



Universiteit
Leiden
The Netherlands

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

Tadele, G.

Citation

Tadele, G. (2006). *Bleak prospects: young men, sexuality, and HIV/AIDS in an Ethiopian town*. Leiden: African Studies Centre. Retrieved from <https://hdl.handle.net/1887/4641>

Version: Not Applicable (or Unknown)

License: [Leiden University Non-exclusive license](#)

Downloaded from: <https://hdl.handle.net/1887/4641>

Note: To cite this publication please use the final published version (if applicable).

Bleak prospects

African Studies Centre
Research Report 80/2006

Bleak prospects

Young men, sexuality and HIV/AIDS in an Ethiopian town

Getnet Tadele

Published by:
African Studies Centre
P.O. Box 9555
2300 RB Leiden
Tel. +31 (0)71-527 33 72
Fax: +31 (0)71-527 33 44
E-mail: asc@ascleiden.nl
Website: www.ascleiden.nl

Printed by PrintPartners Ipskamp BV, Enschede

ISBN-10: 90-5448-065-3
ISBN-13: 978-90-5448-065-5

© African Studies Centre, Leiden, 2006

Contents

Acknowledgements *viii*

PART I: BACKGROUND *1*

- 1 INTRODUCTION: SEXUAL POLEMICS *3*
 - The puzzle *3*
 - ‘Barren waste land’: Anthropology and the study of sexuality and HIV/AIDS *4*
 - Sexuality and HIV/AIDS research in Ethiopia *6*
 - Young people and HIV/AIDS research *8*
 - Political economy approach to the study of sexuality and HIV/AIDS *11*
 - Research questions and objectives *14*
 - Methods and sources *16*
 - Outline *25*
- 2 DESSIE AND ETHIOPIA: ROMANTICISM AND POVERTY *27*
 - Ethiopian context *28*
 - The predicament of Ethiopian youth *33*
 - Dessie *35*
 - The predicament of Dessian youth *42*
 - Romantics: Sexuality and HIV/AIDS in Dessie *45*
 - Conclusion *47*

PART II: LOVE AND SEXUALITY *49*

- 3 THE SCARCITY OF LOVE AND MONEY: A RHETORIC OF COMPLAINT *51*
 - Love, relationships and money among school pupils *54*
 - ‘Being Listro, no girlfriend’: Love and relationships among male street youths *67*
 - Conclusion *71*

- 4 SEXUALITY, MARRIAGE AND RELIGION:
MORALISTIC VIEWS AND DOUBLE STANDARDS 75
A bit of history 76
Marriage: A distant dream 78
An ideal partner 82
“Virginity and smallpox disappeared long ago”:
Premarital sex among male school students 85
‘A pretext for sex’: Religion, religiosity and sexuality 91
Conclusion 97
- 5 ‘NORMAL’ AND ‘ABNORMAL’: SEXUAL PRACTICES 101
‘Normal’ versus ‘abnormal’ sexual positions 105
Sex from beginning to end 110
Multiple-partner sex 115
‘Group sex’ 117
‘*Ferengis*’ things’: Oral and anal sex, and pornographic films 121
Masturbation 127
‘Dirty’: Perceptions of homosexuality 133
Conclusion 136

PART III: HIV/AIDS 143

- 6 ‘FIRE AND SHOES’: SURVIVING IN A WORLD WITH
HIV/AIDS AND CONDOMS 145
Local perceptions of HIV/AIDS 147
Metaphors for HIV/AIDS 155
Level of awareness about HIV/AIDS 158
‘Sex as a fire and condom as a shoe’ 163
Why young people do not use condoms 164
Conclusion 178
- 7 ‘WE ARE OVERWHELMED BY WORRY’:
HIV/AIDS AND OTHER PLIGHTS 183
Worries and concerns 187
Making sense of poverty in everyday life 194
Conclusion 203

8	‘BORING’: PERCEPTIONS OF HIV/AIDS INTERVENTIONS	206
	How do young people look upon intervention programmes?	206
	HIV/AIDS prevention in Ethiopia	208
	Perceptions of the ABC prevention paradigm	210
	Obstacles and challenges surrounding intervention programmes	218
	Conclusion	225
9	CONCLUSION: BLEAK PROSPECTS	230
	How do young people understand and express sexuality and HIV/AIDS in their daily lives?	231
	How are poverty and other structural factors linked to young people’s sexuality and HIV/AIDS?	239
	How do young people and key informants receive, interpret and evaluate ongoing interventions?	243
	What can be done?	251
	Glossary of local terms	253
	Acronyms	257
	Appendix A: Questionnaire	258
	Appendix B: Selected survey results	262
	Appendix C: Map of the study area	267
	Appendix D: Photographs	268
	References	273

Acknowledgements

“Let us thank God for His priceless gift” (2 Corinthians, 9: 15)

I want to thank those who helped me through four difficult years. The following list includes some, certainly not all, individuals and organizations that provided intellectual, logistical, and moral support.

Special thanks to the Christian Michelsen Institute (CMI) of Norway and Addis Ababa University for generously funding my study in collaboration with the Amsterdam School for Social Science Research (ASSR). I would like to extend my deepest gratitude to Johan Helland of CMI who was at all times willing to help me whenever I needed it. His organized, efficient, and professional way of handling my requests was exemplary.

I thank my promotor, Prof. Dr. Sjaak van der Geest for his unfailing support. His down-to-earth comments from proposal up to this the book stage was immense. He has not only acted as promotor but also as a caring father and friend. I would like to tell him that being his student was the best gift I could have received. Dr. Gert Hekma, my co-promotor, gave me valuable and constructive comments all along. He was also a kind, warm-hearted, and caring person. Both Sjaak and Gert generously supported me with their time, expertise, and financial resources during my stay in Amsterdam. There were times I stopped moving because of health problems, but their care, concern, and confidence in me lifted me to my feet when my wings had trouble remembering how to fly. Dr. Helmut Kloos from University of California, San Francisco Medical Centre, took the trouble to read all the chapters and gave me insightful comments. His familiarity with Ethiopian literature in particular was an immense contribution. The comments from these three professionals came from a variety of expert perspectives and were very helpful. Prof. Dr. Anita Hardon also gave me valuable comments throughout the period of this study. Prof. Dr. Jon Abbink gave useful comments on the final manuscript of the dissertation, which could be integrated in this Research Report. I am very grateful to Mieke Zwart (African Studies Centre) for the layout work she did.

A number of colleagues at ASSR were kind enough to read drafts of individual chapters. Their comments were often critical but always helpful and instructive. Among those who deserve special thanks are: Dr. Diana Gibson, John Kinsman, and Rachel Spronk. Rachel was also a very good friend through out my stay in Amsterdam and kindly translated the summary into Dutch. I should also thank all former and present members of the Medical Anthropology Promotion Club at the University of Amsterdam: Josien de Klerk, Miranda van Reeuwijk,

Christine Dedding, Ellen Blommaert, Shifra Kisch, Benson Mulemi, Trudie Gerrits, Marian Tankink, Francine van den Borne Jennifer Parr, Anna Marie Wattie, Eileen Moyer, Marina de Regt, Margaret von Faber, Daniel Arhinful, Maarten Bode, Shahadu Zaman and Winny Koster for their useful comments at various stages of this book. Rosemary Robson edited the text and Petros Demelew helped me in layout work.

I should also thank the administrative staff of ASSR, Dr. Hans Sonneveld, José Komen, Anneke Dammers, Teun Bijvoet, and Miriam May for unfailingly providing me with the support I needed. I thank also other ASSR fellow candidates and friends: Irfan Ahmad, Martijn Oosterbaan, Christian Broer, and Anouk de Koning.

Thanks also to my Ethiopian friends in Amsterdam: Assefa Melesegn, Kuleni Kumsa, Kefle – Mariam Hunde and his family, Tefera Zerfu and his family, Seyoum Gebre-Egziabeher, and his wife, Askalu Gebre-Yesus, and the Ethiopian Orthodox Church congregation. Particularly, I have no words to express my gratitude to the wonderful couple: Assefa and Kuleni. I am not good at cooking and since my wife's departure, Kuleni has taken over the whole responsibility of cooking for me, and I always wonder whether a mother could be as much caring as Kuleni is. My special thanks to C.J.P. Ofman who has been unimaginably kind during my stay in Amsterdam.

I benefited from the work of a number of research assistants. Special thanks to Asrat Ayalew and Hirut Aberra for their unreserved support during the first phase of the fieldwork. Asrat was more than a research assistant and was equally committed to the success of my fieldwork. I also received support for data collection, transcription and translation from the following people: Wolde-Kidan Kifle, Germew, Taemer Misganaw, and Zinet Mohamed. Zemenu Addis kept me regular company during my stay in Dessie. Sebesbe Belay provided me with a hint about where I could find relevant Ethiopian literature in Addis Ababa, and he kindly accompanied me to a number of NGO libraries.

Conducting research in Dessie would have presented me with innumerable logistical and bureaucratic obstacles had it not been for the cooperation of a number of people. My deepest gratitude goes to all young people and key informants who participated in the study. I thank my friend Getnet Eshete for his wonderful, kind, and cordial hospitality during my stay in Dessie. As the manager of the Northeast Ethiopian Telecommunications Authority, he also helped me get a telephone line into my small rented room, which allowed me to have access to Internet and facilitated other communications in the field. My friend Lakachew Wale, manager of the Family Guidance Association of Ethiopia (FGAE)-Northeast Branch provided me with office space to conduct FGDs and interviews with street youths. He also read all draft chapters and gave me rele-

vant insider's comments. Tilahun Demisse from FGEA also deserves special thanks for providing me with logistical support. One medical doctor couple: Beyeberu Assefa and Askal Mengaw also deserve my gratitude for their hospitality in Dessie.

Shita Belachew and his family have always been a source of inspiration and encouragement as dearest family and friends, and care-takers of my personal duties back at home during my absence both for MSc and PhD training and even during my presence there. I would like to express my heartfelt gratitude to them. I should also thank all my colleagues at Addis Ababa University for the moral and practical support I have received. I am particularly indebted to Professor Andargatchew Tesfaye, Melese Getu, Abeje Berhanu and his family, Mehari Mekonen and his family, Yeraswork Admassie, Meseret Melese, and Wolde-Amlak Bewket. Anania Admassu from Child AID Ethiopia (a local NGO involved in HIV/AIDS prevention) was also kind enough to read a couple of draft chapters.

As the eldest and only educated son of poor peasant parents, my education and career development has been a little bit of a bumpy road. Thus, my parents who bore the burden of sending me to school when I should have assisted them in farming activities deserve special place in my career development. I am particularly grateful to my late grandfather, Ambaw Bogale, who supported me throughout my schooling at high school and undergraduate level. May his soul rest in peace.

I was fortunate enough to have my dear wife, Medhanit Aberra, with me during the critical stage of the PhD write-up. She shared my pain of writing up and my illness, and her presence made me feel at home far away from home. I cannot imagine how miserable things would have been without her emotional support.

PART I: BACKGROUND

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

¹ Adopted from a poster printed by ISAPSO (Integrated Service for AIDS Prevention and Support Organization) with financial assistance from UNAIDS.

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 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 sexu-

ality 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.

[I]f 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 ‘prob-

lems’.” 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.² 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

² Vance (1991) wrote a provocative article titled “Anthropology Rediscovered 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 can not 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.

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 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; Eshete *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 context of sexuality. Some of their conclusions hardly address local realities, as the following example shows:

[T]he 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 naive 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).³ This study attempts to redress some of these theoretical and methodological limitations.

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.

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.⁴ 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 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

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”.

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; Teka 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”. Ruiz (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 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-and extra-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 of 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 economy and other broader socio-economic factors. Many other authors (Schoepf 1995; Obbo 1995; Kammerer *et al.* 1995; Van Kerkwijk 1995; Paiva 1995; Clatts 1995; Swart-Kruger and Richter 1997; Anarfi *et al.* 2000; Lucas 2001; Silberschmidt 2001, 2004; Parker 2001; Campbell and Macphail 2002; Moyer 2003, Campbell 2003; Nattrass 2004; Fenton 2004) have reiterated the effect of poverty and other socio-economic factors on sexuality and the spread of HIV/AIDS in different parts of the globe (see Chapters Two, Seven and Nine for further discussion of poverty, sexuality and HIV/AIDS).

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.⁵ It

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

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 ; and 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

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 a more satisfactory situation.

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 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.⁶ 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 (2004: 233) argues,

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.

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.

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 Woizero 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. Woizero 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.

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.

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.

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.⁹ 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

⁹ The Ministry of Education in Ethiopia assigns one psychologist to each high school to work as a guidance counsellor of students.

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 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.¹⁰ 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

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 heartbreaking.*

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.

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.

Dessie and Ethiopia: Romanticism and poverty

On 15 October 2001, I woke up before 5 a.m. and proceeded to Addis Ababa bus station by taxi. Fortunately, there were plenty of buses heading for Dessie and I was offered plenty of options. It had been a long time since I had travelled by public transport. When I boarded the bus, it was full of luggage, and the seats were also very cramped leaving little space to stretch one's legs, and I felt uncomfortable. I realized that it was the beginning of the challenge related to my fieldwork. The journey to Dessie started at 7a.m., and we were given 20 minutes to brunch in Debresina (about 200 kms from Addis Ababa). The chauffeur was a fast driver, and we arrived in Dessie at 4 p.m. While I was walking from the bus station to a hotel carrying my luggage, one of the street boys who later became my friend and informant politely asked if he might carry my luggage. I gave him one of my bags and I started asking him what he was doing. He told me that he worked as a shoe-shine boy around the Piazza. He went on to tell me that he was an orphan and lived with his brother who was HIV positive. I then asked him about the HIV/AIDS situation in Dessie. My fieldwork began this way.

The main objective of this chapter is to show a general picture of how the precarious socio-economic situation in Dessie and more generally in Ethiopia affects young people's lives and their sexual behaviour inexorably associated with the spread of HIV/AIDS. By historicizing and contextualizing the changes that have taken place since the mid-1970s, I want to show that these changes and events have had a major impact on the changes taking place in sexuality and the spread of HIV/AIDS in Dessie and more generally nationwide. I am particularly interested in problematizing how poverty, war, and political instability have exacerbated the spread of HIV/AIDS in the country. In order to situate the problem into this larger socio-economic picture, I begin with the Ethiopian context and then move on to the situation in Dessie. The background information

presented in this chapter frames and guides the rest of the ethnographic material in the study.

Ethiopian context

Ethiopia is an ethnically, linguistically, religiously, and geographically diverse nation. Christians, Muslims, and followers of numerous traditional religions live, and the adherents of the different religions have a long and varied history of peaceful coexistence, conflict, and conquest (Clay and Holcomb 1985 cited in Lucas 2001). As the state religion for a long period, the Ethiopian Orthodox Church in particular has played a crucial role in the cultural, political, economic, and social life of the people (Hable Selassie and Tamerat 1970).

In understanding the history of Ethiopia, it is essential to recognize that the Ethiopian monarchy and the state created by it had been hallowed for centuries until military junta seized political power in 1974 (Lucas 2001). For more than a century, four autocratic emperors (Emperor Tewodros 1855-1868, Emperor Yohannes 1872-1889, Emperor Menelik, 1889-1913, and Emperor Haile Selassie 1930-1974) initiated a modern nation-building process. Although a modern state infrastructure and modern education and healthcare systems were initiated by Emperor Tewodros and the other emperors who succeeded him, the permanent structure of the state only emerged and took root during the time of the most popular modern Ethiopian emperor, Haile Selassie (Pankhurs 1990; Wubneh and Abate 1988; Gilkes 1975 cited in Lucas 2001). Despite good intentions, the development initiatives undertaken by Haile Selassie's regime did not significantly transform the structure of the country (Bequele and Chole 1969 cited in Lucas 2001). More importantly, the regime was unable to accommodate the needs of either the younger generation or of intellectuals who were critical of the long-standing social inequalities in general and the archaic land tenure policy in particular (Wubneh and Abate 1988 cited in Lucas 2001). Deep-rooted discontent and severe socio-economic problems instigated the foundation of ethnic and regional separatist movements, and fuelled opposition from students, teachers, trade unions, and from the military, ultimately culminating in a period of intense economic crisis and political turmoil, marked by deteriorating economic conditions, rising inflation, political corruption, mass demonstrations, finally providing the touch-paper for the 1974 Ethiopian revolution (Wubneh and Abate 1988; Ottaway and Ottaway 1978; Gilkes 1975 cited in Lucas 2001).¹ The 1974 Ethio-

¹ On sober reflection, many Ethiopians (including those who actively participated in overthrowing the regime) do harbour nostalgic sentiments toward Haile Selassie's regime. This may be because the country moved from the frying pan into a blazing fire after his death (see Henze 1993).

pian revolution ended the ancient dynasty that traced its roots to King Solomon and the Queen of Sheba (Zewdie 2002).

The wide range of socio-economic and political changes outlined above have had key implications for young people's sexuality. After the 1974 revolution, young people started to participate actively in youth associations, and this brought young men and women, boys and girls together, thereby opening up the opportunities for dating, paving the way for premarital sex. Some of the key informants from Dessie commented that youth associations and revolutionary music bands (*kenet le abeyot*) served as gateways for young people to enter into the world of sexuality and it is since then that young people have become more open to issues of sexuality. One key informant working for an NGO commented:

Television sets were introduced in the kebeles (lowest administrative units) after the revolution. And they quickly became a legitimate reason for young people of both sexes to go out in the evenings. "I am going to the kebele to watch TV" was always an explanation for a request that was seldom denied parental consent. So young people had no problem justifying going out at 7 o'clock in the evening and returning as late as 11p.m. When they went out or to school, the boys and girls used to go separately but the innovative youth associations and the kinet le abeyot proved to be the bridges required to bring them together. Before the revolution the girls' aspiration was nothing less than to end up with a good marriage and such marriages were far less likely to happen if it was said of them "So-and-so's daughter is seen in such-and-such places!" So they had to be very careful and be mindful of how they were perceived. But all that changed with the coming of these associations. Before the revolution sex was not indulged in in bergos (hotel rooms); rather the young people had to seek shelter in trees and bushes to safeguard their privacy. So it was the kinet le abeyot that changed the situation. And we see more or less the same thing nowadays in the name of peer-education in the Anti-AIDS clubs. They are having peer-sex there (laughs).

He jokingly concluded by saying that the silence surrounding sexuality was broken at that time [during and after the revolution]. This highlights that the change from one regime to another may not only have involved a change in the economic and political sphere but also in the area of sexual values and norms.

Since Ethiopia was among the poorest and least developed nations in the world, the Marxist regime that assumed power and overthrew Haile Sellassie's regime adopted wide-ranging policies to address the social, economic, and political problems of the country; including a national land reform and mass literacy campaigns. The Land Reform Proclamation of March 1975 abolished private and corporate tenancy, nationalized all land, and allocated the nationalized land to state-controlled peasant organizations (kebeles) (Ofcansky and Berry 1993; Griffin 1992 cited in Lucas 2001). In 1974, less than 7 percent of Ethiopia's population was literate and the country had one of the lowest percentages of educational participation at all levels world-wide (UNESCO 2000; Cedpa 1997

cited in Lucas 2001). Determined to tackle this problem, the socialist regime launched the mass literacy campaign with the ambitious and unrealistic target of reducing illiteracy from 87 percent to zero within eight years (Wubneh and Abate 1988 cited in Lucas 2001), although functional literacy rates were probably lower. The introduction of mass literacy campaigns motivated many young people to pursue formal schooling, thereby inducing the shift from familial training and socialization towards a non-familial mode of education. Formal schooling gave young people the opportunity to meet and interact with peers of the same or opposite sex far away from family supervision (see also Lucas 2001).

Though the above initiatives taken by the Marxist regime were impressive, the socio-economic situation in the country went from bad to worse assailed by structural problems inherent in the economy, increased insecurity (red and white terror), and recurrent drought and famine. For instance, in the agricultural sector, which contributed 44 percent of gross domestic product (GDP), 85 percent of employment, and 90 percent of export earnings, grew on average by only 0.7 percent annually during the 17 years of Marxist regime (Gebre 1993). Moreover, until it collapsed in May 1991, the regime was preoccupied with the war with Somalia and was faced with internal ethnic conflicts and civil war throughout the 1980s and early 1990s. Following the collapse of the Marxist regime in 1991, a number of disbanded soldiers (considered to be a 'high risk group') returned to their urban and rural home areas throughout the country. It is likely that such an influx exacerbated the intensity of HIV transmission in all parts of the country since about 16 percent from among the first 636 AIDS cases in the country were recruits and military personnel (Negasa *et al.* 1990; Khodakevich and Zewdie 1993). Indubitably, with the coming of Ethiopian People's Revolutionary Democratic Front (EPRDF) into power in 1991, new media laws allowed the proliferation of love/erotic magazines and tabloids, thereby providing young people with alternative sources of information about sexuality. More importantly, illegal video houses mushroomed everywhere when the current government came to power, although such films had been available in Dessie and elsewhere in the country long before. Both the key informants and young people involved in the study reiterated the 'negative' impact of such films and magazines on the sexuality of young people (see Chapter Five).

In 1991, the EPRDF introduced a federal system of governance on the basis of language and ethnicity. The government also accepted and implemented structural adjustment programmes, thereby aggravating the problem of poverty. After 13 years of rule by the EPRDF, unfortunately Ethiopia, still troubled by war with Eritrea, recurring droughts and famine, and ill-conceived socio-economic policies, does not seem to be faring too well in terms of socio-economic development. An estimated 14 million people needed food relief in 2003, high-

lighting that with each passing year simple survival is becoming increasingly difficult for a significant proportion of the Ethiopian population. “According to the World Bank’s Development Report of 2000/2001, Ethiopia remains the poorest country in the world, when ranked in terms of dollar-dominated per capita income. The Bank’s latest report, using 1999 data, ranked Ethiopia, with a per capita income of US\$100, 206th out of 206 countries, unchanged from the previous year. The average income for low-income countries for the same year was US\$410 in 1999 ... while the average for Sub-Saharan Africa was US\$500 ...” (Degefe *et al.* 2002: 1).

More recent estimates indicate that about 81.9 percent of Ethiopia’s population lives in absolute poverty, namely on less than 1 US\$ a day (UNDP 2003). Life expectancy at birth is 42 years, and infant mortality is as high as 116 per 1,000 live births. Nearly 50 percent of children under five years suffer from malnutrition, indicating that life is a daily struggle even for those who survive. Only 24 percent of Ethiopians have access to piped water (Jubilee research 2004). The situation is exacerbated by the fact that Ethiopia lacks an adequate basic infrastructure such as health and educational institutions, roads and other facilities in both urban and particularly in rural areas. The prevalence and incidence of different diseases is extremely high for a population with health service coverage below 46 percent. An estimated 60-80 percent of all health problems are due to infectious and nutritional diseases. Forty-nine percent of all reported deaths in 2002/03 could be attributed to malaria, TB, and pneumonia (MOH 2004; see also Kello 1998), although AIDS, not systematically reported by the national health services, may kill more people than malaria. Many of the endemic infectious diseases and malnutrition facilitate AIDS by weakening the host’s immune system (Wolday and Messele 2003).²

Since funds, health manpower, facilities and other resources for adequate health care are not available, hundreds of injections may be administered by only a few unsterilized syringes, putting individuals at greater risk of infection with HIV/AIDS. Inadequate services mean that the safety of donated blood and other medical practices may be questionable. Most children below age 12 become infected mainly in the perinatal period or through breast-feeding, although there is also a risk from blood donations, ritual or ornamental tattoos, and other traditional surgical procedures. Owing to the low level of health coverage and other factors related to poverty, sexually transmitted infections (STIs) other than HIV remain untreated, increasing the risk of acquiring HIV. Even drugs to cure TB and other simple antibiotics are not easily available to people living with

² Clatts (1995) notes that poor standard of living, inadequate health care and the like that expose individuals to the risk of HIV infection also increase the probability of manifestation of AIDS related opportunistic infections within a short period after HIV infection.

