Bleak prospects: young men, sexuality and HIV/AIDS in an Ethiopian town
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Introduction: Sexual polemics

The puzzle

Boys/Girls:

Avoid sex and drugs
Be smart-AIDS is a reality
Smart boys/girls; say "No" to sex
Tell girls/boys, "They can't just use you"
Giving in to sex ain't smart- beware!
Who said, sex guarantees marriage?
Give in to sex and get dumped
Rush into sex, rush into AIDS
Your body is your right, protect it!
Think, refuse, be firm, you are smart, secure your future!¹

HIV/AIDS is generally regarded as the most serious public health problem in Sub-Saharan Africa, and Ethiopia has the second largest number of HIV-infected persons in Africa after South Africa. Although Ethiopia began stepping up its HIV/AIDS prevention and control programme in the late 1990s and introduced the Strategic Framework for the National Response to HIV/AIDS for the period 2001-2005, which targets students and out-of-school youths, none of the 13 strategies outlined in the framework have been adequately developed and implemented. Often such efforts have been limited to presenting young people with information about HIV/AIDS transmission and prevention, and to scaring them with selective information about the dangers of sex as illustrated by the message in the poster referred to above. Social, economic, and cultural factors that might expose them to HIV are ignored or do not receive adequate attention, while young people are expected to conform to a set of moral and religious norms about sex.

The World Health Organization (WHO) declared December 1 “World AIDS Day” in 1988. Every year since then, public rallies and numerous AIDS education activities and other related events are organized around this day. The above poster was ubiquitous in Ethiopia on the occasion of the 2002 World AIDS Day. The message is clear; it tries to scare young people by telling them that sex is dangerous and it equates sex with AIDS (rush into sex, rush into AIDS). Sex is presented as something to be avoided by smart adolescents. By implication, only dumb young men and women give in to pressure to have sex. The message implies a denial of young people’s sexuality especially as regards the need for sex education and access to technology and information associated with safer sex practices. Parental and school discourses on children’s sex generally agree that children should not be informed about their sexuality, and that keeping them ignorant about sex will preserve their innocence. Perceiving sex as a danger to young people results in an absence of sex education in schools and ensures that family planning methods remain essentially inaccessible to unmarried adults and young people. The best or “most convenient” AIDS prevention policy is still “Don't have

¹ Adopted from a poster printed by ISAPSO (Integrated Service for AIDS Prevention and Support Organization) with financial assistance from UNAIDS.
sex!"; safe sex for those who do engage in sex is paid less attention. It seems that sex in the era of HIV/AIDS is perceived as a source of danger (disease) instead of pleasure. There is widespread public discourse that portrays men as being in pursuit of sex and women as in pursuit of money. The cynical slogan, “Give in to sex and get dumped”, reflects such discourse (see Chapters Three and Four).

Is telling young people to say “no” to sex sufficient to protect them from AIDS? Is such a puritan ideology feasible and is abstinence always possible? Is it realistic to try to protect young people from HIV/AIDS infection through maintaining their ignorance? Are young people not inquisitive and sexually active? Are young people willing to abstain from sex in the face of abject poverty and hopelessness? Against this backdrop, I would like to explore sexuality and HIV/AIDS among young men in Dessie a provincial town in northern Ethiopia.

‘Barren waste land’: Anthropology and the study of sexuality and HIV/AIDS

The expanding HIV/AIDS epidemic in Sub-Saharan Africa and worldwide is transmitted principally by heterosexual sex, and young people have been identified as the highest risk age group and therefore have become a key target of prevention efforts. To date, however, little is known about young people’s sexuality beyond that which has been abstracted from epidemiological knowledge, attitude, practice and belief (KAPB) surveys where the social and economic contexts of sexuality are paid little attention.

If sex research was to make an important contribution to the fight against HIV/AIDS, it would have to focus not only on the incidence of particular attitudes and practices, but on the social and cultural contexts in which sexual activity is shaped and constituted. Research attention would have to be drawn not merely to the calculation of behavioural frequencies, but to the relations of power and social inequality within which behaviour takes place, and to the cultural systems in which it becomes meaningful (Parker and Gagnon 1995:5).

Ahlberg (1991) also argues that although prevention and control of AIDS involves dealing with human sexuality, but little is known about sexuality in general, particularly in Africa. Fifteen years ago, after reviewing studies on sexual behaviour in Africa, Standing and Kisekka (1989) called for a deeper understanding of the relationship between sexual behaviour and HIV transmission which they suggest is lacking in epidemiological studies. Setel (1999), citing Barton (1991) and Carael (1996), also noted that the socio-cultural basis of STDs in Africa does not receive the proportional attention it deserves in the extensive STD literature. He recommends an examination of the links between demography, political economy, gender, marriage, mobility, and HIV/AIDS risk. Similarly, Spronk argues, “the dearth of valuable research concerning sexual behaviour and its socio-cultural significance in African countries incapacitates the topic altogether, leaving it prey to the appetites of presuppositions that explain less rather than more. More research on sexuality is needed to provide for a more interpretive understanding”(1999:7).

Thus, sexuality is one of the more sensitive issues in HIV/AIDS research and, consequently, a poorly addressed topic in Africa. HIV/AIDS, however, has forced academics, particularly those involved in public health and behaviour change, to study sexuality in order to tackle the spread of HIV/AIDS. Toubia (2004) writes, “HIV/AIDS has put sexuality or more appropriately the need for low-risk sexual behaviour at the centre of policy concern”. She argues, however, that sexuality “cannot and should not be equated to sexual behaviour, be it risky or safe”, highlighting the importance of exploring sexuality in a broader context instead of focusing on risky behaviour, which is only one component of sexuality. She further maintains that HIV/AIDS seems to have forced researchers to focus only on the risky aspects of sexuality at the expense of investigating sexuality in a broader context. “This ‘disease’ or ‘problem’ focused attention to sexuality, be it as a result of HIV/AIDS, unwanted pregnancies, death from clandestine abortions, female genital mutilation, etc.”, Toubia maintains “completely misses the point. I believe that this leads to wasted investment on misguided programs and interventions in the search for solutions to these ‘problems’.”
Moreover, a quantitatively based Western public health and behaviour change perspective, which I believe is inadequate to understand the local meanings and experiences of HIV/AIDS research in Africa, has also dominated sexuality research. Focus on obtaining simple answers to simple questions through quantitative methods conceals complexities in sexuality, thereby denying exploration of subjective meanings related to sexuality.

