Survey (BCS) in Winam show that there was an attrition (due to migration or refusal) rate of 25 percent (Amornkul et al. 2009).