HIV/AIDS and other poor people. As noted above, structural adjustment programmes prescribed by international financial institutions (IMF and World Bank) require governments to reduce spending on public health, education and other social services, and hence arguably exacerbate the problem.

Until very recently, facilities for voluntary testing and counselling (VTC) of HIV status were not available in the country, and the few that did exist at the time of this study were expensive. There were also problems related to confidentiality and delays with the testing. Only a few government health facilities, mostly in Addis Ababa, provided testing and treatment services. Up to a short while ago, the few hospitals and health centres providing VCT were accessible mostly to visa applicants referred by foreign embassies. The majority of these people were those who wanted to immigrate to the United States through the Diversity Visa (DV) programme. There are also some organizations, including Ethiopian Airlines, that make regular check-ups of their employees' HIV status. Under normal circumstances, persons who are either suspected of having the HIV virus in their system and referred for serological test or those coming for a voluntary testing should be offered counselling services before the test. In practice, proper pre-test, post-test and on going counselling services by trained and committed personnel have rarely been available outside Addis Ababa.

The silence or denial of the political authorities and the public at large surrounding HIV/AIDS is another pernicious situation that prevails in Ethiopia. Conflicting and unreliable information about the HIV/AIDS epidemic have accompanied this high level of denial (see Chapters Eight and Nine). AIDS first reached epidemic levels in the West (particularly among gays and IV drug-users), but was soon reversed because of the strong commitment by governments and the public to breaking the silence. For economic, cultural, and political reasons, the fact is that the Ethiopian government has been relatively ineffective in educating its citizens about the risk of contracting HIV/AIDS (see Chapter Eight). Altman (1995: 99) argues that "...routes of transmission, spread of knowledge about HIV, political responses (or lack of them), availability of resources to combat the epidemic are all very much contingent on the larger political environment".

The cult of secrecy is strong. People living with HIV/AIDS and their families tend to keep their positive status to themselves to the extent that children hide it from their parents or husbands from wives and vice versa (Admassu 2000; Mequanint 2004). Even doctors do not tell their patients that they are HIV-positive. An Ethiopian tradition, which is metaphorically expressed as 'silence is golden', seems to have militated against such openness (see also Beyene 1992). Fatalistically, many people are not willing to be tested, and prefer to live and die without knowing, rather than subjecting themselves to the stigma and discrimi-

nation it entails. There are cases in which individuals have declined when offered the opportunity for training abroad that requires an HIV test, although having the opportunity for short or long-term training abroad (particularly in the West) is a goal that many young and adult Ethiopians cherish being offered. Lack of access to treatment (anti-retroviral therapy) partly explains this problem.

Obviously, there is a need to provide frank and explicit information and advice about sexuality to young people so that they can protect themselves from HIV infection. In Ethiopia, young people cannot readily acquire information about sex, sexual health, and bodily functions, partly because of strong taboos around adolescent sexuality (Chaka 1994; Dear 1994; Melaku 1994). Chaka (1994) asserts that because of the adamant cultural restrictions, children are not taught about these matters by their parents. There is the culture of secrecy surrounding sex, HIV/AIDS and other sexually transmitted diseases, which precludes free discussion in the home and among peers and with sex partners (see Chapter Eight). Children glean titillating information from pornographic films, sex-workers, and erotic magazines, which often may lead them to engage in risky sexual behaviour. In a quandary because of their uncertainty, many young people expressed confusion and misconceptions concerning various sexual practices and HIV/AIDS (see Chapters Five, Six and Eight). Therefore, “given this pervasive secrecy, it is not difficult to see how the emerging AIDS epidemic was like turning on the lights in a room long kept intentionally dark”, as noted by (Setel 1999: 103) in Tanzania. Even should they want to, it is often difficult to gain access to relevant services such as family planning. As a result, young people lack the information and resources they require to lead a healthy sex life (Dear 1994).

The predicament of Ethiopian youth

Youth (15-24 age group) constitutes 16.3 percent of the Ethiopian population (CYAO 1995).³ Socio-economic stagnation, poor governance, and war, intensified by recurrent drought and famine (discussed above) severely affect young people and rob them of any vision of a bright future. Unemployment is a very serious problem, with a significant proportion of the active urban population in Ethiopia unemployed. It is especially a serious problem among youths, who constitute more than half of the unemployed. It is reported that insignificant proportion of the school-age population in Ethiopia has access to higher education. The rest are forced to become low paid workers and ‘hooligans’, as the

³ Since different societies and cultures have different criteria and perceptions, there are no universally agreed definitions for youth. The United Nations defines youth as the population in the 15-24 age group (CYAO 1995).

leaders of the country (including the Prime Minister) labelled them during the civil unrest in Addis Ababa in April 2001. There are few job opportunities for school-leavers, and almost every household is caring for a number of so called 'young pensioners' (*wotate terotegnoch*).

Many young people with a secondary education end up as street vendors or simply hang around in the town. This indicates that they are under great economic stress, the precursor of helplessness, occasional depression, self-hatred, and involvement in activities that are commonly known as 'sexual deviance' and other deviant behaviours (the sale of sexual labour [girls], drugs (*chat*), alcohol, theft, rape and the like) (CYAO 1995). There are few opportunities even for those who make it through university. Most cannot find jobs or they are under-employed and the salaries even for those who succeed in securing a job are very meagre. Forcibly or with their own consent, many young people found themselves deployed in the civil war that lasted almost two decades during the Marxist regime, and in the two-year border war with Eritrea under the current regime. These wars have claimed the lives of many young people – often referred to in the slang of the day as the 'lost generation' (*ye tefaw tewlede*).

Young people in Ethiopia feel largely forgotten by the government, which for many years has diverted valuable funds from socio-economic development to fund a war and to combat recurring droughts. In April 2001, Ethiopia's capital (Addis Ababa) experienced its worst civil unrest in years when university student protests spilled over into riots. Thousands of students and out-of-school or unemployed youth were caught up in a wave of looting and the destruction of government, public, and private property. The riots were fuelled by a series of factors, most importantly by a chronic economic crisis that gives youth little hope of jobs. It is likely that the country could face more public violence (possibly on a much larger scale), and the episode signals a serious warning to the government and the general public to consider the situation of the younger generation.⁴

These days, youngsters are willing to risk their lives in order to get out of Ethiopia.⁵ The 'lucky' ones migrate to the West, while those who do not have

⁴ The government seems to be afraid of another wave of civil/social unrest or political threat to which the young people's current situation may eventually lead, and has therefore issued the Vagrancy Control Proclamation in 2004. This proclamation defines vagrancy (*adeggna bozenenet*) in 12 different ways, and leaves the door open for the police to arrest any one who falls within this generous definition (see Federal Negarit Gazeta 2004). Issuing vagrancy laws in a society where most young people are jobless and job placement opportunities are absent seems out of context. As long as the economic situation is not improved, a single spark will be enough to produce a serious up-heaval.

⁵ Not only the youngsters themselves, but also their parents are willing to do anything it takes to send their children abroad. One of the most common methods is buying into the Diversity Visa lottery for about US\$10-20,000 from those who won but do not have partners. They produce fake marriage certificates and travel to America as partners. It is reported that some European embassies in Addis Ababa are also corrupt and issue visas for US\$10-15,000. Shipping children to America and Europe at very early age is described by Wolde-Mariam (1991: 179) as "loving cruelty", motivated by parents'

either the network or opportunity to achieve this goal end up in the Middle East or elsewhere in Africa. In particular, thousands of young Ethiopian men and women migrate to the Middle East to work as domestic servants. Most of them live under appalling working conditions, and there are reports of physical and sexual abuse by employers.⁶ Millions of young people also languish in refugee camps in neighbouring countries (Sudan, Kenya, Djibouti) hoping to emigrate to the West. There are still millions of young Ethiopians who do not even have such opportunities and who are forced to live in despair and frustration in their home country. There are reports, which indicate that suicide rates are increasing among young people who succumb to the overwhelming frustration that results from joblessness and failure in educational achievement (CYAO 1995).

As elsewhere, the gap between the rich and the poor is widening. It has been estimated that as many as 150,000 children are engaged, in varying degrees, in street-life activities, about 60,000 of them in Addis Ababa. This is perhaps a very conservative figure given by the government, and more recent unofficial reports by aid agencies estimate the existence of up to 600,000 street children country-wide and over 100,000 in Addis Ababa. The problem is worsening because of the HIV/AIDS pandemic, which has orphaned more than one million children (IRIN 2004). As the story will emerge from various chapters (see Chapter Seven in particular), the majority of these children live in conditions of severe deprivation; suffering from inadequate nutrition, exacerbated by exposure to adverse weather and physical abuse while on the streets which imperil their physical, mental, and social development.

All that has just been said reveals that Ethiopia in general and its young people in particular are marginalized and this situation has facilitated the proliferation of HIV/AIDS throughout the country. The discussion that follows about Dessie and its youth is a reflection of the broader marginalization phenomenon.

Dessie

History

The establishment of a strong central government and a national capital towards the end of the nineteenth century gave rise to a number of towns that served as regional capitals. Dessie is such a town with a long history and great historical

depth of dissatisfaction with their own present condition and their uncertain future which inexorably compels them to endure the pain of separation from the children they love so much.

⁶ A case in point is a 20-year-old Ethiopian girl who was on death row in Bahrain. She was sentenced to death for allegedly murdering her Filipino employer out of desperation and was judged to be of unsound mind. The death sentence was commuted to life imprisonment in response to pressure from the Ethiopian and international communities.

significance. Different sources indicate that the town of Dessie was founded in 1886 by *Ras* (literally ‘head’ – the highest traditional title below that of king) Mikael (Ali 1997). There are claims that the town had been the centre of the rulers and elite of Wello even before the 1880s (Municipality of Dessie 2000). Since it is strategically located on a small, hilly plain on the highland plateau surrounded on all sides by mountains and endowed with a rocky landscape (with only four possibly entry points at Tita, Kutaber, Shewaber, and Gerado), it was well suited for defence against any surprise attack from enemies. It is highly probable that *Ras* Mikael took these natural advantages into consideration when he built his palace in Dessie (W/Hawariat 1989; Ali 1997; Municipality of Dessie 2000).

Once Dessie had been chosen to be the seat for *Ras* Mikael (latter *Negus* (King) Mikael), it also rapidly became the centre of all sorts of economic (commercial) and social undertakings in the region. Thanks to its strategic location, it served as a transit point for merchants who traded goods from the northern regions of Eritrea, Tigray, and Afar to the central highlands, including the capital. Hence, many past regimes have used the town of Dessie as an administrative capital for the then Province of Wello. Until the 1974 revolution, the town served as a seat for the crown prince and governors who were assigned by the emperors to administer the region. Between 1974 and 1991, it served as the administrative capital of what was Wello Province (*kifle-hager*) and also housed the regional headquarters of the then ruling party. Since 1991, although its scope of administration has diminished, it has continued to serve as the administrative capital for the South Wello Administrative Zone and currently houses a number of civil, non-governmental, religious and administrative offices (Municipality of Dessie 2000).

Environment and population

Dessie is situated 400 kms on the northern road out of Addis Ababa that leads to Mekele in Tigray. Given its mountainous location, much of the land in the town is steep and the floods that have been running down off the mountains over the years have eroded much of the soil.⁷ Owing to its location and its fast-growing population, the town of Dessie is more susceptible to a host of problems than the other towns in the region. Landslides that frequently occur in many neighbourhoods in the town contribute to these problems. In addition to damaging and even destroying buildings and other infrastructure, the frequent landslides have greatly contributed towards a reluctance to investment undertakings in the town.

⁷ Dessie lies at an altitude of 2400-2700 metres above sea level, and has a cold highland climate (*Dega*). Mount Tosa (3, 000 metres above sea level) lies on the western outskirts of the town.

Dessie is one of the fastest growing towns in Ethiopia. It accounts for 45 percent of all people living in towns in the South Wello Zone.⁸ According to the 1994 census, 34 percent of the total town population of 97,314 consisted of migrants, highlighting the important role of migration in Dessie's population growth, a phenomenon also reported in that census from all other larger Ethiopian towns. Beset by a scarcity of land, deepening poverty, conflict, drought and famine, many rural residents from surrounding areas abandon their abodes and migrate to Dessie to look for wage-labour or seeking relief assistance. Some of them save money and go back home, but many young people remain in the town with no other choice but to enter either prostitution or street life. People displaced by war from Eritrea and Assab have also flocked to Dessie in large numbers, and many of them having to endure unbelievable conditions of poverty.⁹ Few of the prostitutes in Dessie (working on the streets or in bars and hotels) and other street youths were actually born in the town; most are migrants from different parts of the country or have been displaced from Assab and Eritrea.¹⁰ Because of their precarious economic situation, both prostitutes and street children are likely to be infected (or some are already infected) with HIV/AIDS (see Chapter Seven).

Although Amharas are the majority ethnic group, like many other Ethiopian towns, Tigre, Oromo, Afar, Gurage and other ethnic groups inhabit in Dessie. The 1994 census reported that 60 percent and 38 percent of the population in Dessie town were Christians and Muslims respectively.¹¹ Dessians and Welloyes in general are known for their religious tolerance and Christians and Muslims have been observed living in the same household and sharing various socio-cultural beliefs and practices. Conversion to either religion is not condemned, and people are often seen changing their religion. Intermarriage among different

⁸ According to census results, the population of the town has increased from 36,763 in 1954 to 39,000 in 1964, and to 45,909 in 1974, 71,537 in 1984 and 97,314 in 1994. According to more recent estimates by the Zonal Economic Development and Planning Office for the year 1999, the town had a population of 114,326 people of whom 53,262 were male and 61,064 were female, and the population is growing by an estimated 4.11 percent per year.

⁹ When people migrate, sexual values and norms will be modified or changed and new meanings for sexual activities assimilated into existing systems, thereby transforming elements of the more traditional sexual culture. Migration brings people into contact with new institutions, ideas and belief systems, and accordingly, changes the structure of their interactions and relationships. Rugnanga and Aggleton (1998: 68) argue, "whereas previously [in rural setting], sex had been a marital duty, conducted in a prescribed and business like manner, now it became more of a leisure time activity, pursued in accordance with opportunity, desire, financial resources and needs".

¹⁰ Although most of the rural-urban migration can be explained by poverty and war, it must be acknowledged that there are other complex cultural forces at work. Some of the women might have left their homes because of the burdensome responsibilities expected to be shouldered by women, ill treatment by their husbands, disillusionment, or tempted by the perceived glamour of urban life; circumstances which are all linked to economic and political situations as well.

¹¹ The validity and reliability of these figures is questionable as it is difficult to establish how many belong to this or that faith as people constantly keep changing their religion.

religious groups is in most cases possible, and negative sanctions are normally not expected from relatives or the general public.

In Wello, attitudes towards religious differences are exceptionally good. They are characterized by mutual respect. Not only do Christians and Moslems live next to each other in perfect harmony and absolute peace, but also even within the same family half may be Christian and half Moslem. Moreover, intermarriage between religious groups is rather common. It is a region where bigotry is hard to find, and where the only taboo is inhibition. The imperceptible transformation of certain cultural peculiarities is exemplified by some characteristically Wello names like Amede or Yimam. Many Christians have such names and it is doubtful whether they know the origins of these names. Amede, a typical Welloye form of Ahmed, and obvious Moslem name, turned into Ahmede, a typical Welloye form of endearment. Yimam is quite obviously derived from Imam, the title of Moslem rulers (Wolde-Mariam 1991: 18-19).

Wolde-Mariam (1991) attributes such toleration of differences to the linguistic and ethnic diversity of Wello. Zewdie (2002: 48) on the other hand explains this in terms of religious repression when Welloyes were forced to renounce their faith (Islam) and accepted Christianity during the time of Emperor Yohannes (1872-1889). The author argues that the then rulers of Wello were baptized with consent; one of these prominent political leaders was Muhammed Ali who was converted to the Ethiopian Orthodox Church taking the name Mikael (and became King Mikael later). "Others conformed outwardly, praying to the Christian God in the day time and to the Muslim Allah at night thereby reinforcing the unique juxtaposition of Islam and Christianity that we find to this day in Wallo". In any case, religion is an important aspect of social life in Dessie and more generally in Ethiopia, and it influences the general discourse on illness, health, sexuality, HIV/AIDS, and condoms (see Chapters Four and Six). Some people may not even be practising believers, but discourses surrounding their daily life and events are blended with religious sentiments and beliefs.

Social services and infrastructure

Until the Italian invasion in 1936, Dessie did not have any of the basic social and infrastructural services such as a water supply, electricity, and roads necessary to facilitate the colonial administration. It was during this disruptive juncture that Dessie underwent a period of accelerated growth because the Italians built all-weather regional roads. The road from Addis Ababa that passes through Dessie and continues on up to Asmara especially boosted the commercial and social activities of the country. Likewise, the Italians built a hospital, a hotel (the present-day Ambasel Hotel), a cinema (the present Dessie Cinema), introduced electricity, and expanded telephone and telegraph services (Ali 1997; Municipality of Dessie 2000).

At the time of this study, Dessie had one regional referral hospital with 185 beds, one health centre with five beds, three public and 11 private clinics, 12 pharmacies and one training institution for health assistants/assistant nurses. And since the referral hospital serves patients referred to it from all health centres within Dessie Zone, it is usually overcrowded (Municipality of Dessie 2000).¹² Dessie has a total of 11 kindergartens, 11 primary schools, six junior secondary schools, three senior high schools, one technical-vocational school, and one teachers' training institute, run by the government, NGOs, or religious institutions. The schools are unable to accommodate the total school-age population of the town and it has been estimated that the number of schools would have to be doubled to provide for adequate space (Municipality of Dessie 2000).¹³

The overcrowded schools accommodated, on average, more than 60 students per class. Two and sometimes three students (mixed or same sex) sat on logs jammed up close to each other and shared one table. In most cases, the buildings are dilapidated, the desks, chairs and blackboards are worn out. The level of qualification of the teachers is far from satisfactory. Some of the high school teachers did not even have an undergraduate degree from a university, and there were no trained teachers for some subjects. As a result, there were cases in which geography teachers taught history or vice versa to fill the gap. Aware of the dwindling remuneration and the ebbing of social respect, most young people who have succeeded in entering colleges and universities all over the country did not want to be teachers, and those who were forced to do so by involuntary placement did not want to continue in this profession. The upshot is that many teachers leave the profession when they find other employment opportunities with NGOs and government organizations. A case in point is a psychologist (councillor) at Hote High School who helped me in recruiting and arranging interviews with students during my first phase fieldwork; he had left the school and joined an NGO when I went back for the second phase fieldwork. I also met and interviewed some NGO workers who used to teach at different levels in the past.

¹² In terms of ratios, one hospital bed in the zone serves 601 people, one nurse for 2,598 people, one health assistant for 1,216 people, and one doctor for 4,764 people. These figures, although not sufficient by any standards, give the town a relative advantage in terms of the availability and quality of health services over the other towns in the zone (Municipality of Dessie 2000).

¹³ About 32 percent of the school age population in the town are illiterate and about 34 percent of the children between the ages of 5 and 9 did not attend primary school for reasons that include lack of adequate income, shortage of schools, and lack of parental interest to send them to school. Although confounded by a host of other socio-economic factors, lower rates of premarital sexual activity for both boys and girls are associated with higher levels of educational achievement and clear educational goals (Moore and Rosenthal 1993). It seems that instead of going to school, many children in Dessie seem to be engaged in various street-life activities such as shoe-shining, washing cars, portering, and street vending (such as selling local roasted grain (*kollo*), lottery tickets, newspapers and the like).

Before 2001, students used to attend high school up to grade 12 and those who scored very competitive marks would enter colleges and universities. The new educational policy dictates that students may only attend high school up to 10th grade and then enter the preparatory programme. What is more disturbing is that the new education policy dictates that the old first year undergraduate courses be covered in high schools in preparatory programmes, and that college/university study should start with what used to be the second year course. It is reported that many students who have entered colleges and universities can barely understand English and other subjects taught at the college/university level and persistently fail in the tests they are given. This challenging situation is invariably attributed to the inadequacy of the high school preparatory programmes, as nothing had been done to upgrade the teachers who were to teach the courses while the content of the subject matter grew increasingly demanding at all levels (to the extent that first year college courses were given at preparatory level in highschools). Young people in Dessie were loud in their complaints about this new educational policy (see Chapter Seven).

Most of the schools have very large compounds, and some of them are surrounded by bushes and thickets that present opportunities for young people to sneak out for rendezvous and sex (see Chapter Three). This temptation was easy to succumb to as they had plenty of free time on their hands because of the scarcity of teachers, shortage of classrooms and other essential facilities. This meant that students attended classes in two shifts. In a society where other recreational facilities are scarce, a shift system presented ample time for school pupils to indulge in chewing *chat* and visit pornographic video houses or the Arera bush area very close to Hote High School, notorious for hosting young people's sexual activities (see Chapter Five). Education in Ethiopia is almost the only means of upward mobility for young people. Dejected by the deteriorating quality of education and the absence of more opportunities to enter the few higher educational institutions, students seemed to have lost any hope of fighting their way out of their predicament through education (see Chapter Seven).

Housing conditions in much of Dessie are no better than slum level. Although the housing problem is one of the biggest challenges in most urban areas of Ethiopia, Dessie town has the dubious honour of ranking first in Amhar Region in terms of housing problems (Municipality of Dessie 2000). A significant proportion of the town's population did not own a house; five or more people lived in the average housing unit which had a single room and many people were homeless. Most of these houses had been built many years ago from wattle (wood/bamboo and mud) and were roofed with corrugated iron sheets, and as a result some were dilapidated and in a dangerous condition. Nature has also played a hand and landslides and erosion have caused the collapse of many

houses, producing a rather depressing picture. Since Dessie is hemmed in by mountains, there is not sufficient space to build new houses. The majority of the houses in Dessie are sub-standard (no toilet or kitchen facilities), and few people have the means either to build a new house or repair their old one. An urban renewal project introduced late in 2002 aims at improving conditions in the town though this will be at the expense of the poor. During my fieldwork in late 2002 and early 2003, I saw many shanties around the main street inhabited by the poor being bulldozed.¹⁴

Economic activities

Dessie serves as a major transit point for both long-distance buses and lorries as it is where roads to different place such as Addis Ababa, Afar Region, Gondar and Gojam (now Amhara Region), and Mekele (Tigray Region) meet. Dessie is also close and on the road to a number of religious tourist sites (such as Gishen Mariam, Lalibela, and Axum). As a transport hub, Dessie is a popular night stop for truck drivers, long-distance bus and other passengers, which has prompted the construction of many hotels, bars, restaurants, and tea rooms; these form an important centre of business life and economic activities.¹⁵ There are also a number of local taverns such as *tej bets* (traditional honey-wine/mead houses) and *tella bets* (traditional beer houses) that cater to passengers in transit and local residents.¹⁶ There are also a number of prostitutes in all hotels, bars, *tella* and *tej*

¹⁴ The manager of Dessie town, who is perceived to be an architect of such urban renewal projects, is nicknamed Ariel Sharon (Israeli Prime Minister) for his “cruel measures” in demolishing slum dwellings and giving the land to those who could afford to construct one or more storey buildings.