Until about a decade ago, with the exception of the work of Malinowski (see, e.g., 1932), it was very difficult to find solid anthropological work on sexuality. Exploring this lack, Parker writes, “The long-standing neglect of research on sexual behaviour, and, consequently, an almost complete lack of understanding concerning the complexity and diversity of sexual expression, has made it almost impossible to respond to AIDS by drawing on a pre-existing data base or body of knowledge” (1995:257). Parker further maintains that sexual practices and desires have been perceived as universal, thereby resulting in the neglect of the social and cultural factors that shape sexual experience in different settings. Hence, a biomedical and highly individualistic model of AIDS research and intervention long dominated HIV/AIDS research while anthropologists were slow to become active in AIDS research. It was not until the 1990s that the anthropologists began to offer ethnographically grounded alternative models and theories to inform our understanding about HIV/AIDS. These were based on the cultural, political, and economic factors that shape the sexual lives of individuals (Parker et al. 2000a; Treichler 1999 cited in Parker 2001). Since behavioural interventions have not provided the solutions still badly needed, and HIV/AIDS is increasingly becoming a problem of the poor and marginalized sectors of all societies, it is reasonable to assume that anthropological approaches to sexuality and HIV/AIDS will continue to be important (Parker 2001). This study is meant to contribute to the growing anthropological perspective on sexuality and HIV/AIDS.

Sexuality and HIV/AIDS research in Ethiopia.

In this section, I am not interested in reproducing the impersonal statistical figures reported so far about HIV/AIDS in Ethiopia, which may or may not be valid and reliable, and which tell us very little about pain and suffering. I am instead interested in describing theoretical and methodological issues related to sexuality and HIV/AIDS research in Ethiopia. The study of sexuality in Ethiopia seems to be a ‘virgin field’, barely touched by sociologists, anthropologists and other social scientists. It has remained largely the domain of medical scientists, public health professionals and epidemiologists. As a result, sexuality has been studied from an essentialist approach. In other words, the studies in Ethiopia seem to suffer from the theoretical and methodological perspectives that have been employed. Theoretically, whereas the macro social and economic circumstances that dictate the lives of young people are usually ignored or only paid lip service, KAPB studies are usually accorded undue importance. Similarly, too much weight has been given to human agency at the expense of examining the diverse structural factors that contribute to high HIV rates. Compelled by the need for an immediate need for descriptive data, a number of KAPB studies focusing on the so-called vulnerable and ‘high-risk groups’ have been conducted since the emergence and rapid spread of HIV/AIDS in Ethiopia (Desta et al. 1990; Geyid et al. 1990; Mihert et al. 1990; Belete et al. 1990; Gebru et al. 1990; Ismail 1993; Esthete et al. 1993; Ismail and Larson 1995; Mulatu and Haile 1996; Ismail et al. 1997; Teka 1997; Converse et al. 2003; Kloos et al. 2004). Such studies assume individuals are rational beings who make decisions based on knowledge about HIV/AIDS. They place emphasis on the individual determinants of sexual behaviour while paying insufficient attention to the socio-economic

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2 Vance (1991) wrote a provocative article titled “Anthropology Rediscover Sex”. Many years later, a reaction entitled “Has Anthropology Really Rediscovered Sex”, Lyons and Lyons (2004) argue that anthropology did not discover sex in the first place, suggesting that what has not been discovered cannot be rediscovered. They review numerous works including those of Malinowski, Mead and other anthropologists and maintain that it is only a new generation of feminists and gay and lesbian anthropologists who are discovering sex.
context of sexuality. Some of their conclusions hardly address local realities, as the following example shows:

The results provide evidence for the applicability of Western health behaviour theories to explain and predict safer sexual behaviours among secondary school students in non-Western settings (Mulatu et al. 2000:86).

It appears that socio-economic and cultural differences are ignored. Therefore, it seems naïve to expect that interventions that work for American or European youth will serve equally well among Ethiopian youth.

Methodologically, the researchers dwell on objectifying and quantifying a sensitive issue that is difficult to quantify, and one, which requires subjective involvement and intimacy. Thus, I concur with Schoepf’s argument that, “HIV/AIDS prevention requires dialogue on emotionally charged and culturally laden issues of sex and gender, and change in the wider societal contexts that shape these relations” (1995:44). This study attempts to redress some of these theoretical and methodological limitations.

The recently published special issue of the Ethiopian Journal of Health Development (no. 17), entitled “Bibliography on HIV/AIDS in Ethiopia and Ethiopians in Diaspora”, shows that dominant public health approaches to the study of sexuality and HIV/AIDS is limited to the investigation of sexual behaviour only in relation to HIV/AIDS (Converse et al. 2003). This 52-page bibliography contains 942 published and unpublished HIV/AIDS related references, with only one study focusing on sexuality. It seems that “sex is not only silenced in daily life, but also in research and publishing” (Van der Geest 2004:1). HIV/AIDS prevention has seldom been discussed in relation to the broader issue of sexuality in recent studies. Young people’s concerns, fears, perceived pleasures, dangers, and desires related to sexuality are rarely taken into account when designing HIV/AIDS interventions. Hence, there is a need to study HIV/AIDS in relation to the broader issue of sexuality instead of focusing on sexual behaviour only in relation to HIV/AIDS. This study aims to do just that, to study HIV/AIDS in relation to the broader issue of sexuality and explores beliefs, perceptions, norms, values, morals, manners and taboos, as well as practices and risk behaviours surrounding sexuality.

Young people and HIV/AIDS research

What is the overall direction of social research on HIV/AIDS and sexuality among young people?

Worldwide, 50 percent of HIV infections occur among young people (15-24 years), and as a result young people are considered (in almost every country) the most vulnerable age group; they are viewed as a target - for prevention, education, and for potential HIV transmission. Everywhere, papers about young people and HIV/AIDS usually dominate major

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3 Quantitative methods may, however, provide relevant information when triangulated with qualitative methods. It should be stressed that deeper meanings, experiences and perceptions concerning sexuality can only be obtained by ethnographic methods.

4 Many of these studies were conducted by expatriates (either individually or in combination), which suggest that the HIV/AIDS research agenda is influenced by outsiders, and is not sensitive in addressing local reality. The only sociological/demographic study that I came across on love, relationship, marriage and premarital sex in combination with HIV/AIDS by an Ethiopian-born researcher, was a PhD dissertation by Lucas (2001), research for which was conducted in Addis Ababa. Another study by Taffa et al. (2002:140) “aims to simultaneously estimate the prevalence of HIV-1 infection [through saliva samples] and examine the contexts of sexuality among youth (15-24 years) in the city of Addis Ababa”. 
international or national conferences (UNAIDS 1999). Therefore, young people are the most intensively studied age group. However, the research on young people and HIV/AIDS seems more or less the same in two respects: first, a large number of surveys have been conducted in many countries to examine young people's KAPB. Significantly these have usually been conducted among accessible populations of young people, such as secondary school or university students, while young people in rural areas are not often covered. Second, there is a distinct absence of the participation of young people as researchers or research assistants in most studies (UNAIDS 1999). Although young people are at greatest risk, the fact that they also offer the greatest hope and potential force to curb the pandemic is generally not recognized. In other words, they are not effectively mobilized to engage in HIV/AIDS prevention, and their ideas, experiences and concerns about sexuality are largely neglected by society at large. “[Y]oung people, in general, are rarely consulted regarding their views and the best ways to keep them safe and healthy, especially in many places in Africa where the opinions and views of elders are routinely sought out at the expense of the views of young people” (Moyer 2003:6). To address this lacuna, young people’s perspectives dominate this study.

In Ethiopia, the prevalence of HIV/AIDS rises sharply from the age of incipient sexual activity and peaks among those aged 20-29 years. The younger and more mature adult groups, ranging from 15-49 years of age (91 percent of the reported cases), make up the most severely affected sector of the population, with peak prevalence in the 25-29 year age group. The majority of AIDS cases occur in Ethiopia before age 35 (MOH 2002). Assuming that it takes an average 8-10 years for HIV-related symptoms to appear after infection with HIV (Panos Institute 1992; Charles et al. 1996), many people are probably infected before the age of 20.

As a reflection of the general trend in sexuality studies, much previous research on young people in Ethiopia seems to have been focused on KAPB survey, mainly quantifying patterns of sexual behaviour (Gebre 1990; Larson et al. 1991; Hailu et al. 1993; Dear 1994; Gebre Kidan and Azeze 1995; Fantahun et al., 1995; Fantahun and Chala 1996; Tadesse et al. 1996; Petros et al. 1997; Teko 1997; Eshetu et al. 1997; Taffa 1998; Astatke et al. 2000; Mulatu et al. 2000). As noted above, many of these biomedical and epidemiological studies conducted in Ethiopia ignored or paid only lip service to the macro social and economic circumstances that shape the lives of young people, focusing instead on individual determinants of sexual behaviour based exclusively on small-scale, biased surveys. Confusion and misunderstandings surrounding the behavioural aspects of the transmission and prevention of HIV/AIDS and related issues have been reported in most of the studies. The studies, however, did not conduct in-depth investigations into the reasons for such misinformation and knowledge-behaviour discrepancy. This invites a study of youth sexuality in relation to HIV/AIDS with a focus on the ways different socio-economic contexts precipitate which different kinds of sexual conduct. Similarly, it calls for an in-depth qualitative enquiry to gain a better understanding of young people's perceptions, beliefs and needs (UNAIDS 1999).

Almost all KAPB studies on youth in Ethiopia were conducted among high school and college students. The less accessible groups, out-of-school and street children have been neglected (Fantahun and Chala 1996). In Africa and in Ethiopia in particular, where the proportion of school-age youth actually enrolled in school is less than about one-third of the total eligible population, out-of-school adolescents deserve more attention. This study aims to address this lacuna by incorporating street youths, a group not easily accessible to researchers. There are an estimated 600,000 street children in Ethiopia (IRIN 2004). To date, little is known about their sexuality, about how HIV affects this group, and whether and to what extent they have access to AIDS prevention information and services.

Other studies have indicated a need for more research that focuses on the cultural and contextual understanding of the circumstances in which street children pursue and engage in sex (UNAIDS 1999). A South African study, for example, notes the inadequacy of rational choice models of risk assessment and decision making [such as the Health Belief Model and the Theory of Reasoned Action] within coercive sexual contexts, pointing to social conditions of risk taking beyond the individual (Swart-Kruger and Richter 1997). Importantly, Swart-Kruger and Richter (1997:957) note that “fear of HIV infection did not appear in a list of day-
to-day priorities constructed by the children, a list dominated by survival concerns with food, money and clothes”. Ruíz (1994) has stressed the importance of understanding street life in Colombia as a culture that contextualizes risk-taking behaviour in that country. Raffaelli et al. (1993), using a combination of qualitative and quantitative methods, have described the integrated nature of sex in exchange for goods, services, and sexual pleasure (which is often neglected) in street life in a study of the early and diverse sexual experiences of street children in Brazil. Standing (1992) also argues that the proposition that sex is an activity that takes place between consenting adults is deeply flawed, especially among street children as they can be raped or forced into sexual relationships for survival. Overall, these and other studies underline the importance of understanding sexual behaviour among street children not as isolated and individual risk-taking but as an aspect of collective behaviour deeply embedded in their way of life (UNAIDS 1999).

Available data shows that HIV sero-prevalence rates for street children are 10-25 times higher than for other groups of adolescents in many countries. This is because street children reportedly become sexually active earlier than most other groups of adolescents (Rotheram-Borus et al. 1991 in Swart-Kruger and Richter 1997). They engage in sex with many sexual partners (Luna and Rotheram-Borus 1992 in Swart-Kruger and Richter 1997). There is also a strong probability that they will be raped or forced into sexual relationships to ensure their survival. They use condoms infrequently and inconsistently. Above all they are provided with inadequate information about sexuality and condoms because of illiteracy and non-attendance at school (Filgueiras 1993 in Swart-Kruger and Richter 1997).

**Political economy approach to the study of sexuality and HIV/AIDS**

At this juncture, I want to examine briefly why HIV/AIDS has reached the level of an epidemic and why it has continued to spread at an alarming rate in Ethiopia and more generally in Africa. A discussion of the socio-economic situation of Ethiopia and Dessie in Chapter Two will highlight the existence of acute poverty in Ethiopia as whole and the problem of urban poverty in Dessie in particular. Given this context, it seems appropriate to frame this study in the context of a political economy discourse (see e.g., Farmer 1992, 1995, 1999). The major theoretical argument in this study is that sexuality can best be understood in relation to social, economic, political, and cultural factors that are strongly interconnected, and must be examined in a context that goes beyond individual behaviour and responsibility. Putting aside the question of agency, this study attempts to problematize how poverty and other related structural factors continue to exacerbate the spread of HIV/AIDS in Ethiopia.