¹⁵ As early as 1991, there were 32 hotels and 163 bars (Ali 1997). It is presumed that such establishments may have doubled given the relatively liberal economic policies followed by the government since 1991. The distinction between bar, hotel, restaurant, or nightclub is a grey area in Dessie. Here is an excerpt taken from a diary written after roaming around the town at night with Asrat. *We went into a sort of a nightclub near the Piazza; they call it the Getahun Fiseha Hotel but much of what we saw inside did not much support our perception of it as a hotel. We sat down with drinks. It wasn't even half past ten and things were already in full fling. Those slim pretty girls (no older than 20) with tight jeans that revealed the shape of their thighs and hips and with bikini tops that left all their body in between the breasts and the jeans bare were all over the dance floor. Young males filled the room listening and dancing to the hot hip-hop and Congolese music enlivened now and then by a mix of Amharic music from the DJ. Our next stop was the Axum Hotel (yet another nightclub) a little down from the Piazza. It was around midnight and the music there roared out like a supersonic jet at take off and reduced the human voice to nothing. It was crammed wall to wall with young people roughly within the age range of 12-35 and the floors teemed with 'dancers' who could be more appropriately described as staggering rather than dancing. Both the Axum and the Getahun Fiseha are big hotels in Dessie, but this description highlights that they are also nightclubs.*

¹⁶ *Tej bets* are mead houses selling drinks made from fermented honey and the local plant *gesho* (*Ramnus prinoides*) that have a low alcohol content. In the old days, it was a very popular drink among the elites and the royal families. *Tella bets* are houses serving local beer made mainly from barley and *gesho*. Both *tej* and *tella* are the most commonly consumed and least expensive alcoholic drinks compared to those produced locally by local and foreign breweries, distilleries and wineries (see Tesfaye 1988). There are lower class prostitutes in such places and hence, most of the street youths involved in the study reported that they frequented such places. *Tej* and *tella bets* also cater to

bets. Trade in agricultural and industrial products is another economic activity in the town. Muslim traders operate many groceries and retail shops (*shekateshekete suqoch*), which sell everything from local produce to international merchandise.¹⁷ The town is also home to different small-scale industries and production centres, including a soft-drink bottling plant, brick production, textile plants, metal works establishment, furniture enterprises, food- processing plants and the like. Many poor people are engaged in petty trade like selling *chat*, firewood and other street life activities. Two major open-air markets (Segno Gebeya [Monday Market] and Robit Gebeya [Wednesday Market]) that serve the surrounding areas in addition to the town population take place in Dessie (see Ali 1997 for detail discussion of these markets).

In the midst of this misery, the young people seem to be primary victims of unemployment, lack of housing and sanitary conditions, and the dearth of adequate schools and health institutions in Dessie. The young people are also the age group and primary actors most affected by becoming inveigled into street life and prostitution, and most affected by unwanted pregnancies, abortions, STDS, HIV/AIDS, begging, drug use (*chat*, cigarettes and alcohol), and other deviant behaviour.

The predicament of Dessian youth

The situation of young people seems to be particularly bad, even critical, in Wollo since drought and famine afflict this area more often than in any other part of Ethiopia.

The region of Wollo may have the world record in recent famines. There were wide-spread famines in this region in the years 1966-67, 1972-73 and 1984-85. The last two were brought to world attention through the TV reports made, respectively, by Jonathan Dimbleby and Mohamed Amin/Michael Buerk. The first was hardly known outside the area. But with or without the knowledge of the world, the Wollo people have gone through this traumatic disaster three times in less than one generation. It would be difficult to find any region in the world that has been so devastated by famines in the last generation. Until any other evidence disproves it, Wollo can claim a world record in famines (Hareide 1991: 140; see also Ali 1997).

The 1972-73 famine is considered to be one of the various reasons, which besmirched the name of Emperor Haile Selassie's regime and led to its eventual downfall. Instead of mobilizing the relief assistance, the government attempted to conceal the famine from the international community, indeed even the rest of

the needs of rural people from the surrounding areas, particularly on market days. Ali (1997) identified 150 local taverns as early as 1991.

¹⁷ Ali (1997) reported the existence of 387 retail shops in 1991.

Ethiopian society. It was Jonathan Dimbleby (British journalist) who filmed and exposed the tragedy to the international community. Confronted by the misery of recurring drought and famine and prompted by political motives, the Marxist regime that replaced Haile Sellassie's reign tried to relocate famine stricken people in other parts of Ethiopia, particularly in the northwestern and western areas. Since the resettlement programme was carried out without the consent of the people themselves quite apart from leaving a great deal to be desired, most of them returned to their original abodes immediately after the fall of the Marxist regime in 1991. Since it is located very close to the northern war-torn provinces (Tigray and the former province of Eritrea), Wello is also one of the provinces most affected by the impact of the civil war and by the recent war with Eritrea. Several military camps have been set up in different towns in Wello (Bati and Kemise, for example) since the Derg regime.

It would be superfluous to reiterate that poverty is a severe problem in Dessie, as evidenced by the congestion, the deteriorating roads and sanitation services, and an ever-growing number of street children and adults. Although statistics are not available, the key informants estimated that the unemployment rate in Dessie is higher than the national average. There were no universities, colleges or other higher training institutions at the time of this study. As a result, many young people had little or no access to vocational training and educational opportunities. There was an acute shortage of public recreational services such as sporting facilities, parks, cinemas, theatres, and public libraries. The only cinema/theatre in the town (the Wello Cultural Centre), for example, was crumbling down, for it had been a long time since it had seen any maintenance. This has contributed to the flourishing of illegal video houses throughout the town (see Chapter Five for more discussion of pornographic films). The sporting facilities were no better. The only football stadium in the town seems to have been abandoned before its construction even really took shape. There were no properly built fields for a host of other sporting activities such as handball, basketball, lawn tennis, and volleyball. There was only one single public library that can only answer the needs of about 200 readers. To escape from this unpleasant reality, most young people find solace in the vicarious exciting activities within their reach like chewing *chat*, drinking alcohol, and smoking and sexual activities.¹⁸

For many young people street activities such as begging, petty theft, prostitution, and involvement in other deviant and criminal activities have increasingly become the only alternatives for survival or just part of their daily routine. Dessie

¹⁸ It appears that dependence on *chat* can be partly attributed to joblessness and loss of hope of any improvement. When I asked some young people why they go to the *chat* houses (*chat betoch*), they asked me in turn "Where else do you say we should go? We have no other place to go!" They obtain a small amount of money through various illicit or legitimate means and spend it on *chat*, cigarettes, local alcoholic drinks, and sex.

is said to be a safe place, but group rape and more generally sexual harassment and violence is a constant fear of schoolgirls, street girls, and prostitutes (see Chapters Three and Five). It seems that lack of opportunities encumbered by hopelessness and an inability to fulfill customary economic roles and obligations to win the hearts of women has led young men to commit group rape and other sexual violence to boost their masculinity and self-esteem (Silberschmidt 2001).

Conflict and violence among young people is also part of their daily lives. In the early days of the current government (1991-92), I was told that young people in Dessie organized themselves into different gangs and were drawn into a wave of clashes with each other. There were three gangs bearing group names: Ager Gizat; Robit Sefer; and Arada (the names of different neighbourhoods in Dessie). These groups were notorious for clashes that led to bloodshed and even the death of young people. Girls, who lived in places where the gangs operated were kidnapped and raped by boys of contending groups. When the government consolidated its power, some of them were arrested and jailed. Others were shot dead. I was told that some of them also died of AIDS as they had grown used to kidnapping and raping girls.

Even at the time of this study, a stroll around the places where the street children and other out-of-school youth concentrated revealed that they were engaged in bloody fights. The police regularly dragged the combatants off to the police station. Although street youths had no permanent dwellings that they could call home, by default every corner belongs to those who work in that area, and any attempt by 'outsiders' to use that area could provoke stiff fights. The competition for sleeping places (bernda) was also common. I was able to observe one self-proclaimed gang boss commandeering someone's 'sleeping place' or property left on the street and another one fighting back. All in all, socio-economic conditions for the youth in Dessie, and apparently it was the same story in other Ethiopian towns, seem to have reached a point from which they could sink no lower.¹⁹ Under such circumstances, deprived of any adequate basic necessities (food, shelter and clothing); with no education, training and job opportunities, fear of AIDS becomes a 'luxury'. As a result, many street youths reiterated that they are more worried about how they can satisfy their daily needs for food than they are about AIDS. Even for the majority of school pupils, HIV/AIDS competed with their worries about their future lives (see Chapter Seven). As will be shown in Chapter Four, the precarious economic situation

¹⁹ Though I have painted a very bleak picture of Ethiopia and Dessie, I must admit that Ethiopia has a number of good things and the potential resources to be able to free itself from such predicaments provided that good governance is in place. Undeniably, Ethiopian people do have many strengths and assets such as patriotic feelings, family cohesiveness, their own indigenous religion and other cultural values that can be activated and used for poverty reduction. Ethiopia is also home to some of the world's greatest athletes.

delays marriage and has far-reaching implications for dating, premarital sex, and mate selection. Since marriage is a distant mission for many young people, premarital sex in particular has gained increasing importance (see also Lucas 2001). Prisoners of their precarious economic situation, the street youths did not report having same-aged girlfriends with whom they could form a romantic relationship (see Chapter Three). Added to this, deepening poverty also forced women to transact sex for money, often without condoms (see Chapter Seven).

Romantics: Sexuality and HIV/AIDS in Dessie

The availability of information about sexual issues depends largely on how free people are to talk about sex (Campenhoudt *et al.* 1997). In most parts of Ethiopia, the culture demands men, and women in particular, suppress their sexual desires, and not wear miniskirts, or other provocative clothes that expose their bodies. As a whole talking about sexual issues openly is not approved of and it is considered shameful or even sinful. Many ways are resorted to minimize sexual desires. Besides cultural and hygienic reasons, female circumcision, for example, is partly practised to suppress women's sexuality. All these measures imply that sexual desire and pleasure are portrayed as something to be avoided, and it is possible to classify much of Ethiopia as a prudish society (at the risk of making judgmental statement). In highland Ethiopian culture, the absence of traditional systems (like that of *ssengas* in Uganda) that teach young people (both boys and girls) about sexuality and techniques to experience sexual pleasure partly substantiates my argument (see Kinsman *et al.* 2000 for the discussion of the role of *ssengas* in Uganda).

The situation in Wello appears different, and the place is hailed as a haven of love and romance. Wolde-Mariam (1991: 19) argues:

Love reigns in Wello. Most Ethiopian monarchs understood this fact. Some examples from recent times include [Emperor] Tewodros, who was married to a Wolloye but failed to capitalize on it; [Emperor] Yohannis, who legitimized the appointment of his son as the governor of Wello by having him marry a Welloye; [Emperor] Minilik after him, who also married a Welloye, as did [Emperor] Haile Sillase, perhaps the last monarch.

Broadly speaking, in public discourse Welloyes are known for their relative openness in talking about sexuality and are believed to be more sexually active. It is often said that Welloyes do not respect their marriage vows, and are ready to pay all due regard to sex (including extra-marital relations). There is even a saying that a woman, if she is not readily susceptible to sex with different people, will be branded “a woman fool enough not to have sexual partner other than her husband”. There is also a musical tradition praising the place, and the beauties it

harbours in songs. Most of the cultural and romantic songs in Ethiopia emanate from Wello and are composed of words that express, explicitly or implicitly, the feelings of love the opposite sexes foster for one another. As much as I would like to challenge this stereotype, my experiences in Dessie have left me with ambivalent feelings. At this juncture, I would like to say that such discourse is partly true and partly stereotyped. It is my impression that as compared to other parts of Ethiopia, girls are much bolder in approaching men. Besides this come-hither approach, I found an active and lively youth culture and observed men and women meeting, socializing and romancing in ways that may not happen in other parallel towns. The teachers also told me that students indulge in sex in the compound of the school under the cover of darkness, which was very difficult to confirm. If the claim is valid, I must say that I never heard of such things in the area I grew up during my own schooldays. The responses I received from my interviewees also partly hint at this openness, but it needs a comparative study to state that Dessie youths are more open than others.

The stereotyped explanation about Welloyes and Dessians was more pronounced among young government employees who came from other parts of Ethiopia and had been stationed in Dessie for a long time. When I asked them why they were not married, they replied that they did not want to get married to women from Dessie as they are not trustworthy. Time and again, they told me that people from Dessie are 'promiscuous' and about the difficulty of finding a faithful partner from Dessie/Wollo.²⁰ When 'natives' of Dessie were asked about such popular beliefs, some of them said that it is not so easy and good to draw a generalization of that nature. Some in fact expressed their disappointment at any proof of such a 'false assumption', and defended with their own ethnocentric opinion. Others admitted that people in Dessie discuss sexual issues so openly that others will be shocked to hear them use such words like *ems* (vagina), *qula/kolet* (penis).²¹ They said that it is not embarrassing for them to use these words, and even women are bold enough to ask for sex.

My choice of Dessie as a research site, therefore, was influenced by the presumed openness and willingness of people to talk about sexuality. Although there is no statistical data that is up-to-date and based on large-sample size to demonstrate the magnitude of HIV/AIDS, Dessie is one of the most affected towns in the country as well. The sero-prevalence study conducted as early as 1988 in 23 urban centres among female commercial sex-workers reported mean

²⁰ On the contrary, 'natives' of Dessie commented that many men who came to Dessie (Wello) from other parts of the country got married because of the beauty of women. In Amharic it is said that: *Wello yegeba zembilo ayiwetam* (literally one who comes to Wello never leaves alone).

²¹ It should be noted that conversations related to sexuality are referred to indirect and ambiguous way, and uttering these words in public is considered extremely embarrassing or a sign of indecency in most parts of Ethiopia.

HIV prevalence of “17%, ranging from 1.3% in Massawa to 38.1% in Dessie” (Mihret *et al.* 1990, emphasis mine). More recent data from the Family Guidance Association (Northeast Branch) shows that out of 364 people voluntarily tested for HIV/AIDS (in six months in 2002) 103 (that is 28.3 percent) were found to be positive, thereby highlighting that the prevalence rate in Dessie is higher than the national average (6.6 percent) and that of Addis Ababa (13 percent). Those who tested positive came from different sectors and socio-economic and age groups, including young people, prostitutes, civil servants, factory workers, and married and unmarried persons from Dessie and its surroundings.

Conclusion

This chapter has briefly reviewed the historical and socio-economic conditions of Dessie within the broader Ethiopian socio-economic and political context on the assumption that broader structural factors surrounding individuals strongly influence their lives, their sexuality and the spread of HIV/AIDS. This description is intended to put sexuality and HIV/AIDS in a wider context in order to develop a proper perspective for appreciating the external dimension of the issues involved. It therefore appears that the political, economic and social crises, which have affected Ethiopia for so long, have facilitated the spread of HIV/AIDS. In a nutshell, as in many other African countries, HIV/AIDS in Ethiopia represents the scenario “old crisis, new virus” (Jochelson, Mthibeli, and Leger 1991: 158 cited in Setel 1999: 51) or “creeping disaster” (CVM 1994: 1 cited in Cruise 1995). Under such circumstances, focusing only on cognitive models as a strategy to prevent HIV/AIDS may not produce the desired result. I make no claims to be exhaustive in reviewing relevant socio-economic situation of Dessie and Ethiopia, but hope that the chapter provides the background to understand the situation in which young people express their sexuality and their perception of HIV/AIDS in the chapters that follow.

PART II: LOVE AND SEXUALITY

The scarcity of love and money: A rhetoric of complaint

If I walk with my head down like a stranger in the town I know so well in broad daylight...it is because of you! If I lose the meaning of life and hate my creation as a human...it is because of you! If my life has become a race in a dark cave and I myself have become only better than the dead to be below all the living...it is because of you! If I have turned my eye away from all the life that is around so as to see more clearly the field of love that I have sown over the hillsides/mountains faraway in my imagination...it is all because of you! I taught you the very alphabets of love holding your hands and pointing them at each of them "L...O...V...E". But in return, you taught me the whole sentence of hatred and betrayal with all its bitterness! My heart won't stop loving you whether you like it or not/ whether you care a damn. I tried so hard to win your love for it was the only wealth I sought to have, and what other sort of wealth did I have? None! As you know. But what more would mint of money do for me if I had your love, for indeed if I had your love, I would consider myself the richest person in the world. But all this has come to nothing. You denied me all that I strived to gather and it all ended in dismay/despair. But why now? Why does it have to be now? Was this the time for it?

You know Sewnet, sometimes I wonder about this. What drew you so near me then, what deficit, what need brought you so near? And what abundance, what luxury takes you away now? What did you see in me then to have come so close, and what did you discover in me that sent you away in a fright. Or was it a virtue that you saw in another and not a fault in me that took you away? ... Yigzaw is just the son of one unfortunate civil servant who looks to the government for a livelihood and is not a rich guy. And if it wasn't for this unfortunate 'luck', he knows quite well what he would have done. But yet he knows how to love even if he couldn't be loved so well in return (have I said wrong?) But whom could he love to be loved in return? Maybe he should find some one 'miserably poor' like himself, desperate to be loved and to return it and not to someone as rich as you are. But what you need to know here is that poverty is not a divine curse sent from the very hands of God. I am like the rest of humanity, created with two hands and can work with them and make a fortune

like.... And riches isn't the bridge that joins people in love as you seem to think. Though you have turned it the wrong way, care gives love all the wealth that money cannot and though I do not pretend to know better than you, I say you have it all the more by the wrong end of the stick. Please hold still that wandering heart of yours for just a moment, stop that selfish thinking in your mind and listen to me. What is love? For me love is thoughtfulness, care, and kindness.... And in love is found clarity and trust, simplicity and sincerity. But sometimes I think that when love wants to be 'modern' (zemnay), it becomes helplessly addicted to money and turns into an ugly monster of a creation. Why do the 'modern' equate love with gain?

As for me, I think God has given me not only the burden of your love but also strength to carry it. And if my love is 'primitive' it can't keep pace with its 'modern' counterpart. But the 'modern' put their hearts in their pockets together with their money and until I can learn to be one such fellow, I shall content myself in a self-exile that takes me away from you. But I think I shall return one day as my exile is for a partner in life, and because living without such a partner would be like clapping with one hand, I shall return for that partner one day! Sewnet I know not the day, but one day when I have become man enough I will return. That is if death doesn't overtake me in my race to become human. Then I will come straight to you even before going to my family and I beg you to receive me with outstretched arms. I feel such sorrow for not having found you any better. You hated me when you could have loved me, and when you could have drawn nearer. You fled further away. For this I feel sorrow, but could I hate you? How can I.... My heart, though it cries from the bitter pain you inflicted on me, cannot find courage enough to hate you. And my prayer is this ... may it please God to let us meet again when I am a 'man' and you are more kindly disposed. And even if I cease to exist and turn to dust, I will continue to love you! I promise.

He who loves you sincerely (signed) Yigzaw (3 Oct. 2001 at 3 a.m.)

(Love) letters like the one above serve as one means for young lovers to share feelings, discuss conflict, or clarify the causes of break-up. Yigzaw and Sewnet used to attend the same school. He said that one day there was a musical show in an open ground in their school. While enjoying the musical show, he suddenly saw Sewnet – 'black girl with beautiful eyes' – sitting with her face almost covered with her clothes to give herself some shade from the sun. Their eyes met as he was staring at her and he had to turn away and cast his eyes down. She soon slipped his memory and his attention turned to the music on the stage. But their eyes again met when he turned towards her a little startled. He says he did not know what had overcome him as he followed her to her class after the show was over. He saw that she was in Section D, and he was then in Section H. They were not very far apart. And after school, he followed her all the way to her home and only went back to his brother's home after he had seen her enter into her compound. He said that he was besotted with her, even without speaking to her, and it took him more than a year to get in touch with her with the help of school teachers and friends. He strongly desired to possess her, and worked hard

towards that goal with the support of teachers and friends. Finally he made it. Their relationship lasted for about eight months, and the letter was written after they broke up.

The letter is redolent with the excitement, sweetness, and strength of romantic love and the pain, anger, suffering, bitterness, and sadness when there is a breach with the beloved. He was desperately expressing a desire to be wanted, liked, and needed, and an agony of passionate love. He struggled to figure out what he had done wrong or what had gone wrong and attempted to give himself answers. It appears that things had fallen apart after he had made an enormous emotional investment. In the depths of despair, he had even attempted to commit suicide by drinking poison and had been hospitalized for several days. During my stay in the field, Yigzaw was depressed most of the time and there were times he was overcome with irritation about it and walked the streets like one possessed.

A number of interpretive challenges present themselves when we try to dissect the letter, but the central theme appears to revolve around the relationship between money and love. Competing rhetoric of modernity, love, and money intersect in the letter. Yigzaw stressed that he would win Sewnet back when he had become a 'man' that is, when he is earning money and has become rich. Manhood is defined in terms of the possession of wealth. Yigzaw strongly believed that his girlfriend, who was from an affluent family, had rejected him for being poor. He used the term 'modern' a couple of times as a metaphor for morally loose (Western) and money-minded (consumerist). His letter suggests the need to look at how the ideas and experiences of love, romance, and sexuality are embedded in an increase in consumerism.

In the preceding chapters, I introduced the study and presented the general socio-economic situation of Dessie and Ethiopia. This chapter now concentrates on love, relationships, and money in Dessie town, a place that many Ethiopian singers/musicians have praised for its beautiful women and atmosphere of romance. It will have emerged that not only Dessie but also the entire Wello province (Bati, Ambasel and other *weredas* and towns) enjoy a reputation for being home to beautiful, friendly, and romantically inclined women (see Chapter Two).

The main questions addressed in this chapter are: How do young people understand and express love and relationships in their daily lives? What are some of the changes in the meanings of traditional sexual values, manners, morals, and taboos as a result of socio-economic changes and how are these affecting the sexuality of young people? More specifically, how do young people initiate relationships and what is the role of money in a relationship?

Almost all the young men and women involved in the study were of the opinion that the first thing girls consider in response to a proposed relationship is

money. Love is viewed by some young people as a misnomer for love of money and other material benefits, which a person might possess. The importance of money and wealth was emphasized not only for casual relationships, but also for marriage. Ineluctably this emphasis on monetary reward and socio-economic status puts poor males in a disadvantageous position. Unlike the school youth involved in this study, male street youngsters did not report having same-age girlfriends with whom they had a 'romantic' relationship. They had to buy sex from cheap prostitutes. I attempt to link the perceived organic unity between love and money with the existing socio-economic and cultural situation of the country, and as a reflection of public discourse that romanticizes a past golden age. I argue that for some women, money acts as an extra spice but as a means of survival to others.

Love, relationships and money among school pupils

If the boy is of a poor family and doesn't dress well, he should not expect to have a girlfriend. Such a thought does not enter his mind much because he has little chance of attracting girls even if he does want to get one (Keder, 18-year-old male).

It is an inevitable fact that most young men and women in all societies are attracted to each other, fall in love, feel sexual desire, and end up in a marriage or a break-up. This is why many poets, novelists, and storytellers throughout the ages have devoted their time to narrating the intensity of excitement that arises when people fall in love, and the anger and frustration generated when they break up. Therefore, love and relationships unfold over time in almost all societies, and in the process people also exchange different things to initiate or maintain a relationship. The quotation above was spontaneously expressed by one of the informants in Dessie in response to a question "What do girls take into account in order to say 'yes' to a relationship?" Almost all the young men, women and even the key informants were convinced that the first thing girls consider in response to a proposed relationship is money. They argued that people (particularly women) usually marry for money and not for love. The questions asked are "What does he own?" and "What does she own?" and not "Do I love him?" or "Do I love her?" Some informants went even further and commented that love is a thing of the past. Sendeku (22 years, male student) had this to say:

In fact, I don't think there is any love these days. Some people also say that the word 'LOVE' itself has been omitted from the dictionary. As the time itself is corrupt, a man approaches a woman just by splashing his money about and a woman approaches a man only when she believes that he has money. Those who are drawn together by true love are very few. A man makes a woman agree with him only by the power of his money or by force/intimidation, but not because of love. As I told you

earlier, it is money that plays the biggest role. It is the backbone in a man-woman relationship. If a man has enough money, he can have sex with as many women as he desires. Especially now, a rich man can buy as many ladies as he fancies just like chattels. It is becoming a common practice for girls these days to look for a man with money and trap him. It is the amount of money a person has that is paid due regard. They find out whose son he is, and if he has money then they hunt him down and grab him. The culture has been corrupted over time.

It appears that it is not only women who approach men with money, men also approach women by throwing their wealth around. Such behaviour implies that both partners are aware of the existence of an exchange transaction. It was argued that money is the sole motivation that binds women to men (implying that men could be sexually undesirable). To make a long story short, love is perceived as a commodity and women are seen as objects that a man with money can buy. It is also believed that a man in possession of wealth should adopt a macho personality. The narrative reflects on commodified sexuality and sexualized commodities in the sense that to be a lover is to be able to spend money on the beloved, and to be loved is to be overwhelmed with gifts and other tokens of love. Love is constructed as a commodity and offering love enables women to acquire and consume commodities. The informant spewed out his discontent not only about developments in sexual culture but also by commenting that the entire 'culture has been corrupted'. This is a reflection of dominant public discourse that everything is going in the wrong direction. Romanticizing the past golden age seems to be part and parcel of public discourse in most societies. There are plenty of issues that people usually view with positive nostalgia.