Epidemiologists, demographers, social psychologists, and social scientists have offered various explanations as to why certain sexually related diseases, such as HIV/AIDS, seem more prevalent in Africa than in any other continent. Bibeau and Pedersen reiterate that most scientific explanations about the dramatic spread of the AIDS epidemic in Africa are flawed. For one thing, the explanations rely on “a body of insufficient or inadequate data either unverifiable, biased or simply untrue-when dealing with the sexual practices of Africans” (2002:142). They also argue that eighteenth-century racist science often exerted a great influence on the way information was analysed and interpreted. Gausset (2001) argues that early studies on sexuality in Africa were biased and ethnocentric, pointing fingers only at exotic practices. Researchers labelled sexual practices in Africa immoral, animal-like, irrational, wild, and exotic. Understanding the broader socio-cultural context in which they were embedded was paid scant attention.

The spread of AIDS in Africa is perceived by many writers in the field as being accelerated by certain cultural beliefs and practices, and that the understanding and prevention of the epidemic has been blocked by such cultural factors. This discourse neglects the important role of socio-economic conditions, and ignores the risk of infection through blood transfusion and unsterilized syringes. Bibeau and Pedersen (2002) as well as Gausset (2001) criticize associations made between African cultural practices and HIV/AIDS. Gausset problematizes the HIV/AIDS epidemic within a framework of negotiation for sex rather than
one of cultural practices/barriers. He notes that, contrary to the explanations given by Western scholars, natives in Africa attribute AIDS to lost traditions, prostitution, Western influences, and urban life.

Bibeau and Pedersen (2002) deconstruct the "distorted view of African sexuality" seen for example in the work of Caldwell et al. (1989). In order to explain the higher HIV rates in Africa, Caldwell and various collaborating authors have worked to develop their African sexuality thesis. Their often-cited studies identify several typical characteristics of the African system in comparison to the Eurasian system. They note that sexuality has supposedly never lain at the centre of the African moral system, which has remained permissive, that the conjugal bond is emotionally weak, and that a permissive attitude towards pre-marital sexual activity has existed. In reaction to these points, Bibeau and Pedersen argue that the Caldwells do not provide an in-depth analysis of the values or the diversity of practices associated with sexuality in a limited number of particular societies. Instead, they "have relied on a descriptive voyeuristic sightseeing tour of African sexuality, based on a highly selective (and biased) reading of the existing literature" (2002:152).

After criticizing many eighteenth-century writers, and twentieth-century works by Rushton and Bogaert (1989) and the Caldwells, Bibeau and Pedersen (2002) offer their own alternative explanation for the AIDS epidemic in Africa arguing that any reliable explanation must take into account the historical as well as the social, political, and economic context in which Africans live and the HIV/AIDS epidemic has evolved. They go on to highlight the importance of the social and cultural patterns that shape the actual organization of sexuality, family, and kinship in African societies, and argue that the Caldwells present a more sweeping Pan-African cultural model of sexuality that fails to study cultural elements in specific societies rigorously. The Caldwells distinct and internally coherent African sexuality theory is not representative. Significant regional, ethnic, and religious differences with respect to sexual values and practices have been overlooked (see also Spronk 1999; Moyer 2003). To give but one example, historically and culturally Ethiopia seems slightly unique because of an indigenous Christian religion and the lack of a colonial experience (Lucas 2001).

Bibeau and Pederson point out that HIV/AIDS is mainly tied to poverty, which compels researchers to investigate the social and economic context in which Africans live (instead of dwelling on biology or culture). They have also pointed to a number contributing factors related to changes in the social organization of urban communities, including the liberation of women in their relationship to their lineage, the migration of young women to the cities, an increase in female-headed households, a decline in informal social control exercised by elders and parents on the selection of marital partners, and changes in family organization and sexual life-styles "in the context of globalization and the introduction of a market economy, which is accentuating existing economic and social inequalities among urban residents in Africa" (2002:158). They underscore various economic survival strategies, such as street vending and the exchange of sexual favours for money that contribute to the spread of AIDS in Africa (see also Van den Born 2005). The absence of gainful employment opportunities forces many women to engage in commercialized sex. There is every likelihood that this will increase if actions are not taken to rectify poverty and gender inequality. Apart from prostitution, the economic crisis dictates the transfer of material resources from men to women in exchange for sex in other types of relationships (see also Chapter Three). Therefore, AIDS prevention programmes that do not address the wider socio-economic aspects of sexual behaviour are likely to be ineffective (Standing 1992).

Similarly, Farmer argues that "...[A] thorough understanding of the AIDS pandemic demands a commitment to the concerns of history and political economy: HIV, it shall be shown, has run along the fault lines of economic structures long in the making" (1992:9). Setel (1999) also notes that since values and norms of contemporary sexual morality and practice are reflections of cultural responses to demographic and economic change, AIDS should not be seen as a particular problem of African sexuality. The intersections of biology, political economy, and culture lie at the heart of explanations of AIDS in Africa. Therefore, Setel argues that AIDS in Kilimanjaro (Tanzania) is an outcome of culture, history, demography (population growth and accompanying land pressures and mobility), political

The studies reviewed above have much to offer to our understanding of the issues related to young people's sexuality and the spread of HIV/AIDS in Ethiopia and, in particular, Dessie. Stressing the social, political and economic context of HIV/AIDS is not only pragmatic but also timely and long overdue. It is impossible to comprehend the current HIV/AIDS epidemic fully without appreciating the structural factors that have created favourable conditions that are the driving forces of the epidemic. Young people's sexuality and AIDS epidemic in Ethiopia must be investigated in the framework outlined above. It follows that a failure to tackle structural problems will mean that individual psychological intervention approaches will not lead to optimum changes in behaviour. What is needed is to provide young people with the necessary information about sexuality and HIV/AIDS as well as, the material means and the social support to translate that knowledge into practice (Setel 1999).

Research questions and objectives

In response to the call made by the various authors discussed above, this study explores: a) How young people understand and express sexuality and HIV/AIDS in their daily life; b) How poverty and other related structural factors are linked to HIV/AIDS infection and other processes affecting the sexuality of young people; c) How young people and key informants receive, interpret, and evaluate ongoing interventions; d) What can be done.

I believe that HIV/AIDS interventions can be improved if they incorporate a broader understanding of the sexual practices, norms, and beliefs of young people that goes beyond the context of HIV/AIDS. The study therefore incorporates a broader understanding of the socio-economic contexts of sexuality and addresses relationships between love and money, single and multiple sexual relationships, marriage and premarital sex.

The potential of using religious leaders as agents of social change is commonly emphasized by NGOs and governmental organizations involved in HIV/AIDS prevention and constitutes as yet an unexploited resource. Therefore this study also examines the role of religion and religiosity in sexuality among young people. To my knowledge, no study has been carried out on perceptions of different sexual practices: for example, erotic approaches and techniques, masturbation, and homosexuality in the Ethiopian context. Hence this study attempts to address this gap.

Largely because of the problem of unemployment, there does not seem to be a bright future for many young people in Ethiopia, particularly in Dessie. Especially among street youths, unemployment, a lack of money and other problems of survival overshadow fears of HIV infection. Caught in a poverty trap, most young people have nothing to look forward to (see Chapter Two and Seven). The effect of poverty on sexuality among young people and the

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5 Although a distinct African sexuality thesis is flawed as many authors argue, this should not lead us to dismiss the role of specific ethnic or regional cultural-sexual practices that may influence the spread of HIV/AIDS. A number of traditional and customary practices that may expose individuals to HIV infection and may adversely affect their sexuality exist in Ethiopia. Cutting or piercing parts of the body for religious/ritual and other decorative cultural practices (e.g. tattooing, female genital surgery/circumcision, and excision of the vulva) are some of socio-cultural practices that may affect sexuality and possibly expose individuals to a risk of HIV/AIDS. The role of indigenous medical practices (involving blood) in the transmission of HIV should also not be overlooked (Kloos and Haile Mariam 2000). There is, however, a need to look at culture not as frozen concept but rather as living experience that can be adjusted for for a more satisfactory situation.
spread of HIV/AIDS are discussed at greater length in Chapters Two, Seven, and elsewhere. For now, it suffices to say that poverty affects young people's sexuality and the spread of HIV/AIDS in various complex ways:

- It results in a dearth of romantic love (Chapter Three)
- It forces young people to migrate in search of jobs elsewhere, thereby resulting in a disruption of family and community norms related to sexuality (Chapters Two and Seven)
- It affects the societal response to HIV/AIDS (Chapters Two and Eight)
- It delays marriage (Chapter Four)
- It forces young women to exchange sex for money and gifts, often without using condoms (Chapters Three, Six and Seven)
- It produces a paucity of information and hence a plethora of misunderstandings (Chapters Five, Six and Eight)
- It makes young people fatalistic, thereby encouraging unsafe sex (Chapters Six and Seven)
- It determines who falls ill most quickly once infected and who will have access to treatment, including anti-retroviral therapies (Chapters Six and Seven)

Generally speaking, structural factors often make it difficult, if not impossible, for individuals to change in their sexual behaviour. Using the political economy approach discussed above, this study explores how poverty and other structural factors exacerbate the spread of HIV/AIDS in Ethiopia and affects sexual behaviour among young people. Through the voices of young people from different socio-economic backgrounds, the study shows how hopelessness, which has resulted from lack of training and employment opportunities, in turn contributes to the spread of AIDS.

An Ethiopian official from the government's HIV/AIDS Prevention and Control Office (HAPCO) recently admitted, “Success in the fight against the virus had been minimal” (IRIN 2003). Modest efforts (mostly supported by external funding) are being made to disseminate information about HIV/AIDS. Why have such efforts often have had little or no beneficial effect? Why has HIV/AIDS reached the level of an epidemic and why has it continued to spread at an alarming rate? How do young people perceive ongoing interventions? Questions such as these remain crucial to my research and although conclusive answers will certainly prove difficult to arrive at, the discourse surrounding such issues is likely to prove most fruitful.

As shown in various chapters, messages transmitted by the mass media and health services to stop the spread of HIV/AIDS are often superficial, and do not incorporate basic knowledge about people's bodies, sex, and sexuality (see Chapters Five and Eight in particular). In other words, the information about HIV/AIDS and condoms is not related to people's sexuality and bodily functions. In short, young people have not been provided with accurate and meaningful education on sex, sexuality, and sexual practices beyond some facts/information about HIV/AIDS transmission and prevention. The situation is obfuscated, as discussed in Chapter Six, because religious institutions and some AIDS activists condemn the use of condoms, and many young people also cling to various myths and misconceptions about condoms. This study, therefore, explores the intervention programmes being undertaken to arrest the spread of HIV/AIDS and how young people receive and evaluate their significance. In doing so it highlights culturally sensitive strategies suggested by young people to help them cope with problems related to sexuality and HIV/AIDS.

**Methods and sources**

**Focus**

This study focuses mainly on the information obtained from young men (school pupils and street youths) in Dessie town. Most of the information obtained from the girls we interviewed was 'socially desirable and politically correct'. It appears that young women were more
influenced by the ideal sexual values and norms and used it as a frame of reference when expressing ideas about love, relationships, premarital sex, and marriage in their daily lives - at least when talking to us. As in many other developing countries (see Van Duursen 1998; Van Eerdewijk 2004), in Ethiopia sexuality in general and that of young women in particular is surrounded by secrecy, modesty and restraint, and sex outside of marriage is not approved. Accordingly, the young women involved in the study stated that sex should always take place in the context of marriage. They veiled their sexual experiences maintaining that premarital sex for women was wrong. They have been brought up to believe that virginity ensures respect and honour in the eyes of family, community, and potential future husbands.

None of the young women involved in the study admitted to having a boyfriend; they all vowed that they had never had any relations with men and deemed any such relationships unnecessary before they had some source of livelihood. However, the fact that almost all of them denounced premarital sex does not mean that they were sexually inactive; rather it appears that most of them were sexually active, but did not admit it because of strong taboos and the risk of the social ostracism attached to female sexuality. This means they engaged in premarital sexual activities but struggled to reconcile the ideal norms of society with their actual sexual behaviours. They were forced to live in a paradoxical situation of prohibition and silence and thus, their sexual life appeared to be full of ambivalences, confusions and guilt feelings (Ahlberg 1994 cited in Setel 1999). Even talking or knowing about sex could lead to stigmatization, consequently, the young women were not as open about the experiences as the young men and most of their sexual stories were about others and rarely personal.

Some other studies (in other settings) also have shown women to be more reluctant than men to admit sexual encounters, and males proved more willing to elaborate details of their sexual encounters than were females (Van der Geest 2001; Lambert and Wood 2003; Van Eerdewijk 2004). Van der Geest writing about Ghana maintains, “Among women, ...it seemed more proper to deny than to admit an interest in sex...a certain culture of ‘prudishness’ may have affected the conversations, and as a result the most intimate details were not disclosed” (2001:1385).

The fragmentary data obtained from the young women can also be attributed to the incompetence of female peer research assistants in interviewing techniques. I tried to conduct some of the FGDs with females, but gender proved an insurmountable barrier between us.