One of the most common contemporary slang expressions in Ethiopia is "There is no love these days". This informant went as far as to say that the word love has now been omitted from the dictionary. When we extend his argument, it means that love has disappeared from the face of the earth or perhaps just from Ethiopia or from Dessie, and a word for something that no longer exists should be expunged from the dictionary. Accordingly, the publishers or the authors of dictionaries have decided to omit the word love from the latest editions. The discourse that "There is no love these days" touches mainly on romantic love, but also touches on the dearth of love of humanity that people seem to display for one another. It is a frenzied, negative, and moralizing discourse which expresses the common belief that the drastic socio-economic transformations have been brought about by consumerism, urbanization, globalization, war, and famine, which have given rise to individualistic thinking and initiating the transformation of the entire fabric of traditional Ethiopian culture.

The role of money in relationships was emphasized time and again, and the comment that "There is no love these days" was pronounced more elaborately by Muhe (18 years, male student) as follows:

There isn't any love in the first place. It would have been very nice if there were real love, but unfortunately I haven't seen one such example of this so far. It is just love of money that is mistaken for love, and lust too. Girls do not love those who love them; they love those who have money. Many lovers hold their love not in their hearts but in their lips. It is just "I love you, 'I love you", then it is forgotten after they separate, and, if the girl finds a better person [in terms of wealth], she won't hesitate to go with him straightaway.

The young people in Dessie drew a picture in which the only thing women were interested in was money (see also Moyer 2003 for similar discourse in Tanzania). Women were presented to be manipulative – commodifying their bodies and some of the informants placed the blame fairly and squarely on girls/women, and tried to portray men as true lovers. Here is what Shigute (20 years, male student) said:

The woman/girl will not approach any man out of true love. Be sure it is a done deal, no one! What you may find is a lady who asks, "What is he? What does he own? In what business is he engaged in?" Men are better in this regard in Dessie. The men are true lovers. However, all the women care about is business.

Perhaps somewhat cynically, this informant perceived women as objects that can be fooled around with, and argued that a man may not necessarily be required to prove his financial status.

Since the women do not feel real love, if you just have some small thing to show off with, and if you back this up by boasting of the other things you have, you can go out with many beautiful women. Make no mistake, talk is enough for her. Just tell her that you have this or that. She doesn't even have to see you spending money. Just tell her that you have this or that and you will definitely have her. These are the types of women/girls that you will find in Dessie. To gain acceptance, one has to fulfill the criteria that are expected of a man. Not to beat about the bush, he has to have money. If he has, he can do whatever she wants him to do. A penniless man may beg a lady throughout his life, but he will never win her.

It appears that hegemonic constructions of both masculinity and femininity are displayed and acted out in a performing sense. The informant emphasized, sex-consumerism and seduction offered by rich men are the only way to gain the acceptance of women. Most of those involved in the study also noted that most relationships do not last for long as the motive is not love but money and sexual intercourse. To emphasize this, they said that they see a girl with a boy today and with that one the next day, and they said they have not yet seen a relationship that has endured even a single year. That is why they think there is no love in Dessie. Pursuing their theme they said that since most relationships are started mainly for sexual pleasure and material benefits, it does not usually take more than a week for sex to be initiated. After they have had enough of each other sexually, they both start looking for another partner.

In such a climate it is inevitable that the importance of money was emphasized not only for casual relationships, but also for marriage. They maintained that people usually marry for money and not for love. Even the key informants involved in the study echoed the above narrations. One young key informant (the chairman of the Anti-AIDS Club) concluded that their (women's) motto has become: "Be with a person who has money (*ke alew tetega*)". The following story from one of the key informants is a good illustration of how even parents easily give consent to a wealthy person's proposal. He said that one only needs money to marry whomsoever one pleases, and the only factor that determines the outcome of a proposal is the wealth of the man who proposes.

This informant narrated the story of a certain young man who was not particularly rich but unfortunately fell in love with a daughter of a very wealthy merchant. He said that the poor young man was, fortunately, not so poor when it came to his wits and he devised an excellent strategy that would enable him to secure the girl of his dreams in a legal marriage once and for all. He took a load of merchandise belonging to a friend of his to the wealthy merchant's warehouse and asked if he would be able to store 'his' merchandise there for a while for which permission was granted. He then sent *shimagles* (men who propose marriage to the girl's family on behalf of the man) to the wealthy merchant and asked for his daughter's hand. When the wealthy merchant heard the name and could not recall having heard it before, so he asked, "Who is this man?" The *shimagles* responded "It is the man who stored all that merchandise in your warehouse the other day". The old man did not need any more persuasion to give his consent. Only later did he become aware of the ruse after his daughter had been married and it was too late to remedy the situation.

This story reminds me of an Ethiopian novel (a very popular love story) by the Ethiopian novelist, the late Haddis Alemayehu (1968): "*FiQir Iske MeQabir*" (literally "Love Unto the Grave"). The novel depicts human relationships in feudal Ethiopia, and is a bold criticism of the system. The central characters in the novel are a young girl, the daughter of an upper class family who claim to be *balabat* (local notables; descendants of a distinguished family), and a poor young man who is recruited to tutor her. Eventually the two fall in love, but a marriage between these two people from different social backgrounds was unthinkable, as the girl's parents would not consent to their request. Her father in particular was incapable of understanding her love that transcended social class barriers and wanted to find and punish her lover. Undeterred, the couple that was deeply in love, decided to elope and live together in Addis Ababa. The young man was the first to leave and the girl followed him later without knowing the whereabouts of her lover. Death overcame them both while they were still searching for one another, but eventually they were buried in the same grave, hence the title of the

novel. This story from Dessie demonstrates that the rich businessman was not willing to give his daughter because her suitor was not from the same class (businessman with plenty of merchandise). Indeed, in the Ethiopia of the past (and even in the rural Ethiopia of today), marriage was more of an economic and social contract between the parents involved, lending the story above an element of truth.

It would be easy enough to assume that the males are pointing their fingers at females for commodifying sex, love, and marriage, and I had fully expected that the young women would repudiate such accusations. On the contrary, even young women from different schools admitted that most relationships do not involve love. Like the young men, the young women also upheld the belief in the power money and gifts exercise over women. They noted that a girl may accept a boy out of consideration for his material status, contemplating the material gain the relationship may provide her. Boys on their part, the girls claimed, resort to all sorts of ploys in order to increase their chances of being accepted. To this end, Sinke (18 years, female) said:

A boy will present himself to a girl in whom he is interested as being the best of all his kind and try to convince her he would take care of her better than any other boy would. He will also claim to be in possession of great material wealth. "I am the son of a rich family, and we own a grain mill and other assets in the countryside". Boys will also claim to be very popular and generally liked. Even clothing is a weapon. They borrow good clothes from their friends and when the girl sees another person wearing those same clothes, they claim to have given them to him as a present. Girls usually say "OK" if the boy happens to dress fashionably, that is if he wears real big shoes, baggy trousers, or real sunglasses and things like that (cool things).

This story reveals that dressing well is an indication of prosperity and sophistication or a true expression of manhood in Ethiopia, where many young people cannot afford new clothes. These things, which are taken for granted in the West, are much sought after in Ethiopia. The image of big shoes, baggy trousers, and sunglasses is partly a hangover from exposure to Western films¹ (Black American rappers), television programmes, and magazines. It appears that material goods, love, desire, and sexiness are intermingled, and manhood is expressed in dress, speech, and caring behaviour. Indubitably, the display of conspicuous consumption is seen as sexy and alluring and that to have sex and love, it is essential to consume. Money generates the power, authority, and ability for consumption and sexiness. The story also casts light on the fact that young men can count on their parents' wealth in their pursuit of the hearts of women. The girls said that all men/boys are boastful (*guregna*) and assure girls that they are there to deal with all their problems and difficulties. Pertinently, the girls pointed

¹ Pornographic and other types of Western low-budget movies can be seen in a number of underground pornographic houses in Dessie, and young people frequently visit such places (see Chapter Five).

out that a real lover would appear honest and full of humility instead of boasting about his imagined wealth, but unfortunately, girls rarely accept such boys for a relationship. This phenomenon of the absence of humble men approaching women and the materialistic tendency of women and their parents was elaborated on by another high school girl, Sada (17 years):

When it's all said and done, men hate to humble themselves in their approaches to women. They would rather come over as arrogant and talk big about themselves. They fabricate false stories just to attract women. Only a few men speak the truth about themselves. On the other hand, women are not keenly interested in true love. Most of them opt for money. They are easily attracted by material stuff. Let me tell you a true story. There was a girl in my neighbourhood. A man living in Addis Ababa was in love with her. He came from Addis and settled in Dessie just to lure the girl into his hands. What he did was borrow a car and money from his friends in Addis and come to Dessie. In Dessie he rented a villa with the money he had borrowed. He also cruised around Dessie in his car. He did all these things to be accepted by the family of the girl he loved as a rich man. It so happened that the family of the girl was deceived by the pretence of the man and believed he was rich. They gave him their daughter. Mind you, he won the girl through cheating. He was not really rich. After a while, he told the girl that he is not a rich person that the villa he rented did not belong to him, but that he had rented it with the money he had borrowed from his friends. He confessed to his girl that he did all these things because he loved her and wanted to win her heart. The girl accepted his reason. Her family was also finally convinced. His real job in Addis Ababa was that of a broker (delala). This case shows that women and their parents in Dessie are easily attracted by money and fame.

This anecdote reminds me of a popular joke in Addis Ababa, namely, in order to find a beautiful wife, it is necessary to have three Vs: villa, video-player, and a vehicle. Video-players used to be very expensive during the Marxist regime because the centralized economic policy placed high taxes on them. Even these days, it is not easy for any public servant to have all these three Vs. Particularly, having a villa or even decent accommodation and a vehicle is beyond the means of most young people. The story above implies that the man came with a borrowed vehicle and started living in a rented villa claiming that they were his own personal property. This indicated that he had addressed two Vs, and people took the presence of a video-player in a villa for granted. The story again shows a notion of love and its link with consumption, catching a potential lover's attention by displaying commodities, even if borrowed. Cogently, the story also reveals how parents are easily seduced into giving their daughters to rich men. It is true that many families in Ethiopia (even in urban areas) usually meddle in the marriages of their daughters and sons. Many families prefer a man who offers gifts (*tilosh*), and can provide their daughter with security and comfort. Though arranged marriages are becoming rare in urban areas, parents, relatives, friends, and colleagues are usually involved in mate selection to some extent. At times,

when the parents do not allow their daughter to marry the man she loves, she runs away from home and ends up in prostitution.

The role of money even features during sexual intercourse. Yigzaw attributed his inability to make love to a virgin girl (Sewnet) to poverty.

Every time she groaned “Eh” in some pain I sprang to my feet for fear that I would hurt her. I always said, “There would be time enough for everything”. But whenever she screamed in some pain, I always broke off the sex and many were the times that I had to ejaculate outside. But I think she had her own plans too and I now think she never wanted to give her virginity to me, maybe because I was poor or maybe she knew she wouldn’t be with me forever.²

When asked about the conditions that lead to the break down of a relationship, the schoolboys argued “No one will love you if you do not have money; at least no girl will love you”. They maintained that if someone has convinced a girl to have a relationship with the help of some cash, and if he experiences some misfortune in between that leaves him short of money; the woman will not waste any time in leaving him. Let me give an illustrative example:

For example, if I had had a girl friend when I was attending primary and junior high schools in my village and we both came to high school here in Dessie, she would see that there were plenty of fashionable things that I could not offer, and she would look for someone who would offer her all these (Adane 19 years, male student).

It appeared that the young men considered all relationships to be basically consumerist in nature and overwhelmingly portrayed their idea that relationships are based on a constant stream of material gains, and a break in the transaction of material benefits leads to automatic termination of the relationship. This way, women are perceived to be invariably rational.

In the questionnaire, response to the question “What makes a girl say “Yes” to the relationship to the point of having sex?” yielded more or less similar results. The options given in the questionnaire were many (financial situation, love, physical beauty, peer pressure, intimidation, good manners, fame, and popularity) and they were asked to mark only the two most important ones. Thus, 25 percent of respondents opted for money and fame, 20 percent for money and intimidation, 15 percent for money and peer pressure, 15 percent for love and good manners, 10 percent for money and love, 10 percent for money and physical beauty, 5 percent for money and good manners. This is a categorical indication that money or socio-economic position appear to be the dominant and motivating factor in luring young girls into a relationship to the point of having sex. Going one step further, in addition to money, the quantitative results

² This and other stories of young people also imply that boys did not find having sex with virgin girls as easy as might have been assumed. Yigzaw confided the difficulty he encountered in having sex with other virgin girlfriends, and from his description it is not clear why he could not make it with Sewnet after having slept together for eight months.

revealed that most of the girls seek popularity and like to appear trailing behind famous persons, apparently because they lack self-confidence, crushed by the inferior position to which society relegates them. A good athlete, for example, would be widely known in such a close-knit neighbourhood as Dessie, and women associating themselves with him would be respected. The other possible explanation is that associating with famous men guards the girls from being bothered by other young men who seek a relationship.

In conclusion, what prevailed in the discussion with informants totally excludes the existence of love and romanticism in Dessie. I argue that such an economic approach to love, relationships, and marriage should be taken with a pinch of salt. It is my impression that there are people who fall in love regardless of other extrinsic benefits. It also appears very difficult to detect clear-cut demarcations, whether the attachment is founded on financial benefits or emotional involvement or love. By and large, the economic approach contradicts the lofty ideals of love and relationships in many societies (poor or rich), and I would argue that not all relationships depend on the rational comparison of costs and benefits. Sociologically speaking, socialization or environment to large extent influences the personality traits of individuals, but then it is not possible to claim that all individuals within a given community like Dessie are the same and behave in the same way. In other words, sex, relationships, and marriage can be matters of transaction to some people but not to all members of the sexually active population in Dessie. The informants' explanations seem to deny individual differences, as each woman can be unique in a certain sense.

The argument also contradicts the works of Ethiopian artists, poets, and novelists who have been attempting to highlight the intensity of the excitement generated when people fall in love. It appears that cast down by the high rate of unemployment and subsequent hopelessness, young people have reached a state of a-motion, in which everything seems to have been robbed of its original meaning; an impression shaped by their fears and desires. Such a dreary outlook reflects personal emotions, aspirations, tensions, and uncertainties that young people are grappling with in their daily lives. They also seem to have been influenced by a public discourse that states everything has lost its original meaning (a nostalgic and stubborn conviction that all things are now going in the wrong direction). Senior members of the society have become harbingers of doom in all aspects of life and prefer talking about the demise of the 'golden culture' of past days.

So far an attempt has been made to highlight the interrelationship between love, relationships, and money. Now the question is how do young people initiate a relationship and where do they meet for an outing or sexual intercourse?

'Fighting the war': Negotiating love among school pupils

I have never asked a girl outright to be my friend. What I do is, after I get acquainted with her, I grow closer and closer to her and soften her heart. I mean, I have never said, "I love you" to any girl. What I do is (if, for example, it is in school), I borrow her things (like exercise books and books) and lend her mine. When I return her whatever she has lent me, I return it with many words of gratitude written on a piece of paper. The expressions of gratitude will be kept up with increasing force with every round of lending and borrowing. I tell her "You know you are a good girl, you are kind and you are this and you are that" and all that kind of stuff". That will make me come even closer. After a while, I will ask her for tea, and she won't refuse because I have made myself pretty well known. You take her out and invite her and then you become friends.

Even when I initiate acquaintanceships, I do not just go and chat up a girl. I first make friends with some one close to her. Then I will talk with that person and get him/her to invite her somewhere some time where I will show up as if by accident. He/she will then introduce me to her and I will join them. The third party will then remember some urgent business he/she had quite forgotten to deal with and will soon be gone leaving us there to make the best of the time. Sometimes, he/she will come back after a while, sometimes not. But either way I will say whatever I want to (ye meqedewn egedalehu) and try to impress the girl. I would usually get their phone numbers and phone them at a later day. You know they prefer the phone as it puts them at ease and makes them feel relaxed, especially the Muslim girls. I think this is because other people do not witness the phone call. Anyway, I will make my call and things start moving. I have yet to see a girl who has said no to me consistently and refused to yield (Dagne 20 years, male).

This story reveals how most young people negotiate relationships. The story implies that initiating a relationship involves people other than the couple. The involvement of mediators in young people's relationship will be discussed in detail shortly.

The informants reported that dating in Dessie usually starts in late primary school and grade seven (once the boys have turned 14-15 and the girls are about 13-14 years old). They maintained that the way each relationship starts is different; some meet in schools or bars, on the road, or in cafeterias. Some may meet in religious places, others at wedding ceremonies and in houses of mourning, video houses and other such venues. The opportunities to meet are indeed many and varied, but most of them agreed that many relationships start in school since the students have reached the age of puberty. They said that in the school they are often assailed by boredom that causes them to seek entertainment and dynamism in one another. Interestingly, they noted that biology classes that focus on sexual reproduction also arouse an interest in sex and tempt them to try it out for themselves. In the questionnaire, 23 percent mentioned school and wedding ceremonies, 21 percent school and hotels (cafeterias), 20 percent the bush and

hotels, and 18 percent indicated pornography houses and hotels as the two most likely places where boys and girls meet to engage in a relationship or sex. Since they were asked to mark the two most likely places, the rest (18 percent) of informants frequently mentioned school in combination with churches or mosques, *chat* houses, porno houses, the bush, neighbourhoods, hotels/cafeterias, wedding ceremonies, wakes, and nightclubs or parties.³

It appears that most students first meet in school and then go to the bush, the bars or bedrooms in hotels, video houses and the like. Wakes are also a convenient occasion for young people to meet. It was argued that most women/girls use wakes as a pretext to escape from home. They act as mourners wearing their *netelas* (light cotton toga usually used as a dress over the skirt or as a scarf) reversed as is the tradition when someone passes away. In the mourning ceremonies the youngsters do the consoling secluded from the grown-ups, and young men and women spend their time chewing *chat*, playing cards and otherwise idling their time away. The women/girls bring tea and the men alcoholic beverages and *chat* that facilitates the interaction leading to sex. It was argued that young people, particularly those who are afraid of being seen by others, mainly go to the bush for sexual intercourse.⁴ Three of the five schools (Catholic, Hope Enterprise and Hote High School) involved in the study were located very close to bushy vegetation, offering every opportunity for students to sneak into these bushes for sexual intercourse and related activities. I learned that there was one place near Hote High School that young people used to visit frequently for sexual intercourse, and nicknamed it *tezza* (Dew) hotel. People used to find plenty of used condoms there, and the government cleared it when sexual activities there became alarmingly frequent.

Of all the different ways of initiating a relationship, mediation by a peer (s) appeared the most common. Friends are the main bridges that bring boys and girls together in a relationship. The schoolboys argued that if a boy wants to start a relationship with a girl, he first becomes friends with one of her female friends, but once he is introduced to the girl on whom he has set his sights, he forgets about the one he made acquaintance with first and focuses on the target girl. More specifically, they remarked that there are 'pimps' among the girl students. They are known as *awagi* (someone who gets the 'war' going). Ashagre (22 years, male) asserted:

If you want to date a girl, you go and tell an awagi that you want to date a certain girl. She will make sure that you have the girl by fair means or foul (be balem be

³ Qualitative methods also revealed that going to church/the mosque can serve as good pretext for going out of the home and meeting boyfriends for girls who are not allowed by parents to go out of their homes at other times (see Chapter Four).

⁴ Some informants noted that this tradition has been abandoned as young people now days go to hotel openly as they are no longer ashamed of having sex.

bolem bla). She will ask her to go to the cafeteria during the tea break at school. Then, she will introduce the guy saying that he is from a wealthy family, and the girl thus targeted will give in very soon, and even consent to sex. After arranging the battle, the awagi will disappear. After you get what you want from the girl you dated, she (the mediator) asks you questions like, "How was it?" and "What did you do?" I think the awagiwoch (plural for awagi) achieve vicarious satisfaction from listening to your response.

Likewise, the female informants argued that it is not often the girl who decides for herself, but that her girlfriends will usually do the job for her. They noted that it sometimes happens that a girl might even accept a boy for whom she does not have any feelings, yielding to peer pressure (*gudeгна wosewosa/wotewota*). When a girl gets a boyfriend she serves as a mediator between one of her boyfriend's friends and her own closest friend (girl) and fixes them up so that she will not be out all alone in the affair. They added that gifts from boyfriends also play a very important role, not only in inducing the girl recipient to commit herself to a relationship (including sex), but also in encouraging her friends to look for a similar boyfriend who would likewise give them gifts. In a nutshell, most of them agreed that peer pressure (*ye guadegna wosewosa*) plays a key role in accepting or rejecting a boy.

The lengthy story of Yigzaw's relationship with Sewnet reveals that intermediaries, including teachers and friends became involved to enable him to speak and draw closer to her. The whole story is strewn with friends and relatives who either tried to help him secure the girl or who plotted to separate them. This is partly a reflection of the culture of mate selection, which involves many people (families, friends, colleagues). It appears that it is very difficult for many young men to express their love or feelings in words to the girls of their own accord, even after establishing closer relationships. Most of them either have to use mediators or express their feelings over the phone. It was argued that the phone was the most suitable medium for both girls and boys to discuss romance or dating and it circumvented the inevitable tension of expressing feelings face to face. This partly explains why issues related to sex and sexuality in Ethiopia are secret, and most young people do not dare to talk about it openly. It is a country where sex is not widely discussed in the family nor is it addressed in the formal education system.

Interestingly enough, sex is perceived of as a war, and the one who mediates it is viewed as the master-mind of the war. When informants were asked about local idioms and metaphors referring to sex, some of them noted that sex is referred to as Badme (one of the war fronts in the latest war between Ethiopia and Eritrea, where a fierce battle was fought). When asked why is it called Badme, they responded that just as a war takes place between two opposite groups, sexual intercourse is also a battle between opposite sexes. Although

Ethiopia has other good things to show the world, its image is associated with war and famine and in this context the war metaphor seems well chosen by the young people. This metaphor seems to apply not only to sexual intercourse, life as a whole for many young people is a daily battle for survival, and hence “The sexual story is a personal narrative that is socially embedded in the daily practices and strategies of everyday life” (Plummer 1995: 15). It also implies that addressing sex bluntly and using the word sex are taboo. Hence young people employ various metaphors and veiled terms to describe it.

During my high-school days, writing love letters used to be a very common way to initiate a relationship. Times change and the young men in Dessie now noted that love-letters are becoming a thing of the past.⁵ The young men were then asked what a man should do or how he should present himself to convince a woman to accept him. Some maintained that the boy should seek her out very frequently and have a chat, but such matters should not be ‘dry’. He should also invite her to some cafeterias and entertain her as best he can within his means. He should also be skilled in how to talk to women (*afe linorew yigebal, enden ayenetu kerfafa kehone gene waga yelewom*). Others noted that one should joke because girls like boys who can make them laugh. Dagim, a 19-year-old male, remarked that if he likes a girl, he does not need instructing in how to approach her:

By any means I can, I will try my best to grab her (ekelatefalehu...be bolem be balem beye ekelatefatalehu). It is said that white (ferengi) girls have a hundred and one reasons when they say "No" to sex, but our girls here have only got three and I know them well. The first is "My mother will not allow me to do such a thing" (enate tekotagnalech); the second is "I already have a boyfriend"; and the third is "I have a goal in my life and doing this will only stand in my way" (alama alegne). And as to how these can be got around, you tell her that her mother has also gone through what she is now doing (when she tells you her mother won't allow it), and if she tells you that she has a boyfriend, you ask her to introduce him to you, and she will be afraid to do that even if she has, thinking that you two will have a fight. As to the 'goal' stuff, you convince her that you will not demand sex and will not stand in her way to her goal. Once you convince her, sex will follow if you want it to.

The informant presented himself as smart and well versed in the skill of convincing girls, an adept at masculine behaviour. It appeared that the custom in Ethiopia (perhaps elsewhere as well) does not allow women to consent immediately when men propose, even if they want to, as they could be perceived as ‘cheap’ or as a ‘prostitute’. The young men appeared to be familiar with refusal at the first attempt and accepted it as part of the courting ritual (they emphasized that a refusal from a girl is no different from a yes; when girls say no it is like

⁵ There were very few young men and women who mentioned writing letters as a means of initiating a relationship.

music, and it is tantamount to saying yes). It is perceived as innate female behaviour and adds flavour to the negotiation process. Some young men confessed that they do not want a girl who initiates a relationship or is easy to 'conquer'. Teka (20 years, male) had this to say:

You know when a girl asks you or tells you she is in love with you, well you will publicize it and preen yourself in front of your friends, but you won't feel terribly pleased about going out with her. I don't know if this stems from our culture but you just don't feel so pleased about dating her or feel as good as the way you feel when you ask a girl yourself and convince her to go out with you. You feel as if you are inferior if you accept a girl who asks you to date her.

These young informants have grown up in a society where men are supposed to initiate relationships and should go to great lengths to convince women. The inevitable upshot is women resist men's advances and play innocent and hard to get, and males also believe that a man should not shirk setting out to woo the girl of his dreams. It appears that this sort of negotiation lends excitement and romantic opportunities and is perceived of as part and parcel of the courting ritual or flirting by both women and men. Besides being part of the courting ritual, women may use this strategy for pragmatic reasons, for instance, to evaluate whether the person could be a potential life-long partner.

Negotiation or coercion?

One of the most salient features that emerged from the discussion is that in addition to money, the boys emphasized the importance of force or threat in launching a relationship. They strongly believed that girls succumb to a relationship either by threat of force or by the actual use of force. They even said that they sometimes play a game of rescuing a girl from others. If one boy likes a girl, he sends his friend (s) to 'assault' the girl on her way to school or on the way home, and then he 'rescues' her and chases the assailants away. This stratagem will usually win him her favour. Female informants mentioned that many girls accept a proposed relationship for fear of physical abuse and beating. Warming to this theme, they pointed that if there is a boy/man who is much feared and respected for being tough, girls will often acquiesce in a relationship with him hoping that being with him will protect them from being bothered by other boys. This is not a surprising finding in view of the fact that abduction and rape are rampant in Ethiopia (Getahun 2001; Molla *et al.* 2002). In a nutshell, the situation reflects the existing gender and power relationships in the country in the sense that young men seem to think that they have every right to force girls to accept a proposed relationship. Their perception seemed to be that exploiting women as sexual objects is their basic right and part of manhood. The young women also appeared to have meekly accepted the role assigned to them.

‘Being Listro, no girlfriend’: Love and relationships among male street youths

The tales of the school pupils about love and money are echoed by the stories of male street youths. Unlike the students involved in this study, street youths did not report having same-age girlfriends with whom they could nurture a romantic relationship, and had to resort to buying sex from prostitutes. Desperate boys hungry for sex go to women equally desperate for cash. The reasons given for not having girlfriends were related to the young men’s low self-esteem and their abject social status. The street youths argued that what the girls of their age often consider when accepting or rejecting a relationship with a boy is his socio-economic status and his family background. It is only until they have ascertained such things that they may not consent, but once these facts have been verified to their satisfaction they tend to acquiesce. They noted that it is not only women but also the general public that treat them as inferiors just because they have polished shoes. Almost all of street youths felt that the general public has adopted a negative attitude towards them.

Some people look down on us as if we are beneath the soles of their shoes. Such people consider us of less value than the shoes we clean and I hate being a listro (Agonafir, 20-year-old street male).

The view that having a girlfriend requires looking good, dressing smartly, and having some cash in the pockets was adamantly expressed by the participants. When asked what people like them who do not meet these requirements would do if they wanted girlfriends; they replied that no girl would be willing to be a girlfriend of a *listro*. If they wanted girls, their only choice was to go to a far neighbourhood and seek girls there and convince them to have sex with them in the twinkling of an eye, before their backgrounds might inadvertently be revealed by some misfortune. Bekele (19-year-old shoe-shine boy) expressed it like this:

I would like to approach some girls but when they hear that I clean shoes in the Piazza, they consider me as if I were less than a man and treat me as an inferior.

He did admit that there might be some girls for whom being a *listro* may not matter and that he is waiting for such a girl to come his way, but added many girls even avoid him because of what they have heard about him already by hearsay. He said that no girl would be willing to start a relationship with a *listro* knowingly. The only way to achieve anything was to assume a more pleasant persona and approach a distant girl who will not be likely to know about his background. He reported that he would rather buy sex from a prostitute than go through all this fuss and bother.

Even if you convince one girl by telling her things that you are not, the time will come when she sees you cleaning shoes and that is the end of you. Therefore, it is better to buy sex.

Wudu (22-year-old shoe-shine boy) said that he became acquainted with a girl attending high school. One day they met and spent some time in a private room together but without having sexual intercourse. They agreed to meet another time and to have sex. Another day she was passing by around the Piazza (the place where he worked), and when she turned around he happened to turn around too, and they saw each other. At that time the girl made the sign of the cross (to express her shock and disbelief), and went away saying ‘Oh God!’ Then he reported that he was ashamed, and broke off his relationship with her. He commented that such incidents happened to many of his shoe-shine friends.

My friends have suffered many incidents like this. Most of them broke up after having good relations. I know three guys who broke up relationships after having spent many times together. They even had intercourse with the girls. But after the girls realized that they were shoe-shine boys they went away. Sometimes the girls happened to see the guys at work and they went away after that. Very recently, I started a relationship with another girl. I told her everything, except what I do for a living. We had sex once. We are now still in love. Her friends know me now (that I am a shoe-shine boy). They have good relationship with me and they haven’t told her that I work as a shoe-shine boy.

A few street youths ventured to contest such an assertion. Here is an excerpt from an interview with Bedru (20-year-old shoe-shine boy):

This is their own view; this kind of thing has never happened before. We could in fact be despised by the society. But shoe-shining is not a type of work to be underestimated and you have to start from something simple to chase after real achievement. You have to be open when talking with a girl and not one has rejected me for the sole reason that I’m a shoe-shine boy. [Are there those who accepted you knowing that you are a shoe-shine boy?] I should ask a girl who is as poor as I am. I have to consider my social background and capacity and I should not go beyond the set boundaries by asking out a girl from a well-to-do family. We both have to be from the same social status. [Does a poor girl accept you knowing that you are a shoe-shine boy?] There is no problem with that; I haven’t (however) come across with any such a case (rejection).

His response could be partly true and partly self-defence, preferring not to admit he was inferior. The fact remains that girls could reject such young men’s proposals not only because the latter are poor with a low-paying job but also because they are considered hoodlums by the general public. They reported that since most of street children smoke or chew *chat* or because their clothes are dirty, people think of them as hoodlums (*durie*) and thieves, and even the drivers will not allow them to work with them if they see them smoke and chew *chat*. Building their case they argued that the common people (the passengers who

come to the bus station (*menaheria*) to board buses) do not even consider them humanbeings and treat them with contempt and call them names: “You robbers; thieves; vagabonds”. “It seems that they [street youths] lack economic and political capital to be sure, but they also lack the moral and social capital one might possess as members of respectable households” (Moyer 2003: 68).

It became clear that even the street girls consider street boys to be ne’er-dowells, and prefer assistants to drivers and other men who can give them more money than street youths. At this juncture I should also say that the complaint constantly voiced by street youths is a reflection of a widespread discourse about money, love, and relationships in Ethiopian society. The other explanation is that street youths rate themselves low and are afraid that women will not accept them. Given their socio-economic status, they may fear that women may despise them and turn down their proposal for a relationship.

Given their lack of exposure to romantic relationships, street youths’ discourse was limited to negotiating sexual encounters with prostitutes rather than courting girls. Their narratives tend to revolve around how much they pay for a bed, a prostitute and other ways of buying sex. They noted that they pay on average 8 Birr (approximately 1 US dollar) for short-term intercourse and 15 Birr (about 2 US dollar) for overnight. They also noted that they maintain steady relationships with prostitutes while allowing them to make money from other customers.

If I come to a girl and if another person also happens to arrive, I will leave so that she will go with him. This is because I can meet her tomorrow or the next day. In addition, it is good if she gets money (Wudu, 22 years, male street youth).

Others even reported that they pimp for their steady prostitutes, and get free or discounted access for themselves. They also reported engaging in what they call ‘group sex’ (see Chapter Five).

The coercive situation already discussed with schoolgirls appears more serious in the case of street girls, as the following remark by Saba (18 years, street female) indicates:

Shoe-shine boys and other boys engaged in different work in the street call us names and when we give them malicious looks, they express their denigration of us saying, “You good-for nothings. You think we don’t know you?” Then they propose sex to us and when we refuse, they beat us severely asking us “How come a good-for-nothing doesn’t know about sex? Aren’t you such a hard core?” Then they give us a hard time.

What is more intriguing is that even the police, the very body which is supposed to protect street girls and other citizens from abuse, is reported to be sexually abusive in exercising their power (see Moyer 2003 for similar discussion in Dar-es-Salaam, Tanzania). For this reason most of the street girls argued

that they do not want to report to the police since the latter does not spring to their aid.

When you report to the police that a certain boy has beaten you, you sometimes encounter rude police officers who say, "What did you quarrel about? Why did you turn him down (his proposal for sex)? Say yes to him". Even when they arrive while you are still quarrelling with the boy who took peanuts from you, they beat the boy. They won't hesitate to make an indecent proposal (sex) to you at other times (Bernesh 19 years, street female).

Prostitutes working in a bar or a hotel had similar complaints, saying that the police is not over-willing to rescue them from their clients who want to have sex without a condom, and even if police officers do so, they will propose free sex another time (often without a condom). They made no bones about commenting that if the police demand intercourse without the use of a condom and they refuse, the police officers will not come to their aid when they have problems with other clients. With this information in mind, I interviewed a policeman working for the child protection unit. When asked how true the allegation was, he replied:

I myself have not heard that this is what they do before now. But if there are those who act this way, it is because they lack discipline and they should be dismissed. It is not that the thing is morally good or bad (right or wrong), but it is disgusting.

Taken together, it appears that the street youths are not only deprived of basic civil services (education, employment, and healthcare), but also of love. The street youths like many other young people are blessed with a goodly dose of energy and a curiosity about and interest in love and being loved, but poverty implacably forbids this in their lives. Early in their lives, they are engaged in shoe-shining and other back-breaking jobs to support themselves and in some case their families. Since they lack love and a sense of accomplishment, they are far more likely to end up in a series of purely physical sexual encounters in an effort to compensate for the lack of love and warmth in their lives, and to affirm their own self-worth. Distress encumbered by a stressful life situation and lack of affection pushes them into activities like smoking, drugs, and rape or 'group sex'. Lacking in love and money, they also seem to be the farthest removed from the hegemonic masculinities which they cannot even hope to emulate, and they therefore have resorted to the use of violence to get sex (see the discussion on 'group sex' in Chapter Five). Most of the informants admitted that they use chat, alcohol, and smoke cigarettes. In short, their day-to-day lives were characterized by a constant struggle to find money and to maintain supply of food, chat, alcohol, and sex. The inexorable conclusion has to be that the street youth suffer both from extreme material and emotional deprivation caused by the prevailing poverty and social exclusion.

Conclusion

The foregoing description reveals that romantic love, relationships, and mate choice in Dessie are perceived to be not free or romantic but rational and calculating. The participants seemed to think that most women were either forced or 'bought' into a relationship. All their explanations of how women submit to a relationship revolve around these two concepts. Hence, girls are either seduced by gifts and the entertainment that good money can buy or forced to accept a proposal to start a relationship by the mere mention of threats.

Why so much interest in money? In contemporary Western society there is a widespread perception that love and financial motives are incompatible. Why have love and relationships not been accorded the proper place that they deserve in Dessie? Is money the sole motivation for starting a relationship? Are these women not like any other human beings who need love and affection, with or without other material benefits? To address these and other similar questions, we need to understand the role of the socio-economic factors and the cultural context of sexuality in Ethiopian society.

To start with, by all standards, Ethiopia is one of the poorest countries in the world, with an average annual per capita income of about \$100. It is a country recurrently afflicted by drought, famine, and war (see Chapter Two). Ethiopia is a country, which has not set up a social security system. Unemployment is at an all time high and the urban poor cannot afford even the basic amenities. This sort of situation compels us not to downplay the important role that money plays in the negotiation of sexual relationships, which is the familiar argument in most of the literature on Africa. "The 'transactional nature' of sexual encounters and relationships in Africa is virtually an article of faith in the social demography and social research on AIDS across the continent, and "old saw" in which sexuality and marriage are seen as essentially commercial transactions" (Schoepf 1992: 355 in Setel 1999: 141, see also Nnko and Pool 1995; Ankomah 1999; Kinsman *et al.* 2000; Nyanzi *et al.* 2000; Van der Geest 2001, 2004; Gibson 2004; Van den Borne 2005).

It is undeniably true that, in self-defence, women may consider what a relationship or marriage will provide in terms of material benefits as men have monopolized most of the scarce resources in the country. Educational opportunities for women are limited, and this affects their ability to support themselves as adults. With most doors closed to them, taking a boyfriend or husband is one strategy for survival and many authors have depicted the practice of taking a male for financial reasons (Standing 1992; Schoepf 1994; Van der Geest 2001; Mill and Anarfi 2002; Price and Hawkins 2002). Consistent with those findings, there are women from impoverished families in Dessie who enter into a relation-

ship calculating the material gain it provides. They are simply following an inexorable logic, money or material benefits inescapably play a role in sexual relationships, and such women could well be aware of the exchange transaction taking place.⁶ I, however, argue that money is only one of many factors that bind them to men, and emotional involvement may exist. It should, therefore, be noted that even though money and other material benefits are exchanged, it is very difficult to conclude that all relationships are no more than purely commercial transactions devoid of love or emotional attachment. It is rather “complex constellations of economic dependence, love, physical attraction and the pressure of social norms” (Gysels *et al.* 2002).

Pertinently, the strong relationship between love, relationships, and money cannot be explained by poverty only, as there are women who are paid perhaps more than their partners earn but still expect some form of material exchange. In the Ethiopian context, even the most successful professional or business women who earn more than their partners expect the men at least to cover most of the expenses of a date. For such women, offering luxurious gifts or taking them to expensive resorts and covering all expenses alone expresses love and commitment on the man’s side and has a symbolic or cultural significance in a relationship. Such women are not desperate for money; they may not be aware of the existence of any exchange transaction, and love or a relationship constitutes an end by itself. Men also feel that it is a masculine obligation to assume such responsibilities, and they may even do it without being aware of the transaction. Economic exchange in this context seems to be part of wider cultural constructions and practices. Having accepted this, we must understand that a gnawing need for erotic love and affection is present among women, and I would argue that money is not the only motivation for all women to start a relationship or to have sexual intercourse. In other words, for some women, money acts as an extra spice in a relationship that they enjoy for its own sake and would enter into it anyway. Even though it is a means of survival for others, different levels of emotional attachment could still exist in both cases. When we are aware that not all is cut and dried, it appears very difficult to accept fully an economic explanation of love and relationship as it implies a view of women as self-centred, materialistic robots devoid or incapable of any emotional attachment.

Analysis that focuses too heavily on the connections between economics and sex while excluding the themes of desire, passion and, in White’s terms, “comfort”, run the risk of suggesting that only those with enough money can afford love and pleasure. In order to avoid this assumption, it is important to reclaim desire, passion, and love as important themes in understanding sexuality... (Moyer 2003: 257).

⁶ I am not referring to prostitutes - who explicitly ask for money in return for their sexual services.

As early as the 1920s and among very simple Melanesians, Malinowski uncovered the existence of the exchange for sexual favours. With insight he contextualized this and argued that material exchange is not the only motive that binds women to men:

In the course of every love affair the man has to constantly give small presents to the woman. To the natives the need of one-sided payment is self-evident. This custom implies that sexual intercourse, even where there is attachment, is a service rendered by the female to the male. As such it has to be repaid in accordance with the rule of reciprocity or give-and-take, which pervades tribal life, so that every gift, every service and every favour must be paid by something of equivalent value. ... This rule is by no means logical or self-evident. Considering the great freedom of women and their equality with men in all matters, especially that of sex, considering also that the natives fully realize that women are as inclined to intercourse as men, one would expect the sexual relation to be regarded as an exchange of services in itself reciprocal. But custom, arbitrary and inconsequent here as elsewhere, decrees that it is a service from women to men, and men have to pay (Malinowski 1932: 269).

Although love or a relationship is something mutual for both men and women, the social construction of masculinity always portrays men as needing sex or a relationship. In a nutshell, since men are the ones who are perceived to ‘need’ love, sex, and relationship or ‘the service’, they are expected to pay for it in one form or another. Cogently, the emphasis on the power of money or coercion implies that there are particular constructions, performance, and practices of masculinity that seem somewhat hegemonic and to which both the young men and women try to ascribe.

I also posit that the informants’ views about the strong relationship between love, relationships, and money is a reflection of the widespread public discourse about the difficulty in identifying ‘trustworthy’ marital partners, as most women are only ‘after money’ (acquisitive motive), and as most men ‘after sexual intercourse’ (lust-driven motive). Bearing this in mind, the ideas and opinions expressed by the informants might be based on assumptions that are taken for granted. Overall, the interrelationship between love and money is not simple, transparent, and linear, as argued by the informants but rather fluid and complex that needs deeper contextualization. “... Sexuality is among the forms of behaviour most dependent upon contextualizing contingencies” (Simon 1996: 115).

Overall, the experiences with love and negotiating a relationship among street youths and school pupils are opposites. Street youths, once they developed a bond of trust and were comfortable with our research, spoke openly of their experiences with sex, but school pupils narrated more romantic stories. In other words, school pupils talked about negotiating relationships, which eventually lead to sexual intercourse, but street youths talked about negotiating sexual access to prostitutes. Moreover, the street youths had been initiated into sex early

and appeared to have more practical experience of sex than school pupils (see Chapter Five). Their socio-economic heterogeneity resulted in heterogeneous sexual practices. Importantly, whenever we speak of youth sexuality, there is nothing homogenous about youth sexual culture and practice, even in a small town like Dessie. Within the same box (youth), there is a need to unpack and contextualize, and policy makers should take such differences on board. Therefore, designing youth sexuality and HIV/AIDS interventions, particularly those for the street youths, requires addressing other socio-economic problems beyond dissemination of information about HIV/AIDS (Swart-Kruger and Richter 1997).

Finally, the love letter which launched this chapter and the other narratives from school pupils reveal the existence of romantic love, but why they claimed, 'There is no love these days' is a question that begs an answer and requires further investigation, perhaps by using a historical perspective. It appears that many of those involved in the study were very young and in the stage of exploring sex but with little or no emotional attachment. Moreover, when the young boys talked about love and relationships, they seemed referring to sexual relationships as well. As a result, sex and love are intermingled at all levels in young peoples' discourse. In an era of globalization, the ways in which Yigzaw and many other young people talked about love seemed very much influenced by and reminiscent of stereotypical popular and increasingly visible Hollywood representations of love centred on romance, intimacy, active sexuality, and an almost natural sense of belonging together that are in stark contrast to the actual structure of many relationships in Dessie and perhaps throughout Ethiopia. Cogently, the discourse that there is no love these days, however, suggests the existence of strained gender relations in the context of poverty and social change. It also seems that young people are less likely to invest in love if marriage is not a feasible option in the near future, kept at a distance by poverty. These matters will now be explored in depth in the next chapter, which deals extensively with marriage, premarital sex, religion, and religiosity.

Sexuality, marriage and religion: Moralistic views and double standards

Marriage is one of the good things in life; it makes people shy away from doing many bad things and leads them to a life of happiness. In order to think of marriage, I must first secure an independent income of my own. I know that securing an independent source of income is becoming next to impossible given high rate of unemployment. In the light of this practically it is very difficult to abstain from sex till marriage and this means that premarital sex is inevitable for many young people, including myself (Mekonen 18 years male).

The main theme of this chapter is to pay attention to young people's views about marriage, premarital sex, and its role in a relationship. It also discusses how young people construct an ideal partner. The impact of religion and religiosity on the sexuality of young people is an essential part of this chapter. The source materials are views obtained from school students only. Street boys had nothing to say about marriage – caught in their trap of economic deprivation, they considered it next to impossible and a dream never likely to be fulfilled. As one street boy put it: “We don't plan to get married because we are not yet prepared for that. Marriage is difficult so we don't need it. Otherwise, if a shoe-shine boy (listro) marries an idle girl, it won't be a marriage at all”. The school students also expressed such pessimistic views about marriage, but they still thought that it would materialize in the distant future. Almost all street youths were sexually active; therefore I did not find it worth discussing their views about premarital sex here as well.

The main questions addressed in this chapter are: How do young people understand and express premarital sex and its link to marriage? How do they perceive marriage and what are some of the problems they encounter when they want to get married? What are the changes in the meanings of traditional sexual

values, manners, morals, and taboos as a result of socio-economic changes and how are these affecting their perception of marriage and premarital sex? How is HIV/AIDS shaping discourses and behaviour in relation to young people's perception of marriage and premarital sex? What is the relationship between religion, religiosity, and sexuality?

The chapter indicates that marriage is one of the most important aspirations young people want to cherish, but realistically they also see it as a very difficult goal to achieve, tied as if by a mill-stone by their precarious economic situation. The situation is made even more complicated by Western practices that have been adopted, such as gifts, a *velo* (wedding dress) and video culture, which makes the wedding ceremony unaffordable for most young people. Facing this wall of seemingly insurmountable economic and cultural factors, premarital sex is inevitable, given that marriage is unattainable in the near future. Most young people reported that sexual abstinence till marriage is well-nigh impossible. Contrary to existing literature and common-sense assumptions, the young people involved in the study argued that both religious and irreligious young people behave similarly in whether or not adhering to sexual values. This casts doubts on the assumed relationship between religion, religiosity, and sexuality in Dessie town. It was reported that the girls used the veil (*nettela* – a light cotton toga) or headscarf and *hijab* to disguise their intention to go dating under the pretext of going to the church or mosque.

A bit of history

Traditionally, the family exercised a strong control over love affairs, relationships, and marriage. It is safe to say that marriages were contracts drawn up for the mutual interest of the parents or extended families involved, and romantic love was accorded an insignificant place in marriage. Social class background, religion, and ethnicity were taken into account as criteria by parents in selecting their children's spouse. As pretty helpless bystanders, neither the woman nor the man had much influence in selecting their mate and a formal system of courtship was never culturally assimilated and established. "In many cases the prospective partners were not acquainted with each other, and in some cases they were betrothed in childhood. Girls could live with the bridegroom's family, where she was trained to assume her role of a wife and mother at puberty" (Lucas 2001: 53). Early marriage, usually in their teens, was very common, but girls could even be given to marriage during infancy or childhood. Depending on religious and ethnic background, dowries, bride wealth or some types of gifts were exchanged (Lipsky 1962; Levine 1972; Pankhurst 1990).