Because of these reasons, I decided to focus my research on young men as they spoke more easily about sexuality and HIV/AIDS. Therefore, for the purposes of this study, unless otherwise stated, the terms young men, young people/youth or schoolboys/girls, school students are used interchangeably to refer to male school pupils and street youths ranging in age from 15 to 24. This explicit emphasis on male youth seems innovative as most of the research on gender and HIV/AIDS dwells on the situation of women. Given that the gender and public health discourse situates men as responsible for most heterosexual transmission of HIV/AIDS, focusing on boys’ attitudes towards, perceptions of, and practices to do with sexuality and HIV/AIDS seems very relevant (Kaler 2004). Cogently, Silberschmidt argues,  

6 In recruiting peer research assistants for this study, I looked for young men and women who were articulate and able to think independently, inquisitive, and flexible, knew the area, and had prior research experience. To ensure an intimate knowledge of the language, customs and values, priority was given for potential peer research assistants from Dessie. Obtaining research assistants with all the qualities mentioned above from Dessie was next to impossible. Competent research assistants from Addis Ababa were not willing to go out and work in a rural town 400 km away. Luckily, I managed to find one competent research assistant (Asrat Ayalew) from Addis Ababa, and I recruited the other three from Dessie. None of them had had previous field research experience and I had to dismiss two of them (one male and one female) after a couple of months. With the exception of Asrat, they were unable to: compare new information constantly with earlier statements in the current interview or in others, pick up on new potential interview threads, and put the interviewee at ease.
The AIDS epidemic in Sub-Saharan Africa has thrust sexuality, sexual practices and sexual behaviour into the spotlight as a major public health issue. However, although sexual and reproductive health behaviour in Sub-Saharan Africa is attracting increasing attention there is an inadequate understanding of the structures and process influencing sexuality and sexual behaviour in general and male sexuality and male sexual behaviour in particular (2004:233).

Despite such hindrances, information obtained from young women (from prostitutes and schoolgirls) is presented in the text to complement and provide a context for the young men’s views and practices.

Profile of the participants
Some of the schoolboys attended regular school at various levels from grades 7 to 12. Others had completed their formal schooling at grade 10 (in accordance with the new education policy) and were enrolled in technical education, having failed to score the minimum points that would have enabled them to continue their academic studies at college/university level. Attempts were made to include Muslims and Christians, though the latter group predominated. The schools included in the study were: Kidame Gebeya Junior High School, Hote, Hope Enterprise, and Catholic high schools, and the Woizer Siheen Comprehensive Technical and Vocational School (see Chapter Two for further description of the schools). All were co-educational schools supposed to be representative (in terms of student population), and the selection was made in consultation with key informants working in the area of reproductive health and HIV/AIDS in Dessie.

As will be discussed in Chapter Seven, the Catholic school is a private missionary school that was attended exclusively by students from relatively well-off families. Kidame Gebeya, a public junior school, charged a very small fee and was attended by students from the middle and lower social classes. As it was a junior high school, relatively younger students attend it. Hote was a government high school attended by middle and lower class students. Hope Enterprise was owned by an NGO and attended by students from impoverished families. This school provided the students with lunch and stationery. Woizer Siheen was the only technical and vocational school in the town and was attended by students from all backgrounds. The students who attended this school were relatively older, ranging from 18 to 24.

For the purpose of this study, the terms ‘street children’ and ‘street youths’ will be used interchangeably to mean young male street children/youths in the broad age group of 15 to 24. The majority of street children were recruited randomly from around the town bus station (located in a poor, run-down neighbourhood) on the basis of their willingness to participate in the study. Asrat7 (a peer research assistant) and I went to the bus station to recruit volunteers to participate in the study. We succeeded in attracting many volunteers since we promised to pay them about 10 Birr (approximately 1.17 USD) for the time they spent with us.8 To recruit shoeshine boys, I befriended one who then recruited his colleagues from the central square of the town called the Piazza.

Most of street youths involved in the study were marked by their life on the street. Their tattered, dirt-encrusted clothes looked as if they had been rinsed in tar. Their hands were dirty, and their fingernails were clogged with grime. Their hair was untrimmed and frowsy, their mouths and lips were dry and cracked, and their bare feet were covered with scaly skin. Some of them, especially the older ones, were better dressed but were similarly dirty. Some had fresh scratches all over their faces. Their general physical condition reflected a rough existence that proceeded precariously from day to day. As will be shown in different chapters, such living conditions are associated with their sexual behaviour and seem to favour HIV infection.

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7 When I use ‘we’ in the text, I am mainly referring to Asrat and myself.
8 1 USD is approximately 8.5 Ethiopian Birr.
The street youths in this study had been on the streets for three to nine years. None had completed schooling or gone beyond primary school. Some were born and had grown up in Dessie others had come to the town from other places. They were very mobile as they sometimes worked on lorries and buses as assistants. Washing cars, assisting drivers, and performing a number of odd jobs (sometimes back-breaking) were their main means of survival. Their dependence on the transport sector and their closeness to drivers were even expressed in the language they used to express sexual issues. Some of the terms they used have their origins in the names of spare parts for cars.

Most had lost one or both parents. The majority were homeless, and they spent the night in dangerous, unsheltered, and cold environments. Some of them slept on the streets while others slept on floor spaces rented for 0.50 birr (US 6 cents) per night. They reported sleeping very close to one another to steal a little bit of extra warmth at night and that when one of them woke up in the middle of the night to void, he would expose the others close to him to the cold. Most of them smoked tobacco and an increasing number chewed the leaves of the stimulant plant *chat* (*Catha edulis*). All but one were sexually active and had sexual relationships with prostitutes whenever they could afford them.

**Data collection techniques**

Several studies have confirmed that ethnographic methods are most appropriate to understanding the perceptions, meanings and experiences attached to sex, sexuality and HIV/AIDS (see Rosi 1994; Willms et al. 1996; Van der Geest 1998; Parker and Ehrhardt 2001).

> [O]ne of the most important contributions of ethnographic studies related to HIV and AIDS, whether in the United States or cross-culturally, has been their ability to capture and highlight the importance of a range of broad, structural or political and economic factors that have increasingly been understood as crucial in shaping the course of the global HIV/AIDS epidemic—but that are often difficult adequately to capture or account for in standardized surveys or more experimental research designs. By focusing on highly descriptive accounts of the lived experience of specific individuals and communities, and by contextualizing such experience in relation to broader historical processes, demographic transformations, and systematic social and political changes, ethnographic accounts have played a key role in calling attention to the ways in which structural conditions such as underdevelopment, poverty, labor migration and forced population movement, gender inequalities, and sexual discrimination and oppression have all played key roles in defining the dynamic of the epidemic both nationally in the United States and internationally, particularly in developing world (Parker and Ehrhardt 2001:110).