The Civil Code of 1960 declares that legal marriage could take three forms: customary; religious; and civil (Shiferaw 1998). *Qurban* marriage (among Christians), civil contract marriage (*semanyä*), temporary paid labour marriage (*demoz/gered*), *k'ot'assir* (marriage preceded by provision of labour), and marriage by abduction (*telefa*)¹ and other forms co-exist under the umbrella of the three recognized types of marriages, though some types of marriage were more or less common among certain ethnic or religious groups (Lipsky 1962; Levine 1972; Pankhurst 1992 cited in Lucas 2001).²

At this point it should be noted that marriages in Ethiopia (perhaps as elsewhere) are mostly secular and prone to divorce. The exception is *qurban* marriage, at which both the bride and groom are required to take Holy Communion in the Orthodox Church to seal the marriage. A small minority of people like priests and other devout Christians practise this type of marriage. Nowadays, however, an increasing number of young people choose to seal their marriage with such a wedding ceremony. Muslims have followed Islamic laws of marriage and divorce and polygyny was and continues to be common (Lucas 2001). There was a considerable amount of polygyny at times with co-wives living together or apart, even among Christians. This was despite monogamy being the rule of the church. *Demoz* marriage is one typical example of approved polygyny among Christians. This type of marriage allowed men who were away from home for extended periods to establish cohabiting relationships with women. The groups most likely to be mobile, the nobility and military men, often had multiple wives and partners (Pankhurst 1990; Lucas 2001). *Demoz* marriage can also be concluded temporarily until a divorced man or widower finds a new wife (Gebre 1997). The expression of sexuality was traditionally supposed to happen within marriage for girls, and I will pick this issue up again shortly.

Vance (1991: 880) argues that “Sexuality has a history and that its definitions and meanings change over time and within populations”. Similarly, some aspects of marriage and mate choice described above still exist in rural Ethiopia, but the entire situation seems to have changed dramatically in the country today, particularly in urban areas. The expansion of urbanization, modern education, labour markets, and the mass media have ineluctably changed institutions that organize and give meaning to individual relations and processes. Far from enjoying

¹ Until recently abduction in some parts of Ethiopia was a ‘legitimate’ way of procuring a bride and had no legal sanction if the man agreed to marry an abducted woman. The usual procedure was to kidnap a girl, and hide her for a while. Later on, the village elders would be asked to negotiate the bride's price and to act as middlemen between his family and that of his bride (see Getahun 2001; Molla *et al.* 2002 for a further discussion of abduction and sexual violence).

² In addition, I learned of the existence of levirate marriage in Wello (mainly among Muslims). There is a practice known as *Warsa* by which brothers share the same woman in a sexual relationship. More specifically, the elder brother allows his younger brother to have sex with his wife, and when the former dies, the later replaces him (marrying his wife and protecting his children). This tradition is endorsed by the metaphorical proverb: “It is only a brother who ploughs his brother's land”.

economic and social stability, Ethiopia as a nation is known for its recurrent drought and famine, wars (both internal and external), and political instability. Such socio-economic changes have transformed the entire fabric of sexuality, marriage, kinship, and the family. These days, mate selection in urban areas is characterized by relative freedom of choice. Young couples usually take the initiative and select their marriage partners by themselves. Nominal parental approval is expected, and some would even say required, but nonetheless the actual choice is usually made by the partners-to-be, rather than by their parents. Choosing a mate does include romantic associations among the young people though financial background, career prospects, reputation, and family background are also taken into account. Not yet completely out of the picture, parents, relatives, friends, and colleagues often help in the search for an appropriate bride or groom. Premarital sex is now widespread if not explicitly allowed, and unmarried young people become sexually active as early as thirteen or even before (Ayelew and Berhane 2000; CSA and OR Macro 2001).

Marriage: A distant dream

As argued above, the school students perceived marriage positively and as a necessary obligatory stage of life, and this is not a surprising finding in a society where heterosexual marriage is almost universal. Pertinently, the fear of being infected with HIV/AIDS seemed to have a strong influence on their attitude towards marriage, and many young people expressed a keen interest in getting married as soon as economic conditions allowed. They reported that marriage, other than being one way of ensuring one's protection from HIV/AIDS, helps to realize one's goals in life, to start a family, and to enjoy life. They maintained that marriage serves to ensure one's life is 'programmed', meaningful and it is seen to be the perfect antidote for 'carelessness' (*enzhelalenet*) in life and sexual promiscuity. Semu (male, 20 years) described marriage as follows:

I see marriage as a mirror where you forsake the 'I' and see the 'us'. It is a transition from being single to being two. You start thinking together and share the burdens in life. Marriage is a state in which you carry a big burden. It means plural (becoming many) and wide.

The school students stressed childbearing and social and economic cooperation ("sharing the burden") as the major goal of life to be accomplished in a marital relationship. Despite their enthusiasm, they remarked that people should not rush into it before they have a fairly good idea of what it is and what its benefits are. As touched upon earlier, the informants' discussions of factors that delay the marriage of young people mainly rotated around the following cultural and economic difficulties and inadequacies:

- ❖ Shortage of money for wedding gifts (*tilosh*).
- ❖ Inability to afford a fully-fledged wedding ceremony with a procession of many cars and the entire event videotaped.
- ❖ Inability to secure a reliable source of income and other necessary assets (for example accommodation) that are required to establish a family.
- ❖ Fear of contracting HIV from the other partner or unwillingness to undergo HIV testing
- ❖ Interference of family in mate choice.

There is a discourse that weddings have become very expensive these days, as women demand a cornucopia of wedding gifts and a lavish party. Gainsaying this, most of the female informants expressed their strong interest in marriage, and claimed not to be looking for gifts, a house, car and other material possessions from potential spouses. They did admit that 'bad' behaviour is prevalent among some women in Dessie. For example, if a friend of the woman marries a rich man who has a car, a good salary, and has a big wedding, the woman herself will often also desire a large and expensive wedding and gifts similar to those provided for her friend. Such women would even desert their economically poor boyfriends and look for another more likely to fulfil such criteria.

It is my impression that young people, particularly women, are very demanding about the wedding ceremony, perhaps for understandable reasons – it is a moment of joy and jubilation. It is also an important rite of passage. Grown up with this mindset, many women (including the educated ones) refuse to marry unless a big party is thrown for them, a fleet of cars accompanies them, and *velo* is bought or rented for them. It often happens that the man provides these things for the bride by taking out a loan in order not to lose her. Plenty of the dramas featured on Ethiopian television convey the message of how a lavish wedding party paid for with borrowed money overshadows marital life and eventually leads to divorce.

It is not only money that is a bothersome issue, the entire process of getting married can be cumbersome since it is extremely bureaucratic and time-consuming; a process that many people find very upsetting. There are few or no institutions equipped with the paraphernalia to administer a marriage that falls within the financial reach of the vast marrying majority. Wedding items are becoming global and all the necessary articles, from sweets, videos and their accessories to wedding dresses, from Scotch whisky to cosmetics are imported and expensive. Video filming of the whole wedding process is proving to be virtually a requirement for a marriage ceremony, but at the same time is extremely costly for average citizens as they have to sign a contract with video studios for three to five days. To make any sort of a splash, music bands have to be paid for to give colour and splendour to the wedding dances. Most marrying parties cannot afford all of these, but they are determined to do it by any means (sometimes taking out a large loan). Even Ethiopians who have lived in Europe

and North America have to adhere to such customs. There seems to be social pressure from important others that couples should have big parties, and hence even those who have been cohabiting and have children are forced to do so.

Some of the male school students suggested that contracting marriages without a celebration party by simply registering at local *Kebele* (lowest administrative unit) levels might be a good solution to prevent expectations of extravagant ceremonies and not be too financially crippling for promising marriages. The *Sergachin 90* (Our Wedding 90) Project was cited as a good example.³ The *Sergachin 90* Project was organized by an NGO, and about 150 couples got married together in one day without incurring excessive expenses. It was a mass wedding held at Addis Ababa stadium during the 1990 Ethiopian calendar year.⁴

Twenty to twenty-five and 25-30 were given as the age ranges in which females and males should preferably respectively enter into marriage. But whether they should wait until they have an adequate income of their own or marry within the above age ranges generated intense debate among the boys. It was agreed that at least one of the marrying parties (preferably the male) should have a reliable source of income. There was a consensus among the school students that female spouses should also have an income of their own whenever possible, although they did not see it as a necessary condition for their marriage as in the case of men. If the husband-to-be has an income that can support both of them and any children they might produce, it was argued, women should marry at the right time rather than wait until they had a secure income of their own.

The male school students were then asked how important it was that the male should have an income should the female earn enough to support both and enable them to live independently. Most boys argued that this does not usually happen, it runs contrary to custom and it is preferred that the male earns the money for their livelihood. If the female generated the income instead it would not be said "He married her" but rather that "She married him". Sirak (17 years, male) vowed that he would rather die of hunger than do such a thing (*techgere emotalehu engi set bete alehedem*). He would not fall in love in the first place if he did not have the money to realize his dream of fully providing for his wife. Another informant (Damene 19 years, male) noted that he would have no problems with it if he loved the girl but considered it problematic; she might, for example, remind him time and time again that it was her money and not his.

³ But it was also argued that such marriages will not find popularity among the public because parents often want their children (especially daughters) to be wed at lavish ceremonies so that it could be said "*So-and-so's daughter was married at a real wedding*", as there is the tendency to equate proper wedding with lavish parties.

⁴ Ethiopians follow the Julian instead of the Gregorian calendar for reckoning time, date, and year. From September to December, Ethiopia lags behind the Gregorian calendar by seven years and from January to August by eight years. The New Year starts in September and not in January. The mass wedding was conducted in 1990 Ethiopian Calendar and that was why it was named *Sergachine 90*.

Therefore, he said, it is better that the man is the main bread-winner. Casting a gloomy look into the future, he remarked that were a fight to break out between the couple, the wife would surely say that it is because of her and her money that the man was surviving, thereby shaming him.

This is pretty clear indication that the school students perceived men as culturally superior and they should not depend on a woman's wealth. It appears that, as far as they were concerned, men's financial dependence on women puts socially constructed masculinity in jeopardy. In Ethiopia, historically and even these days, men make decisions, earn the money, and exercise both public and political power and given this, the above discourse is not a surprising finding. A debate also arose about whether young people could rely on the wealth of their parents when entering into marriage. The discussion ended without agreement, with some of the participants maintaining that such a marriage would be happy for just a while but once they had children, the couple would not be able to satisfy the needs of their children as they in turn depended on their parents for their own needs.

According to the 1994 census, only 26.5 percent of Ethiopian men in the 20-24 age range and 62 percent in the 25-29 age group reported being married (Central Statistical Authority 1999). This implies that many young men in Ethiopia are not married at their marriageable age and the most frequently cited reason was economic difficulty. Nega was a 24-year-old male, and when I asked him whether he would like to get married or not, he responded:

It would be a joke were I to think about marriage now. First I have to make myself independent and lead a life of my own before I even start thinking of marriage. Even though I agree marriage is a good thing for both men and women. Life is dull if you live alone (single). I don't think anyone hates marriage. The problem is a person needs to have at least a secure source of income before thinking of a marriage and that takes a very long time. I cannot marry, for example, even if I wanted to, I have no job, no income. And I am not the only pebble on the beach, most young people do not have jobs, even those who have completed school. Therefore, they cannot wait to have a job before they have sex, instead sex becomes their only occupation and their only entertainment, as it were. And we are not to blame.

Therefore, premarital sex was attributed to economic problems, which prevent young people from getting married early. Sex is perceived as an 'occupation' and as a means of entertainment to pass the time. It appears that in an environment where youth labour markets are non-existent, prospects for education and training are very limited, and in the absence of a social security system, young people's bodies become the only resource that they have at their disposal. Under such circumstances, success, pleasure, self-worth, and emotional depth are satisfied through the pursuit of sex (Paiva 1995; UNAIDS 1999).

Young people with relatively reliable incomes noted the problem of finding a trustworthy partner as the most serious concern. The stance that women cannot be trusted at all was accepted by a consensus among the male study members. Most of the young men perceived that women approach them or consented to a relationship or marriage on a rational basis, namely anticipating material benefits. On the other hand, most of the young women had the belief that men approached them to fulfill their lust for sex and not for any serious relationship that might lead to marriage. They commented that it is not advisable to trust males, whether they praise themselves to the skies or kneel down with humility. Here is an illustrative example. Yosefe (19 years, male) is a high school student, and he admitted that he has a girlfriend. When asked whether he trusted his girlfriend, he responded:

Of course, understanding the behaviour of other persons is said to be difficult. But it is possible employing different means. For instance, you can send a person to her to give her a love letter pretending that he is in love with her. You pretend that you don't know the person (man) whom you sent to approach your girlfriend. If my girlfriend couldn't give me the letter telling me honestly that she received it from someone else, it is a signal that she is not trustworthy. [Have you ever tried this technique?] Yes, I sent three different friends of mine to her pretending that they should give her their love letters. They did. She received them all and showed them to me. That is how I proved that I can trust her.

Most of the discussion, therefore, revealed that neither men nor women trust their partners, and this mutual mistrust in a relationship seems to be more the norm than the exception. Although most of the informants were very young and had not lived through the Derg (Marxist) regime, the system seems to have eroded the trust that people had in each other. The government intelligence and security system during the Derg was so tight that parents did not trust their offspring, and as a reflection, many young people found it difficult to know whom to trust. Left in a quandary of doubt, the young people have resorted to a typical intelligence system to find out whether their partners are faithful or not, and they seem to be living under the shadow of mistrust. Lack of democracy and transparency, reinforced by the shadow tactics that are still being employed at the macro level, seem to have created a climate of mistrust and suspicion.

An ideal partner

The boys were then asked what they thought an ideal partner should be like. They responded that she must be as close to her partner as possible in belief and principles as well as in actions, one who would suit her partner. She should also have a goal of her own in life and a plan for the future, a woman who has a future vision (*ye wodfit rayi yalat*) and is strong and faithful; one who would encourage

and strengthen her husband. Others added that a good wife should be well behaved. She should not be a drinker, for example, who would insist on going out for a drink every evening.

She shouldn't wait around sluggishly, and ask me to go out for a drink when I get back from work; if this is the case it is not marriage at all (ene kesera segeba afuasheka na enhed enteta yemetelegn kehone yeh tedar ayihonem) (Dagimaw 18 years, male).

The young men, and especially the young women, seemed to be concerned about addictions. A man or a woman who drinks, smokes, or chews *chat* is not viewed as an ideal partner. Those who do indulge in these are viewed as unfaithful stemming from the perceived association between substance abuse and promiscuity. In her study of youth in Addis Ababa, Lucas (2001: 104-5) also argues:

Excessive drinking of alcohol and other substance abuses, especially *chat*, are recurring themes in both male and female focus groups and are directly linked to men's sexual behavior, especially with regard to encounters with prostitutes. Thus, women evaluate men's bad habits and activities prior to marriage as a sign of future irresponsibility to their spouses and families. Excessive drinking, promiscuousness, and other bad behaviors are indications of a man's poor potential as a partner

Likewise, in the questionnaire 68 percent of the school students responded that they would trust a partner if she does not use addictive or intoxicating substances and if she is religious, and the remaining 32 percent replied that they would trust a partner if she is caring. When they were asked the circumstances that stimulate most of them to have sex, 59 percent responded taking alcohol or *chat* and watching porno movies. The remaining 41 percent mentioned peer pressure as a condition that pushes them to have sex.

Some of the young men said that a good wife is one who matches her husband's behaviour perfectly and if the husband is a thief, he would find a perfect wife only among the thieves, and it is like that in every other perspective, whether in belief or in action. She should be like her husband.⁵ Others criticized this remark saying that when the wife does not correct her husband's deficiencies, then there is no reason to call her a wife. One of the boys gave the example of the wife who would yawn and say "*Let us go and have a drink or two*". He would not consider her as a good wife or even as a wife at all even if he were a drunkard himself. He would rather marry someone who would try to eradicate his inadequacies and not make them even worse. He emphasized that a good wife should correct her husband's shortcomings as much as possible or otherwise it would be like *alem le alem abereh azgim* ("Birds of a feather flock together").

⁵ The informants seem to have been influenced by the Ethiopian proverb: "Husband and wife are fetched from the same river" (*bale ena mist ke ande wonze yikedalu*).

Most of the school students were specifically adamant about the virginity of girls at the time of marriage. They maintained that if the girl had had previous sexual experience, she might not think her husband sexually competent. This may lead to discontent and even end up dissolving the marriage. But if she has retained her virginity, she will please her husband, content herself in this sexual experience, and make her husband trust her and be faithful in return (see the discussion about premarital sex below). When describing an ideal partner, the girls did not mention male chastity at all. Instead they opted for a potential partner who dated a few women (“one who did not go out with many women”), indicating that men are not expected to abstain from sex until marriage.

Some of the male school students perceived intermarriage between different races (black and white) as problematic because, even if the two partners have no problems with it, there would be plenty of pressure and discontent from the relatives on either side. Dilating upon this, they said that white people often consider the *Habesha* (Ethiopians) and their country backward and may view the people as inferior and with contempt.⁶ There were others who preferred to argue that racial intermarriage (especially between whites and Ethiopians) should be encouraged because a white man marrying an Ethiopian woman would see for himself that Ethiopian people are not inferior or primitive and thereby amend his misconceptions and prejudice. Such an offer might smooth out previous racial prejudices.

Some maintained that there are people who considered marrying a white man or woman a desirable and highly valued consummation and some people could be jealous of those who were, so to speak, ‘lucky’ enough to marry whites. A stout opposition to this idea, however, was expressed by some who went as far as to say that they would personally prefer to marry a fellow Ethiopian who knows the culture and respects it and with whom they have no cultural or language barriers in communication in contrast to the problems likely with a completely alien *ferengi*. The final consensus was that it is usually the women who went running after and marry white men and they do it either for the money the white men bring or for the prospect of living abroad in the ‘civilized’ world.

Since people from Dessie are known for their religious tolerance, similarity in religion and faith were accorded less importance.⁷ “What matters is love and not similarity in faith” was the most frequent response. They explained that they did not see any problem when people of different faiths married each other, arguing that religion is a personal thing and one might be convinced to convert to the

⁶ “While it is not uncommon for Ethiopians to refer to themselves, particularly in informal circumstances, as *Habasha* (Abyssinians), officially they prefer to be called Ethiopians” (Zewde 2002: 1).

⁷ Only a minority of Muslim boys objected to intermarriage among different religious groups.

other's faith. This implies that there is a great deal of social integration between Muslims and Christians in and around Dessie (see Chapter Two).⁸

In general, it is reasonable to say that an ideal partner for the young men is a young woman with good personality traits, dignified in her behaviour and conduct. The bottom line, however, is that for many young people marriage is in the distant future, mainly because of their economic situation. On the horns of this dilemma, if marriage is something that cannot be achieved by the young people in the near future, then how do they perceive and express premarital sex in their daily life?

“Virginity and smallpox disappeared long ago”: Premarital sex among male school students

Female virginity at the time of marriage is another issue, which is drenched in nostalgia in Ethiopia these days. Female virginity is somehow associated with the Virgin Mary and some people in Ethiopia jokingly say that these days the Virgin Mary has decided to create women without hymens (sign of virginity).⁹ Others make fun of it by drawing an analogy between female virginity and smallpox, remarking that both smallpox and female virginity were eradicated years ago. Pertinently, the public discourse on sexuality and AIDS in Ethiopia is based on the assumption that sexual values have become 'destabilized' through time, and reference is always made to 'the good old days'. The public argues that there has been a drastic change in attitude towards liberalizing sexual norms in tandem with modernization. It is common to hear people say that “Modernization made society permissive”. Female virginity, which used to be considered sacred before marriage, is a case in point. Girls were told that virginity was a prize to be kept for their future husbands. It used to be a disgrace to the whole family if the girl was found not to be a virgin at her wedding or, even worse, if a girl became pregnant before marriage. The public argues that through the onrush of “modernization”, these phenomena are now considered normal. In a nutshell, urban Ethiopians now tend to think that the adage “Virginity and smallpox disappeared long ago” means that premarital sex has become a norm rather than an exception.¹⁰

⁸ For instance, Orthodox Christians dominate the rural area where I grew up, and Muslim civil servants (for example, teachers), who came from other parts of the country, had to change their names to Christian names and pretend to be Christians in order to maintain themselves in the community. Inter-marriage (as in the case of Dessie or Wello) was out of the question, even dining together or interacting in any community activities was frowned upon.

⁹ Followers of the Ethiopian Orthodox Church strongly believe that the Virgin Mary in particular and other saints and archangels in general mediate the relationship between God and human beings.

¹⁰ Of course, premarital sex has become widespread, particularly in urban areas, but such discourse goes to the very extreme, as there are girls who try to stay chaste till marriage.

Such forms of moralistic analysis gained momentum with the spread of HIV/AIDS, which was often attributed to “moral decadence”. Such moralizing discourse also implies that historically, social and physical integration between the sexes were restricted and young people did not have a lax environment in which to indulge in premarital sex. The sexuality of young people was strictly regulated and guided by elders and senior family members, and obedience was somehow automatic. Female virginity at the time of marriage was mandatory and a woman discovered not to be a virgin could face public dishonour, humiliation, and immediate return to her family. Male virginity was preferred, but was not subject to the same close surveillance as that of females (Levine 1972; Lucas 2001). The presence of the hymen was considered proof of premarital abstinence for women, and in order to avoid any accidental rupture of hymen, some families prevented girls from doing excessively heavy work (Levine 1972). The groom was expected to conquer the bride on the wedding night and the best men would take the bloodstained cloth to the wedding party as proof of the girl’s virginity and the groom’s victory in the bedroom (Barakai 1996, cited in Lucas 2001).

Like any other developing nation, the very fabric of Ethiopian society is changing because of unremitting urbanization and globalization, boosted by mass communication, and formal education. The problem is compounded by war, drought and famine, gender inequities, and an overall economic crisis, which trigger the migration of young men and women to towns. As argued in Chapter Two, migration results in the breakdown of community cohesiveness and creates a decline in the importance of a good reputation in the eyes of significant others. In such a climate, long-standing taboos about sexuality (premarital sex) or other customs may be violated. Such changes provide young people with a wide range of opportunities to interact regularly with people outside of family and kinship relations. In short, young people’s behaviour is guided and influenced more by their peers than by their families, and the opportunity for premarital sex ineluctably presents itself. There is statistical proof of such changes. A quantitative study of adolescent fertility and reproductive behaviour and employment status of the youth population in urban Ethiopia indicated that 50.2 percent of males and 21.2 percent of females in the 15-29 years age category had experienced sexual intercourse. Among the unmarried male youth, this proportion increased sharply from 22.9 percent among those aged 15-17 to 87.6 percent among those aged 22-24. Among females, only 5.4 percent of unmarried women at ages 15-17 had experienced sexual intercourse, while this proportion increased to 54.3 percent among those aged 22-24 years (CSA 1990). Despite such hard facts, my impression is that the majority of young people are sexually active and these figures may not be representative of the wider population.

In this study, only a small minority of the school students maintained that pre-marital sex is not only immoral but also quite dangerous these days – in the era of AIDS. Abi (18 years, male) remarked that:

You can't even trust yourself let alone a strange girl whom you don't know well. A person will only lose his life and exchange the whole of it for a pleasure that lasts only a few minutes. Better organize your life soon and marry.

It appears that premarital sex was condemned not for religious or cultural reasons but to minimize the risk of HIV infection. This group of school students suggested alternatives to premarital sex, such as getting married soon after being tested for HIV or satisfying one's sexual urge either through masturbation or nocturnal dreams. What is interesting is that masturbation was viewed positively without mentioning any 'side effects'.¹¹ The issue of not trusting females featured again when premarital sex was discussed implying that females are not trustworthy and could maintain multiple partners thereby increasing the risk of HIV infection. It seems that these group of boys are greatly concerned about HIV/AIDS and their discussion of premarital sex revolved around health risks. This seems the result of public health messages, which advocate either to abstain, be faithful, or use a condom (ABC prevention paradigm) in order to avoid the risk of HIV infection.

Most young men, on the other hand averred that staying chaste till marriage is next to impossible. Here is a typical example from Asfaw (17 years, male):

How can one live without sex for 30 or 40 years (since marriages could take that long)? There are many circumstances that force you to have sex. It is just not possible; look at what the girls are wearing, everything reminds you of sex. A man who lives without sex for 30-40 years will no longer be in his right mind. It is better to have one girlfriend you can trust and have sex with her.

Hence, most of the young men said that pre-marital sex indulged in with the proper precautions and care is a necessity, especially in urban areas. They remarked that it might take up to his 35th birthday before a man in urban areas might be married and questioned how it was possible to remain without sex for that long and that even when a person does manage this herculean effort, his sexual desire must have died leaving him half dead. They added that a girl would not even consider him a man if he does not ask her to have sex. There was the fear that not suggesting premarital sex would make girls question their manhood and masculinity, therefore premarital sex was one way to explore and establish their manhood. From their own point of view, if a fellow loves a girl and meets with her often, it is indeed very difficult even to wait a single week let alone until

¹¹ See the discussion on masturbation in Chapter Five where many male school students and especially street youths came up with a number of 'harmful effects' of masturbation.

marriage to have sex with her. In short, whichever way it was looked at, platonic love was perceived as impossible.

All this was reinforced by the belief that men who stay chaste are abnormal or 'half dead'. Likewise, young informants in Ghana perceived sex as an important part of life that should be practiced by every normal human being, and not doing so could lead to sickness or madness (Bleek 1976; see also Romberg (2001) for similar account in Uganda). It also appears that 'natural urges' for sex were perceived as uncontrollable and the way the women dress is partly blamed for men's inability to abstain from sex. Other authors also noted that men expressed powerlessness in terms of biological drive, sexual pleasure, and the dressing style of women (Lucker 1975, cited in Rhodes and Cusick 2002).

The school students advocated double standards regarding premarital sex. They argued that it would be preferable for the male to have had previous sexual experience while the female should sit with her thighs closed until marriage. They also went a step further and associated remaining chaste till marriage with sexual incompetence in men. They maintained that sexual incompetence might arise after marriage if the male does not have the necessary love-making skills, which should be learned and practised during his bachelorhood. If the man is not a skilled lover, his wife will develop contempt for him and see him less of a man. Therefore, men should develop the skill in making love before entering into marriage; hence they considered premarital sex to be an imperative.

Premarital sex can also be a good way of learning sexual skills; that is if it is done with proper care taken so that you will not expose yourself to HIV. I have read in a certain book that the male especially should be skilled in the art of love-making and many marriages break down in the face of sexual incompetence. Therefore, the male should acquire these skills through careful sex before marriage. But I don't think sex before marriage is so good for females. If the male has no premarital sexual experience, for example, and the female has had sexual experiences before him, he might not satisfy her and she might develop contempt for him. And this might cause the breakdown of their marriage (Yenew 19 years, male).

The discussion suggests that the boys were beset by fears of sexual incompetence. Their arguments, however, present contradictions; if they advocate a preference for virgin wives, with whom would they have premarital sex? Where are they going to find virgin wives? The inconsistency lies in the fact that the same boys, who ardently argued in favour of premarital sex as a means of proving sexual competence for a married sexual life, placed a high social value on female virginity. The following example shows how one high school boy presented such a contradictory argument. In one of the focus group discussions, Dereje (20 years, male) supported premarital sex in order to solve the potential problem of sexual incompetence after marriage. Despite his assertions, he pronounced virginity to be a requirement for his ideal partner. He was then asked

how he would reconcile this position with his would-be virgin wife's sexual inexperience. Dereje admitted that there is a chance that a virgin wife may not satisfy her husband sexually since she is inexperienced in sexual positions and the art of love-making. In that case, he said:

Placing myself in the supposed man's shoes, I might go with my previous sexual partners once in a while for that kind of sex, but the important difference is that I would have sex with them with a condom whereas I will never wear a condom with my wife because I trust her. Importantly, I wouldn't go beyond two rounds (of sex) with them (kehulet 'biyajo' belaye alehedem).

It is my impression that many young men have their first and subsequent sexual experiences with prostitutes. There are plenty of prostitutes in Dessie (as elsewhere in the country), and they are accessible to young people. Such access to prostitutes has contributed to changes in the sexual life of young people, thereby encouraging them to be sexually active early while maintaining a double standard of virginity at the same time.¹² His response also reflects the typical male perception that sexual access to more than one woman (other than a wife) is the prerogative of males, while married women are expected to be faithful.

It seems that the school students are struggling but unable to reconcile two opposing and contradictory beliefs. The first one is the traditional belief that emphasizes the importance of a virgin bride and the other is the constellation of modern beliefs and preferences regarding sex and marriage that suggests that sexual compatibility is an important consideration in marriage. Such double standards and the inherent inconsistencies in thinking about sexuality may be reflective of a more general state of contradiction in men's preferences regarding marriage and sex and could be a reflection of a new form of double standard in which there is still a strong premium on virginity, but there is also an emerging interest and desire for sexual compatibility (Lucas 2001). These appear to be indicators that young people's lives are at a transitional stage in which they find themselves involved in both traditional and modern sexual cultures and practices.

In line with most of the school students' arguments, the key informants involved in the study also made the case that youths have a gloomy future and do not aspire to achieve tomorrow but live only for today. As a result, they practise premarital sex, as the idea of marriage becomes more and more intangible for them. They noted that young people see 30- and 35- year-old people being dependent on their families and, therefore, none of them wants to postpone sex until the age they become economically independent. They noted that abstinence from sex does not work for the youth in Dessie town because the social expecta-

¹² In a related development, Lucas' male informants in Addis Ababa remarked that "husbands who discover their wives not to be virgins at the time of their marriage have the moral right to disrespect their wives, the right to have affairs with other women, and the right to terminate the marriage all together" (Lucas 2001: 112).

tions surrounding marriage make them feel that it is hopeless to abstain from sex until marriage.

If you tell them not to have premarital sex, they will laugh at you because in order to marry, they have to have jobs and fulfil what marriage requires. Therefore, among the three methods of preventing HIV (abstinence, being faithful, and using a condom) abstinence does not apply to the youth in this town.

The following remark made by Bisema (17 years, male) supports the opinion of the key informants.

I often hear "No sex before marriage" as a way of fighting AIDS, but you don't just sit and wait until you get yourself a job and are married to have sex because you will most probably be too old by then (tedar saleyeze beleh edmehen atfejem).

The ABC of the HIV/AIDS prevention paradigm assumes that young people will abstain from or delay their sexual debut if provided with the necessary information. In view of what the young people themselves have to say, it seems that any call for abstinence (particularly for males) is likely to have little impact.

Contrary to the above findings, in the questionnaire 91 percent of boys replied that it is wrong for marriage partners to have had previous sexual experience. The remaining 9 percent said that it is right only for men. They were also asked which of the ABCs of HIV/AIDS prevention they thought young people of their age would prefer to practise. Sixty-eight percent mentioned abstinence, 16 percent being faithful, and the rest 16 percent condom use. I posit that the informants must have responded to the ideal situation or what they thought it should be instead of what they actually prefer to do. In view of the fact that abstinence is right at the forefront of the campaign against the spread of HIV/AIDS, young people must have been influenced by such rhetoric or 'general truth' which they take on board but may not translate into practice on the ground. Religious institutions also preach abstinence before marriage as the only moral standard to which young people should conform. It implies the need to distinguish between what people say they will do, and what they actually do. This is one of the pitfalls of the questionnaire because it does not leave room for proving and clarifying questions and responses.

Summing up, most of the boys argued that it is not possible to maintain a relationship without sexual intercourse, but they placed a high premium on female virginity at the time of marriage. This demonstrates that their ideas regarding premarital sex and sexual relationships are imbued with contradictions and double standards, which could be partly explained by the influence of religion. Many of them grew up in religious households that accept the inferior status of women. As will be shown in Chapter Five, most of the young people did not admit engaging in various sexual practices such as masturbation, anal/oral sex, or to adopting various sexual positions despite the considerable knowledge they had

about different sexual positions and practices. Such a difference between expressed sexual norms and actual sexual behaviour can be linked to religion. Many of them grew up in religious families that accept missionary vaginal penetration as the only acceptable sexual practice. Therefore, at this juncture, it appears important to explore the role and influence of religion in shaping young people's perceptions and practices of sex and sexuality.

‘A pretext for sex’: Religion, religiosity and sexuality

Religion plays a significant role in the lives of Ethiopians. Most people explain significant or minor events in life or disasters (famine, HIV/AIDS, despotic rulers) with reference to God. They believe that most events happen at the will of God and nothing could ever happen without God's consent (Cruise 1995). For most Ethiopians, whatever scourge – HIV/AIDS or famine – is sent by God to punish undesirable behaviour. Hareide (1991) remarks that he once asked a group of students in Addis Ababa what should be done about the famine. He was taken by surprise when the first one answered: “We must pray more”, the next one said: “We should fast more”, and the third: “I have been thinking of joining a monastery to devote myself truly to fasting and prayer”. Hareide argues that famine is strongly tied up with politics, agricultural policy and other secular matters, and the students could have discussed these issues as causes and solutions to the problem of famine but did not. Writing about the suffering of Ethiopian people under various regimes, Mesfin Wolde-Mariam (1991: 181) questions why the Ethiopian people tolerate such exploitative and impoverishing regimes; what the basis is of their tolerance and their calm and dignified suffering? In his attempt to answer these questions he maintains:

[T]here is a deeply ingrained belief that God is the fountain of authority and power. He grants authority and power to rulers in accordance with the people's actions in relation to him, i.e. God. When their sins outweighs their virtues, authority and power are used by God for punishment. When their virtues outweighs their sins, the same, authority and power, are provided as a reward...This deeply rooted belief insulates those in power from any accountability to the people. In famine or in war, the peasants almost never charge any government or institution with any responsibility. Nothing, including their abject poverty and suffering, happens without God's will. This belief is so pervasive that even urbanized and apparently educated Ethiopians accept in fact if not in theory.

Like Hareide (1991), Wolde-Mariam also argues that Ethiopians solicit God for help with all their problems, and they go to churches and mosques for prayers to ask Him to intervene and change bad government. Similarly, almost all of the boys in Dessie knew that HIV/AIDS has no medical cure, but they were quick to mention God as a cause, and holy water (*tsebel*) and prayer as an ultimate cure

for HIV/AIDS (see Chapter Six; Tadele 2003). When I hinted that HIV or famine also affect non-sinners (children and other innocent citizens), they reacted with the Ethiopian proverb: “What comes for the sinner does not spare the virtuous” (*Le hatan ye meta le tsadiqan yeterfale*).

Most of the school students in this study came from the two dominant religious groups: Orthodox Christians and Muslims. As has been said before, people in Dessie and Wello in general are known for their religious tolerance. Therefore, Muslims date and marry Christians and vice versa. When Gelaw (22 years, male) was asked if religious differences pose any problems in dating, he replied:

No, that is not much of a problem. Well, there are a few Muslim girls who wouldn't even want to eat with a Christian boy let alone have sex with him. But the majority have no such problem. For example, most of both my male and female friends are Muslims while I am a Christian and I like Muslim girls more because they look after their feminine hygiene much better than the Christians do. But in general I wouldn't say religious differences pose any problems in dating.

When they were asked if they saw any relationship between religion, religiosity, and the sexuality of young people, most of the boys (including most school-girls involved in the study) argued that for girls who are not allowed by parents to go out at other times, going to church or the mosque can serve as a good pretext for leaving home and meeting boyfriends. Most of the boys and girls stated that both Christian and Muslim girls tell their parents that they are going to church or the mosque and spend the time with boyfriends. They substantiated their argument by giving the example of the monthly Holy Saviour (*Medhanealem*) holiday, which is used as an occasion to meet with the opposite sex and start a relationship. With some degree of confidence they remarked that it is not hard to find a girl who longs for this day to come so that she can set an appointment and meet her boyfriend. In Dessie, on the 27th of every Ethiopian month, families send their daughters to church to light candles as homage to *Medhanealem*, and some girls use this opportunity to engage in different activities related to romance. Accordingly, the day has come to be called 'women's day' (*ye setoch qene*).

The church has two compounds, one of which is the graveyard. They remarked that some couples make an appointment to meet around the graveyard. Even though most of girls belong to strict families, they are given permission on that day and do whatever they want with their sexual partners until the church programme ends at 8 p.m. in the evening. Then, the girls from the same neighbourhood wait for each other at the gate of the church and they go home as if they had been together in church. Two school students gave an additional example of the *Estifanos* (the Saint Stephen) Church, where girls and boys not

only meet but also indulge in sex in the woodland adjacent to the church. Another key informant from the Organization for Social Services for AIDS (OSSA) also noted that young people themselves admitted in a workshop OSSA organized that sex is enjoyed even in the graveyards on the premises of many other churches. He also noted that Sunday school students are befriending each other within the church as boyfriends and girlfriends.

Not all were prepared to agree with the claim that boys and girls meet in the church; they might use it as a pretext to get away from home but they never meet in the church itself and start relationships there. Interestingly, this group of young men divided mosque/church-goers into two: true believers and fake believers. They maintained that those who go to church/mosque as a pretext for something else are not true believers because what they are doing is forbidden by God. It is, therefore, impossible to call these people true believers; rather they are corrupting the faith. There are 'true believers', who are imbued with the fear of God and reveal a sound personality, living a good moral life. They maintained that it is these people who live by the rules of their religion and thereby maintain their faith and culture who deserve respect. Those who lose their faith and culture, and who behave frivolously in other things in the name of religion are also the ones who behave badly at school.

Some of the Muslim boys attributed such apparent contradictions between religiosity and sexuality to religious liberalism and advocated 'Talibanism'- remarking that women should stay at home and not be expected even to shake males' hands. Seeking solidarity in the scriptures, they maintained that according to the teachings of Islam, a girl's only proper place is her home and that is where she should remain until she finds a husband. It is not right for her to be seen much in public, emphasizing that it is even better if she does not frequent the mosque much. And she should not even lift her eyes to look at men, let alone start a relationship. As one informant put it, "There is no such staring at men till they feel they are blenching". Warming to their formal religious theme, they noted that it is only well-behaved girls who are fit to wear the *hijab*. The girls who wear the *hijab* are not supposed to greet men with a handshake or any other way that involves any physical contact, let alone be seen with them in cafeterias and other public places. They should stay at home and that is where potential husbands should come to look for them. They said that the *hijab* has become nothing more than a disguise and the mosque no other than a pretext to go out, even quite late in the evening, and have sex under the protective darkness of every corner. In this respect, they said, those who sit at home without ever going to the mosque/church are better behaved. They reasoned that this is all because badly behaved girls do not know anything about the religion or what it teaches,

but use it instead only to serve them in furnishing acceptable excuses for going out.

When they were asked about which religious group could be considered better in controlling their sexual urges and abstaining from premarital sex, some of them argued that the church provides better opportunities for young people to meet with the opposite sex than the mosque, since it does not segregate the two sexes. In the mosque, the entrances for males and females are differently marked and they cannot be together. Christians, on the other hand, noted that Muslim women who cover their faces and wear long dresses (*hijab*) are often sexually promiscuous. Both the Christian and Muslim participants in the study pointed fingers at each other, and it was very difficult to establish which religious group conforms better to religious values related to sexuality.

Although some Muslims and Christians blamed one another, the general conclusion was that church- and mosque-goers are all the same in terms of sexual behaviour. In this respect the following text from Gelaw (22 years, male) is interesting:

There isn't any difference; they are all the same, Christian and Muslim are all alike. And even those who cover their heads with headscarf and wear those long black robes, they are just the same as those who do it openly. Their hearts and minds are all the same.

In the questionnaire, they were confronted with the following provocative statement: "Some people say that religion does not have any effect on the sexual behaviour of young people because, for the most part, religious and irreligious people are all the same when it comes to their sexual behaviour". The outcome amazingly contradicts the qualitative result. Only 20 percent responded affirmatively, and 80 percent disagreed with the statement. The statement is very grandiose and does not allow leeway for exceptions, and this seems to be the reason that the majority disagreed. I guess that some even might have considered the statement an insult to their religion. As might have been expected, in interviews and FGDs the informants talked about nameless others, but this statement refers to themselves too. When asked which religious group adheres better to sexual values and norms of the society, 48 percent said members of the Orthodox Church, 25.6 percent said Muslims, 17.3, 2.9, and 6.2 percent said Protestants, Roman Catholics and others (for example, Jehovah's Witnesses) respectively. It appeared that the majority of respondents rated Orthodox Christians as conformists. This is simply because the majority of informants (62.8 percent) belong to this church, followed by Muslims (28.5 percent). Under such circumstances it is possible to say that the response was somewhat religio-centric.

Incontrovertibly, the recent massive socio-economic changes in Ethiopian society have created a gap between young people and their parents. Despite

social and economic circumstances that have changed earlier patterns of relationships between parents and children, parents usually refer back to the way they were brought up, and do not seem willing to consider the wide generation gap between themselves and their children in terms of behaviour, attitudes, and values. Tiruneh's (2004) study on how Ethiopian parents in the Netherlands perceive and communicate about their children's sexual behaviour shows that Ethiopian parents are very restrictive, and advocate sex for adolescents should never be justified. Although they live in the Netherlands (a liberal society), Ethiopian parents seem to have failed to understand that the world of young people today is very different from that of their generation, with many new influences on behaviour, including mass communication, the Internet, television, and radio.

It is my impression that using the church or mosque as pretext for sex seems to be an outcome of the search for ways to try to circumvent strong parental control that deprives girls and in some cases boys from having their own private space and time to conduct intimate parts of their life. I learned that most Muslim families in Dessie usually opt for severe restrictions, prompting their daughters to sneak out with boys using every opportunity which comes their way to feel more at ease and taste the freedom of which they know so little. The problem is compounded because some girls from Muslim families in particular are given in marriage to husbands their parents consider fit for them soon after they finish school or even before they reach puberty. Hence, these girls often race against time to find boyfriends to have some love affairs before they are handcuffed by wedlock. This situation highlights the need to give girls some freedom where they can learn to manage their lives rather than feeling they are never going to escape from the boundaries their parents/family have drawn for them. In most cases, it is trust (not strict control) that may produce loyalty and a sense of responsibility. Such restrictive parenting, coupled with lack of information about sexuality has also forced many young people to hunt for underground pornographic films (see Chapter Five).

When it comes to the prevention of HIV/AIDS, religious leaders from different denominations have claimed that HIV is not a problem to their respective followers. The Protestant pastor in Dessie, for instance, argued, "*Only people who before going to church spent their time in the world of entertainment doing whatever that pleased them may have AIDS*". He was not alone in his conviction, one key informant and a member of the Protestant Church who was involved in teaching the public confided that Protestant religious leaders believe that HIV is not an issue for members of their church. As long as the Gospel is preached and sin is not committed, there is no HIV, and the Bible is enough to create awareness about HIV/AIDS, they maintained. They also argued that HIV/AIDS is

transmitted only through sexual intercourse, and if a person is a Christian he or she has two options: the word of God states that engaging in sexual intercourse before marriage is a sin and also that remaining faithful to one's partner is a rule that has to be respected. They claimed that it is unlikely that a person who has respected the two rules might catch the virus and since science suggests that 98 percent of the time AIDS is transmitted by sexual intercourse; they invoked this to shore up their argument and conclude that education about HIV/AIDS is not necessary.

More or less the same opinion was expressed by members of the Islamic religion:

A person with deep faith in Allah or a good Muslim will never fall victim to AIDS. A person will succumb to a disease if he/she is guilty of infidelity. It is believed that one, by virtue of being a true Muslim, will never contract the disease (AIDS). Because we are protected by the words of Muhammad, and if we follow these, we know for sure that we will be protected. I believe that AIDS will not worry Muslims any longer and it is not because of the threat of AIDS that Muslims have begun to pay attention to unsafe sex. It is our doctrine that dictates we be faithful to our marriage partners and remain abstinent from sexual intercourse out of wedlock. This is why we have said AIDS is not a threat to the Islamic community. We are out there to teach Muslims to respect these religious tenets and by doing so, we know they can avoid HIV. Our sole concern is to teach the rules of the religion not because HIV is a threat to Muslims but for the sake of the religion. We aren't worried that AIDS poses a danger to Muslims (young Muslim Anti-AIDS Club leader).

When I challenged them with allegations about their members' sexual behaviour, they gave all sorts of explanations. They averred that church people are taught the Bible and will remain faithful to the church. Perhaps more judgmentally, the Protestant pastor divided the Protestants into those who had changed and those who have not exhibited any change. He did admit to the existence of backsliders. He grudgingly agreed that the allegation is true and that there are people who have not shown any signs of changing in their lifestyle. He commented that these few people who inhabit both worlds are ruining their reputation. He asserted that 80 percent of their members have really changed their lives and live in accordance with the words of God. Young Muslim anti-AIDS club leaders also admitted that there are people who say they are strict Muslims, go to the mosque wearing their veils but are still seen, in practice, indulging sex out of wedlock (*zimut*). They said that they could not say these people know what it means to be a Muslim, and therefore, they cannot represent either the mosque or the Muslim community. They are using religion as a cover-up for the *zimut* they commit (see Chapter Six for further discussion of the stance of religious leaders concerning condom use).

Conclusion

Although individual attitudes towards premarital sex among young people varied greatly, the dominant views about sexuality in general and premarital sex in particular appeared to be challenged and reconstructed by the school students. We have seen different views from the most conservative (very few) to the most open-minded extremes. Most of them could not imagine a relationship without sex and most doubted that it existed at all in this day and age (among their generation). Most of them repeatedly noted the importance of premarital sex and learning the skills of making love. It was assumed that premarital sex for men with a variety of partners would prepare individuals to be skilled in the art of love. Convinced of this knowledge, most of the boys upheld an ambiguous double standard that premarital sex is right for men but wrong for women. Levine (1972) maintains that premarital sex for boys is considered an ordinary course of nature, implying the existence of a double standard in Ethiopia at least as early as the 1960s and probably much earlier. Lucas (2001) argues also that a double sexual standard has always been in place in Ethiopia and attributed it to the prevailing inferior social, political, and economic status of women and the imbalance of power in interpersonal relations.

The young men's discourse concerning premarital sex is opposed to the stance of the young women involved in the study. As indicated in Chapter One, almost all schoolgirls involved in the study denounced pre-marital sex as 'unnecessary' and 'risky'. They said that girls should retain their virginity until they are married because doing so would win them the respect and trust of their husbands, and their family and all who love them would be proud of them. They also believed that if a girl proves to be a virgin at her marriage, this will make her husband love and respect her all the more. In their thought world, the girls implied that virginity guarantees pride, and respect from important others and losing virginity before marriage exposes to public dishonour and disgrace; boys, on the other hand, perceived that male virginity leads to sexual incompetence or impotence, and girls may question their manhood if they do not initiate sex in a relationship. The schoolgirls also maintained that engaging in sex before marriage increases the chances of HIV/AIDS infection and unwanted pregnancy. They particularly appeared to harbour the fear of unwanted pregnancy, which may result in the social stigma of bearing a child out of wedlock. There are cases in which young women have abandoned their children because of economic problems and fear of the stigma attached to the state of unmarried motherhood in the community (Tadele 2000). This situation reflects limited availability and use of family planning methods, which are essentially inaccessible to unmarried adults in the country (Lucas 2001). There is the alternative of abortion but, since abortion is

illegal in Ethiopia, women opt to terminate unwanted pregnancies by illicit means thereby putting their lives at risk. Complications from unsafe abortions account almost 55 percent of all recorded maternal deaths in Ethiopia, 13 percent of which occur in the under 20 years of age group (Korra and Haile 1999).

It is quite patent that young women and men gave premarital sex and its place in a relationship a different significance, because of the different consequences of the act for the parties involved. Except for HIV/STDs and hepatitis infections, premarital sex for boys poses no dangers. Turning to their female counterparts, in addition to advocating dominant socially desirable values towards premarital sex and prevailing norms of femininity, it is reasonable to assume that girls harbour fear of pregnancy out of wedlock and are hence opposed premarital sex. Except for some social and pragmatic reasons, the girls did not consider staying chaste a religious duty. Though all the girls agreed on the value of staying chaste until marriage, they admitted that the reality on the ground is different, and reported that many girls in Dessie are sexually active before marriage.

The study also highlights that HIV/AIDS is shaping young men's views of the fabric of love, marriage, premarital sex and a wide range of other issues. School pupils, irrespective of their background, aspire to marry when their economic situation allows. In addition to being the cultural norm or rite of passage, fear of HIV infection is the main motivation for contemplating marriage as soon as possible. Some school pupils equated premarital sex with 'risking one's life', implying that it leads to HIV infection. The issue of mistrust in a relationship is very high in the premarital era and marital sex is perceived as a safe haven from HIV/AIDS infection. How young people can meet their aspiration for marriage in a context of chronic poverty and increasing consumerism remains the question.