Epidemiological and sociological surveys help understand the dynamics of the epidemic, but it is the voices captured by ethnographic methods that help us understand the pain, the frustration, and the suffering caused by poverty, HIV/AIDS and the lack of information about sexuality that so many young people involved in this study are experiencing. Moreover, in Ethiopia and other societies where there exist cultural and religious taboos against talking about sexuality openly, ethnographic methods appear more suitable than quantitative methods, which tend to collect relatively superficial and hence socially desirable answers, without probing into complex and intractable issues. The ethnographic methods used in this study are outlined below.

**Focus group discussions (FGDs)**
The author and research assistants conducted five FGDs with 10 schoolboys each at one each of the four high schools and one junior school. Five FGDs with 10 participants each were also conducted with street children/youths. Most of the FGDs and in-depth interviews were completed in three or four sessions lasting 2-4 hours each, and were recorded and transcribed verbatim. School principals were approached, and all of the FGDs with students were conducted on the premises of their respective schools. Guidance counsellors at the schools identified potential participants on the basis of the likelihood that they would be interested in
taking part as well as on their capacity to speak in a group. Gaining access to students and classrooms to conduct FGDs at a time when both were free was a great challenge, and we were forced to ask students to make themselves available during weekends and on public or religious holidays. FGDs with street children were conducted at the Northeastern Branch Office of the Family Guidance Association of Ethiopia (FGAE).

In-depth interviews
The other main method of data collection was in-depth interviews. In-depth interviews were carried out with 30 schoolboys and 30 street youths. I also conducted interviews with key informants (persons working on sexuality, reproductive health and HIV/AIDS, elders, religious and community leaders from different organizations, and youths working for Anti-AIDS clubs). People living with HIV/AIDS and commercial sex-workers were also interviewed. Most interviews, which generally lasted between two to four hours each (sometimes in two or three sessions), were taped with informed consent and later transcribed verbatim. Because three (out of four) of the peer research assistants were from Dessie it was easier to recruit in-depth interview informants outside of the school environment. By way of the snowball technique, we recruited associates and friends of informants who had been contacted in one of the other ways. In-depth interviews were conducted in the homes of interviewees, offices of interviewees (in the case of key informants), in my home or the research assistants' homes, public parks, and the FGAE office. All of street youths, commercial sex-workers and some of school pupils were either provided with refreshments or a small amount of money to compensate them for the time they spent in the study.

I prepared FGD and in-depth interview guides first in English, after which research assistants and I translated them into Amharic (the mother tongue of most informants and the national language). I involved peer research assistants in translation to ensure that they understood the guides properly. We had difficulty finding appropriate equivalent Amharic terms for some of the English terms. During the first phase of the fieldwork (October 2001-July 2002), male peer research assistants and I conducted the FGDs and in-depth interviews with males while the female peer research assistants conducted them with female FGDs. I conducted the FGDS and in-depth interviews with males and in-depth interviews with females during the second phase of the fieldwork (November 2002-March 2003).

Observation
Participant observation is a difficult research technique; especially in the study of sexuality and related, less sensitive issues. "[I]t should be said that participant observation is not an easy thing to do, or, to be more precise, it is impossible. Participant observation is a dream, an ideal, and a contradictio in terminis" (Van der Geest and Sarkodie 1998:1373). This is particularly true of research on sexuality and HIV/AIDS, which touches on moral and intimate issues few people will agree to discuss with outsiders. Similarly, it was impossible to verify stories informants told me about their sexual activities by direct observation.

I tried my best to become involved in the town's life. I attended World AIDS day celebrations and other gatherings related to the topic under investigation. Hotels, bars, pornographic video houses and other areas where young people get together, and funeral ceremonies of people who had actually or allegedly died of AIDS were targeted for ethnographic observation. I also visited the homes of a couple of AIDS patients who were bed-ridden, and tried to collect as much information as possible from confidantes, while paying close attention to hearsay and gossip.

Questionnaire
Since certain controversial issues were increasingly repeated in the course of FGDs and interviews, I decided to try to quantify the information through a questionnaire to show how

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9 The Ministry of Education in Ethiopia assigns one psychologist to each high school to work as a guidance counsellor of students.
relatively large groups of young people reacted to such controversial issues. To this end, I administered a questionnaire to 274 school pupils to gauge the frequency distribution of core controversial themes that emerged from FGDs and in-depth interviews (see the tables in the appendix for socio-demographic background characteristics of respondents in the survey). The students filled in the Amharic questionnaire in the classrooms (in the absence of teachers), with me present to explain words and phrases that they had trouble understanding. They were requested not to write their names on the answer sheets to ensure anonymity and to increase the reliability of their responses. Attempts were also made to include those boys who had not participated in either FGDs or in-depth interviews in order to cover a large number of young people. The data obtained from the questionnaire constitute a fairly insignificant part of information for this study; street youths were not included in the questionnaire for logistic and other reasons.

Data processing and analysis
The aim of qualitative methodology is to comprehend people, not to measure them. It utilizes research procedures that produce descriptive data, presenting the respondents’ views and experiences in their own words. The whole goal is to interpret meaningful human actions and highlight interpretations that people give of themselves or others (Sarantakos 1993). As mentioned, almost all FGDs and in-depth interviews were taped, transcribed and translated into English for analysis. I entered most of the data onto the computer and coded it manually. After repeatedly rereading all of the data, trends, patterns, regularities and contradictory explanations were identified, and the cut and paste method was used to generate coherent meanings, themes, and issues at different levels of inference by using cross-case thematic analysis. To be as objective as possible, I relied mainly on anecdotal explanations; many of my interpretations are preliminary and require further exploration. All names mentioned in the text are pseudonyms. When necessary, I have changed some background information (such as age, place of birth and other identifying details) to protect the anonymity of informants more securely. Since the views of many key informants were often critical of the government and NGOs, I decided not to name them even with pseudonyms. I coded the questionnaire data, entered it onto a computer, and carried out descriptive statistical analysis (frequency) using SPSS 11.0 for Windows.

Looking back: Reflections on the fieldwork
During the course of our research we spoke with many young people whose lives have been significantly touched by poverty and despair. Each encounter brought us face-to-face with the realities of poverty, unemployment and HIV/AIDS. Though their HIV status was not known, both schoolboys and street youths in particular seemed helpless to protect themselves from AIDS. We listened to the voices of commercial sex-workers and the difficulties and dilemmas they faced as a result of their efforts to survive. I heard the voices of people living with HIV/AIDS (PLWAs) and who had shown the courage to share their own experiences to educate the public and to care for and counsel others living with HIV/AIDS. I heard agonized voices of elderly people who had lost or were in fear of losing their loved ones to HIV/AIDS. I listened to the views of different key informants, which helped me to reflect on young people’s comments and the themes emerging from the data. Their views also furnished additional perspectives on and context to the young people’s narratives.

Almost all of FGDs and in-depth interviews began with an invitation to participants to discuss their daily worries, concerns and other general topics that might eventually lead to sexuality and HIV/AIDS. Though sexuality is not a subject that people feel comfortable discussing openly, we were amazed by the level of moral obligation felt by most participants to contribute to the success of the discussions. With some exceptions, both in individual interviews and FGDS, most of them were willing to share their own sexual experiences and their perceptions of those of their peers. Even street youths, despite their rough life on the street and popular perceptions that they were very tough and uncivil to other people, showed
humility and respect, participating enthusiastically to the extent that their understanding of things allowed them.

In most cases, debates were lively with participants frequently interrupting one another and arguing over controversial issues. Most of the male school students and some street children said that they had enjoyed participating in the FGDs and had found the discussions interesting and informative. Several of them requested that more discussions of this nature be conducted (see Chapter Eight). Young people’s discourse surrounding different sexual practices may serve as rough indicator of their sexual behaviour, but how much it correlates with their actual sexual behaviour and practices is a question that requires further investigation. I could not claim that all the discussions were frank and candid, and some of their comments should not be taken at face value (see various empirical chapters for the remarks). For instance, I never came across young men who admitted engaging in oral sex or homosexual practices. It is very difficult to verify their claims, as intimate love-making is not amenable to observation.

It was not only young people, but also the broader ‘AIDS community’, including key informants working on sexuality and HIV/AIDS, government officials, community leaders, and leaders of Anti-AIDS clubs who participated in the study in a supportive manner. They shared their candid and often critical views about ongoing interventions. The fact that I taught at the university proved to be a great asset for winning the cooperation of the key informants. For example, I met former students in various administrative capacities willing to assist me in any way they could. I also had a letter of introduction from my university department in Addis Ababa, and the fact that I am a lecturer at the nation’s largest and most prestigious institution generated a great deal of respect and support among key informants and wider community members who had not met me earlier. The fact that HIV/AIDS is a burning issue and pressing public health problem also helped towards obtaining cooperation from various sectors of the society. Indubitably, since three out of four peer research assistants (one male and two females) were from Dessie their intimate knowledge of the community and individual residents and their connections in the town provided me with additional advantages to carry out my research.

Although all these were beneficial to a native researcher, “Fieldwork at home, from the perspective of an overseas student from a developing country can be a two-edged sword, with thrills and perils” (Ite 1997:83). As a native PhD researcher who did my fieldwork far away from where I live (Addis Ababa), I was in a disadvantageous position, as I had to shuttle back and forth to Addis Ababa instead of staying in the field all the time. Even while I was in Dessie I had to spend much time (particularly in the evenings) with my former students, classmates, and key informants who turned out to be friends in the field. The other disadvantage of being an insider was that I took many things for granted. It was also considered impolite for me to ask some sensitive questions that a foreign researcher could have asked. I likewise found it embarrassing to be a participant observer in some events like funerals and public rallies while being closely watched by my friends and other people who knew that I was doing research. All these would have been less of a problem for a foreign researcher.

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10 I must, however, admit that some young people found it embarrassing to talk about sex or relationships. Since most of the street youths were not well informed about HIV/AIDS transmission and prevention, they wanted to get more answers about HIV/AIDS rather than answer our questions (see Chapter Six). Some of the stories of prostitutes and street youth were really depressing. Here is an example of a reflection taken from my diary after interviewing Almaz (see Chapter Seven for details). I am not the type of person who can stand hearing or watching other people’s suffering, and I found the effort of having to do this very challenging and depressing. Many of the stories narrated by the street children and prostitutes are really heart-breaking.
Outline

The book has three parts: Part I (Chapters One and Two) contains the conceptual framework and methodologies used to collect pertinent data and background chapters. The next chapter attempts to place sexuality and HIV/AIDS in the Ethiopian socio-economic, cultural and political context.

Part II (Chapters Three, Four, and Five) explores the findings of the field study about love and sexuality. The relationship between love and money, and how young people negotiate relationships is discussed in Chapter Three. Ideally, premarital sex or marriage follows after people have negotiated and established a relationship or have fallen in love. In other words, in the context of relationships, there is a gradual strengthening of the bond between the two partners that leads to engagement, living together or marriage. Chapter Four gives an account of young people’s view of marriage and associated problems. The chapter pays a great deal of attention to young people’s views about premarital sex and its role in relationships. Chapter Four also discusses the role of religion and religiosity as it relates to the sexuality of young people. Both Chapters Three and Four shed light on how young people initiate relationships and come together, how their romance develops, leads to premarital sex, separation or marriage. In Chapter Five, I discuss sex and sexual variations that may take place in any type of relationship (premarital or commercial). Therefore, this chapter extensively deals with ordinary sex, erotic approaches and techniques, homosexuality, masturbation, multiple-partner sex, and group rape.

Part III (Chapters Six, Seven, and Eight) presents information about HIV/AIDS, perceptions of condoms and condom use, poverty, and young people’s perceptions of HIV/AIDS interventions. Most epidemic diseases generate a host of stories, parables, narratives and metaphors. Chapter Six, therefore, deals with local narratives and metaphors about HIV/AIDS and obstacles, controversies, and other complex social processes surrounding condoms and condom use. Chapter Seven goes into the economic crisis, daily worries and fears of young people and the place of sexuality and HIV/AIDS among competing problems. Chapter Eight questions how young people perceive and interpret ongoing interventions, why interventions have had little effect, and other related questions. The last chapter (Chapter Nine) draws pertinent conclusions but presents more frustrations than hope. This study as a whole is descriptive, and there are many questions related to sexuality and HIV/AIDS that are left unanswered in the concluding chapter. The absence of a female perspective in particular makes the study incomplete.Cogently, since young people’s sexuality and their risk of infection with HIV/AIDS is largely influenced by structural factors, I refrained from offering quick fix, impractical, controversial, or ill-conceived suggestions. As a result, I did not adequately address one of the research question “What can be done?” Instead, I opted to offer this rich ethnographic material containing the voices of the young people themselves to policy makers and those involved in HIV/AIDS prevention to make sense out of it, and make HIV/AIDS prevention efforts more responsive to the needs of young people.