The study shows that economic incapacity is the main obstacle that stands in young people's way to marriage. Acute poverty denies them the right to be able to earn their own livelihood and forces them to remain single young pensioners, dependent on their parents. The continuous development of consumerism much influenced and fed by media seems to have impact on wedding ceremonies, putting marriage beyond the reach of many young people. Though it is a traditional Ethiopian aspiration, such growing consumerism in the context of mounting poverty is perpetuating the desire for lavish feasts and gifts. More subtly, such increasing consumerism and commodified sex/marriage has created a shadow of mistrust between men and women though such misgivings have not led to an increase in condom use (see Chapter Six). Men thought that women are only interested in money and would desert them if they found other, wealthier men. Marriage is, therefore, a very distant mission to be accomplished in the faraway future by most young people in Dessie, mainly because of the precarious economic position. This prolonged period between sexual maturity and marriage,

not surprisingly, has led to increased sexual activity before marriage. This implies that young people are not in control of their sexuality and their ability to make changes in their sexual behaviour is influenced largely by social and economic factors. This indicates the need to address poverty in order to reduce the spread of HIV/AIDS.

The public perceives that church and mosque-goers are decent and conform better to the sexual values and norms of the society than non-church- or mosque-goers do. With this perception very much in evidence, religiosity has been one of the requirements for choosing an ideal partner. The informants involved in this study ruled out such a sweeping generalization. Most of them concluded that religion does not have any effect on the sexual behaviour of young people. It is true that some (certainly not all) girls in Dessie may use religion and religiosity as a smoke-screen, either practically to get away from parental control or, more hypocritically, to impress others with a false pretence of being religious. Even being aware of this, the categorical argument that religious and irreligious people are all the same when it comes to their sexual behaviour seems a crude, simplistic, and exaggerated generalization that does not take the proportion of abstinent young people into account. Given the small number of mostly sexually active young people on which the analysis is based, it cannot be claimed that all young women and men use going to church/mosque as pretext for sex. In fact, it is my impression that religion and religiosity is reviving in the country (including in Dessie) after having been relegated during the 17 years of the Marxist regime, and there is a strengthening commitment to fundamental religious identities among Christian and Muslim young people these days.¹³

The whole discussion with the boys and girls on the effects of religiosity on sexuality centred on girls, as the boys are free to come and go from home any time with or without parental permission. Women's presence in public space is often sexualized and, except for schooling, church, work and other valid reasons, they are not allowed to go out of home and occupy public space. As in many other societies, girls tend to be closely supervised and are prevented from spending time with boys/men as there is high premium placed on the virginity of girls at the time of marriage. Particularly in the era of HIV/AIDS, parents are uncertain about how to handle the situation and how to approach the issue of the sexual behaviour of their children, and strict control is inevitable. Such strict supervision seems to have forced girls to look for different pretend reasons (for example, going to church/mosque) to find space and time for romance. Conditions at home are not conducive to romance because of the poverty (as described

¹³ The *Mahbere Kidusan* (literally Association of Saints) of the Ethiopian Orthodox Church, an association that consists largely of young educated members of the society is a typical example which can be cited (see Chapter Nine)

in Chapter Two) many people live in a single-room house and young people do not have their own private room for the intimate aspects of their lives. The situation seems to have forced them to transform public space (church or mosque) into a private space and to disregard the religious teachings of these institutions regarding sexual behaviour. Young girls in Uganda seemed to have used the same strategy (being 'saved') to evade social control and maintain respectability in the eyes of the community (Romberg 2001).

I have attended the regular sermon and prayers from 5-7 o'clock in the evening at *Medahenalem* (Holy Saviour) Church a number of times, but it was very difficult to confirm the claims made by the informants. I was surprised by the presence of a large number of young people of both sexes in their teens and early twenties in that church. The absence of many adults and old people was again something that took me by surprise. As shown in various chapters, religion, sexuality, illness, and health intersect in young people's everyday lives in Dessie and perhaps elsewhere in Ethiopia. I would, therefore, like to argue that with all their limitations, the strength of religious institutions in addressing the problem of sexuality and HIV/AIDS should not be overlooked. As I will argue in Chapter Nine, they seem to have a unique potential to deliver HIV/AIDS message to a large segment of the population. Bearing this in mind, governmental and non-governmental organizations involved in HIV/AIDS prevention need to find out how best to equip religious institutions in the fight against the spread of HIV/AIDS.

‘Normal’ and ‘abnormal’: Sexual practices

Tefera was born in Dessie in 1983. He has three brothers and one sister. His parents are civil servants and he perceives himself as belonging to a middle-income family. At the time of the interview, he was attending technical training in the evening programme of the W/O Siheen Comprehensive High School. He was also working and being trained on the work floor in a small woodwork shop in town. Tefera began his story by referring back to his early high-school days, and explained what he and his friends used to do in the Arera (bushy area):

Our [referring to a group of four close friends] life while we were in school wasn't particularly pleasant. There is a bushy area called the 'Arera' and that was where we spent much of our time chewing chat with girls. The only time I failed to be put up a class in school was when I was in grade 9 and that was precisely because I spent more of the time in the Arera with girls and my friends than in school. Then it was like a fashion, every young man went in groups with other young men and girls to the Arera, and that place [Arera] used to be very suitable for sex play. The bush was so dense and the grass and other undergrowth was so tall that you couldn't even see what was being done right in front of you on the other side of the bushes. It used to be a hive of sexual activity, and the whole place was littered with used condoms. There were even boys who frequented the place to snatch girls from other boys and rape them.

If you go to the Arera nowadays, the bigger trees and thickets have all been cut down and you can see a long way quite clearly without any obstruction. People can see you from way off and sex isn't so pleasant a pastime if indulged in while others are watching. I remember once we bumped into a couple who were quivering with orgasm and we had to rush down the other side so that the girls with us wouldn't see it. The girls with us wanted to know what caused such a sudden detour but we covered the matter up saying this and that, because we were afraid they might feel a little uneasy or ashamed (endiyebeberachew) if they knew. Hence you won't feel so

*much at ease having sex in the Arera these days because you won't have much sense of privacy. Because of these and other reasons, going to the Arera for sex has now become a thing of the past.*¹

One interesting and perhaps surprising aspect of male youths in Dessie is that school pupils, some as young as 15, rent a room (as they call it a 'class') in a group or individually while they are still living with their parents. The room is mainly used for chewing *chat* and dating.² Tefera claimed that renting the 'class' is also becoming a thing of the past, although it is not disappearing as completely as going to the Arera. He thought that the new generation is changing and focusing more on their education.

But while I was at high school, if there was a group of young boys, renting out a class was taken for granted. I was in grade 9 and 15 years old when we rented a room as a group. What we used to do was lure some rich boys into the group who could account for a larger part of the rent and we would cover the rest. The room would then be furnished with some basic things such as mattresses and a tape (cassette player). We planned each day who should use it in the morning, afternoon, and at night. We also used to spend loads of time there chewing chat. At that time, we were young boys and wanted to acquire the sobriquet moody (mudegna) and to earn this distinction we all thought we had to chew and chew and chew chat.

Tefera then explained his sexual history and experiences since his childhood sex play (*eqaqa chewata*), and narrated the tension and anxiety that he experienced when he thought of sex for the first time.

My first experience of sex goes as far back as childhood. I remember a friend (girl) of mine with whom I played eqaqa chewata. Well, I am sure we had no real sex, but we used to play pretend sex saying this is my wife, so-and-so is so-and-so's wife and the like. But after I grew up and reached puberty, you know there was no such a thing as a class [private room] then and I was so timid. I made an appointment with a neighbourhood girl to whom I was quite close. And the days seemed to go dragging by so slowly (and I had fixed my appointment a little late). At first, I used to be so anxious about what my friends would say if they knew about my sex life. I was very

¹ Contrary to this claim, an old man in Dessie stated that students who are supposed to be at school spend the day in the bush making love. *I chanced to meet young people while they were making love in Arera forest, and the young man asked me "Father, father, please come and help me". The bush is like Robit Market [name of a market place]. Many students flock to the bush to make love. How come students go to the bush for sex instead of going to school?* This is corroborated by the fact that many of the students and street youths mentioned the Arera as one of the places that young people meet to start a relationship and for sex (see Chapter Three)

² As I listened to my informants' stories about their youthful escapades, I found myself contrasting them to my own schoolboy experiences. Certainly, renting room while living with parents appeared something new since my own days in Dessie. Renting a room was common for students who came from rural areas to study in towns, and I went through a more or less similar experience while I was studying in junior and secondary schools, as the school near my village was only to grade 6. After grade 6, I had to go to another school 12 kms away. Even then, my parents asked some of our distant relatives living in the town to take care of me, while providing all the supplies (grains, spices, rent) necessary for my keep. Lodging with relatives, I did not have a room of my own. I used to sleep in the living-room, spreading the local mat made of palm leaves (*selene*) on the floor.

afraid, petrified by the thought that something would go wrong. I sometimes thought of what I would do if I couldn't have an erection out of sheer fright. The thought of the shame that would befall on me if such a thing happened haunted my entire sleep and I contemplated what I would do. It wasn't that I loved her or any such thing; it was sheer anxiety that robbed me of my sleep. But at last the day came and I did not have many difficulties when it came to actually doing it. But after I had had sex with her, I developed such an aversion to her that I abandoned her. And that is still the way with me. I do not want to see a girl after I have had sex with her. I just want her to be gone. It is not only the girl that disgusts me; it is also the act of sex itself. I will often think "Eh! I won't get involved in sex again" after I've had it. But then I do it again. But I keep on wondering "Ech! Is this what sex is all about?" So if I really like a girl, I would prefer to hold her in my arms, caress and kiss her and do things like that rather than having sex, because once I have had sex, that is the end of her and me; it is over! There was one such girl whom I liked very much, but after we had had sex, I had such aversion to her that I did not even want as much as to see her again. I took to crossing the road every time I saw her, so we wouldn't bump into each other. I remember she herself was very confused and sent some of my friends to inquire what the problem was. She took the hint though and distanced herself after a while.

Tefera said that he cannot total up exactly with how many girls he has had sex, but he guessed the number would come to around 20. Of these, he claimed that he had sex only once with most of them. "The ones I can say were my girlfriends wouldn't exceed more than three or four". He then explained which sexual positions he liked most.

I have seen many, many types of sexual positions in the porno movies. But I do not use them myself, I don't think I will even if I wanted to, as I wouldn't bother to remember them when it comes to actual sex. The films are the main source of education about sex position for most people and then they try to imitate them as much as they can. But you see, when I am having sex myself I will be far too much absorbed to recall what I have seen in the films and try implementing it. It is only after the sex is over that I think if I had tried this or that. But there are some methods I have adopted for myself. What I do is I take a girl in my arms and kiss and touch her everywhere until she is quite overcome by her feelings. I kiss her until she faints dead away. After that I will do whatever I want with her. But I can say I do not use positions that much. Many of my male friends have told me that they like yefu [rear entry], but I am not very fond of yefu; I just don't like to see a girl from the rear like that. But it doesn't mean I have never tried it. I sometimes use yefu and other types of positions to see if it feels any different. But some girls do not share my enthusiasm for experimentation. They say they are not willing to have sex this way and that way because it hurts. But I think that they refuse because they feel ashamed or embarrassed and not because it hurts. It is, for example, very pleasant to have sex while Standing I like it myself. But when I mention it to them, they just feel so ashamed and refuse. And you may tell a girl to have sex with you in a standing position the first time, but if she doesn't take the initiative herself the next time, you can't tell her to be like this and like that every time you want to have sex. So what I usually do is have sex in the usual position with the girl lying below me and I on top of her. But I some-

times also use a pillow underneath her waist if she is a little plump (fat). There are also times I have had sex with the girl lying by my side (side-by-side).

In Chapters Three and Four, an attempt was made to present love and relationships and young people's perceptions of premarital sex and marriage in more general terms. Now is the point to approach more intimate behaviour and I shall discuss sex, sexual variations, and orientations. Attempts will be made to present an increasingly detailed view of sex and many of the issues raised above.

"Human sexuality is really nothing, at least nothing specific. It is nothing specific in an almost infinite number of ways. It is almost never the same even when it looks the same" (Simon 1996: 145). As indicated in the previous two chapters, sexuality is socially and culturally constructed, and people in different countries or even within the same society often possess very different attitudes towards heterosexual, homosexual, or bisexual practices. They also differ in how likely they are to engage in a variety of sexual practices: masturbation, anal/oral sex, different sexual positions, erotic approaches and techniques. The main questions addressed in this chapter are: What are young people's concerns, fears, perceived pleasures, dangers, and desires related to sexuality, and different sexual practices? What do young people in Dessie consider (socially or morally) appropriate sexual behaviour for themselves and their partners, and to what extent do attitudes vary? Kenneth *et al.* (1977) argue that sexual behaviour may be judged as 'normal' or 'abnormal' and the criteria for this judgement could be the existing state laws, religious or other moral codes, prevalent cultural values, the effects upon the individual. They also note that simplistic approaches define 'normal' sexual behaviour as the most common or 'average' behaviour. Therefore, why and under what conditions certain sexual practices and orientations are approved or disapproved is another question that this chapter will look into. The social values and beliefs of the group to which people belong influence the sexual standards individuals espouse and can affect their sexual practices. This situation poses another question: What are the various socially approved and disapproved sexual activities and how do young people situate themselves in relation to religious, media, and other dominant discourses surrounding sexuality?

This chapter shows that most of the young people (both school pupils and street youths) perceived 'normal' or 'pleasurable' sex exclusively as heterosexual penetration using the missionary position. All other different sexual practices and orientations (different sexual positions, oral and anal sex, masturbation, and homosexuality) were considered to be 'dangerous', 'harmful', 'risky options' and alien – imported from the West through pornographic films which do not belong to Ethiopian society. Their opposition to alternative sexual practices and orientations other than the customary one seem to have emanated from traditional moral

and religious proscriptions condemning certain sexual behaviours as wrong, unnatural, or perverse, while at the same time permitting others only in their 'proper' context. For most young people, negotiating different sexual practices and orientations (other than the customary one) is perceived as tantamount to negotiating Ethiopian identity and moral standards, and submitting to European standards of morality. For some young people even asking them whether they had indulged in such practices generated intense shock and embarrassment. Multiple-partner sex, however, was a widespread sexual practice, and the young people did not frown upon it.

The information obtained from school pupils and the street youths is presented thematically. I begin the discussion with young people's attitudes and experiences with different sexual positions, sex from beginning to end, multiple-partner sex and group rape followed by analysis of their attitudes and experiences with anal/oral sex, masturbation, and homosexuality.

'Normal' versus 'abnormal' sexual positions

Since sex and sexuality is surrounded by restrictions and modalities, the school pupils were asked to describe different sexual positions and which ones they considered 'normal'. The schoolboys listed a number of 'harmful' effects that using different sexual positions could result in. They argued that they would prefer people to have sex only in the appropriate way (through penetration of the vagina by the penis using the missionary position) and cautioned that doing otherwise might carry its own risks like: 'dislocation of the uterus' (ye mahetsen menagat); 'digestive disorders' (in cases of anal sex); and 'disruption of the intestine' (ye anjet mebetates). They said that all these ailments can be caused by such 'inappropriate ways' of having sex, though they did not indicate clearly which types of sex would result in which disorders and how.

There were a few other schoolboys who did not share in this general view. They noted that if the two partners consent (and by partners they meant male and female), they can have sex any way they please. Sex becomes abnormal only when it is forced. Showing some discernment, they commented that the concept 'normal sex' might exist in rural areas, but in towns there are so many ways of having sex that it is impossible to say what is normal and what is not. In rural areas the more traditional (the man on top of the woman) position might be considered normal, but in the urban areas there was such a variety of ways of having sex (they gave several names for the sexual positions discussed below), which made it impossible to pass judgement. They believed that people should not be bound to any rule if that gave them more pleasure and be forced to stick to vaginal sex. They personally did not see any problems with different positions.

They argued that some achieve more pleasure through fondling the vagina with their fingers ('finger fuck' as they put it), some want to fondle the breasts as a way of making love, while others prefer oral sex. They commented that human preferences vary greatly even in sex and everyone should be given the freedom to do what pleases them most. Some of the school pupils went further and said that using the same sexual position again and again is boring.

As a matter of fact, if I ejaculate using one sex position, I have to use another position the second time. Using a single position repeatedly is boring, so it has to be changed. Any woman with whom I go out is as open as I am. Even if she is not open to begin with, I will make her to be so by telling her everything in detail. Finally, there will not be a distinction between a normal and abnormal sex between us. And we will have sex using any position we think convenient (Dejene 20, male).

Other school pupils said that they are aware of different sexual positions but claimed they have never used them.

I usually use the traditional (ye enat abat) 'up and down' position where the man lies over the woman. I do not like to use other more elaborate positions. I know many sexual positions by name [he mentioned some of the sexual positions discussed below] but I have never tried these with my girlfriends. With one of my girlfriends, I used to lift her legs wide apart over my shoulders because her waist was so slender. I also used to let her be on top of me sometimes, but I did not find that to my liking because she often controlled the depth of my penetration to levels that did not satisfy me. I have also tried sex while standing, but I did not find that pleasant (Wodajo 19, male).

Overall, it seems that most of the school pupils limited the meaning of 'normal' or acceptable sex to 'the missionary position'. The reference point for their opposition is based on prevalent cultural values, religious or other moral codes, and taboos which brand certain forms of sexual activity objectionable, indecent, or contemptible (*newere*). They also appeared to harbour a fear of some unintended consequences of using different sexual positions.

The street youths said that they talk freely among themselves of each other's sexual encounters saying, "I did this and that" or "I 'fucked' this and that type of 'fucking'." The coital sexual positions they named and described were as follows (some of them quickly named many sex positions which made it seem as if they were reading from a catalogue).³

³ It should be noted that different informants gave different names and meanings to the same sexual position, and I have taken the liberty of defining what they said on the basis of how the majority described it. There were times that I was unable to grasp the *modus operandi* of some of the sexual positions described. I still do not understand how some could be practised on the ground. It is interesting to note that they did not include anal and oral sex in the list. Taking the length of time involved in sex as a yardstick, the street youths also divided sexual intercourse into two: short sex - as the name implies it involves one short round usually during the day and sometimes during the night. The other one is overnight sex - a one-night stand.

- Ye qume bede* (standing position) – done with both male and female standing on their feet. It was commented that the man and the woman should be of more or less equal height
- Marfe taq taq* (fast up and down movement just like pressing down the needle while sewing clothes using a sewing machine – literally pressing the needle –called *marfe taq taq* because of the speed during intercourse). It is a position in which the woman lies on her back and the man will be above her spreading her legs like wings, and then moves fast up and down
- Amora jefe jefe* (the way birds of prey [eagle, kite, crow and so] take flight) – a slower version of *Marfe Taq Taq*
- Mesar be angete* (interlocking axe at the neck) – done in a sitting position in which a woman puts both of her legs over the man's shoulders and the man's body is raised above the floor.
- Yefu or ye haula shete or yefndid* (rear entry) – a position whereby the woman kneels down facing the bed and the man comes and penetrates her from behind.
- Shenkurt ketefa* (chopping onions) – done with the woman's legs lying wide apart over some support while she lies on her back.
- Ye enat abat* (mother's and father's) – the traditional [missionary] position for sex with the man lying over the woman.
- Qelebet agebabe* (putting/inserting a ring) – a position reserved for having sex with heavy/fat women by inserting pillows around the woman's waist so that the vagina is more visibly exposed. Some others called this *simint kuter* (number eight), that is putting a pillow under the female buttocks and leaving her body below the hips raised. They believed that this position makes a woman's vagina open wide.
- Mesqelegna* (crossroads) – a position in which a man stands up while a woman is interlocking her legs around his waist without touching the floor.
- Kelay* (up on or over) – a sexual intercourse in which a woman will be up on top of the man or where the man lies on his back and the woman sits on his penis putting her legs around the man's waist.
- Womber agatmo* (pulling chairs together) – they put two chairs face-to-face, and cover the gap created with a piece of cloth so that they are not pinched by it. Then, the man and the woman sit on each chair facing one another and have sex. Slightly different but the same position is while the man is sitting on a chair, the female sits on him turning her face towards him and putting her legs on either side and they make love.
- Yemberkek* (the kneeling position) – where both partners kneel down and have sex while facing one another (“You kneel down just the way you do when you are disciplined at school”). When they are about to have orgasm, the woman would be on the bottom and the man would be on top while both keep their legs bent.
- Wosfe timiz* (twisting the needle) – where the woman rests her body on the wall, hangs one of her legs on the wall, and they have sex.
- Gone le gone* (side-by-side) – both partners sleeping side-by-side

With the exception of *ye enat abat* (missionary position) and *gone le gone*, most other positions were considered to be sexually deviant, and not as part of what is called ‘normal’ sex, in which the man penetrates while the woman lies on her back as their fathers and forefathers have done before them. The other positions were described as harmful to the women because of potential damage to the uterus. They noted that prostitutes submit to them for money and not because they like them, and sometimes even have to be forced into them. Such positions are also not good for males because they exhaust and harm them. Another negative effect of using non-conventional positions was said to be the very

emotional situation that may lead to pneumonia because the participants become heedless of draughts or the cold. They also involve hefty struggles and friction between the two bodies, which usually cause condoms to tear in the process. Most of them said that these positions were better avoided and are usually only assumed under the influence of alcohol.

Let us follow some individual cases in order to understand the street youths' aversion to different sexual positions. Kibrom is a 22-year-old male. He spends most of his time at the bus station washing cars and sometimes assisting the chauffeurs. When I asked him with approximately how many women (sex-workers) had he been out since he started to have sex, he said that they have been many: *"I have had sex with about 60 sex-workers here in Dessie town. When I have gone into the countryside or to different towns with chauffeurs, I have also been out with many other women"*. I then asked him what type of sex positions he used with these women and which one of them he liked most.

I do not use different sex positions with anybody, though I know how to do so. I've seen them all in porno videos. I do not use various positions because I'm afraid of creating some problem. It is a disgusting practice and I don't want to use it. [Tell me why it is so disgusting?] There could be a bad smell you could inhale inside your mouth. [What it is? Be clear, what do you call it? What does it cause?] For instance, there is a position whereby she faces the wall while you come in from behind. You can be more prone to cold winds in this position. It's a position similar to that of an animal. She offers you her back and there is no way by which she can have your breath. However, you can be susceptible to bad odours from her sex organ that can cause you health problems. [Are you saying the odours come from her vagina?] Yes, it's from all her body parts and this unpleasant smell can cause an illness. The position that doesn't cause any harm either to her or to me is normal sex sleeping with her side-by-side. For instance, merfe taq taq hurts or can cause pain to the girl because she spreads her legs wide apart during the intercourse. [What's the problem?] She has to spread and raise her legs; I think this is problematic (painful) for her. There could be many things she could feel but I don't know what they are specifically because I'm not a female. I do not use all the positions because I am considerate of all these women's problems. It is strangers who have sex only once with a sex-worker who force them to assume different sex positions with them. In some cases there are some clients who are asked by the sex-workers to pay a great deal of money (50 Birr), and as a result angrily force them to have sex in different positions. It is not the money that matters; you can get it any time. What matters is taking care of the woman, for you can probably have further relationship with her.

In short, all positions other than the missionary are perceived as 'disgusting'. His objection seemed to revolve around the health problems that may result from using different sexual positions. Surprisingly enough, the relationship between money and love/sex pops up in any discussion on sexuality, and this time the informant argued that clients who are asked to pay more by prostitutes compensate their expense by forcing the latter to adopt unconventional sexual positions.

The narrative from a prostitute presented below also supports his assertion about money and other perceived health problems related with unconventional sex.

Once a man told me that he had ordered food and drink for a bar girl with whom he agreed to have overnight sex. After they had drunk a lot, they went to a bedroom and when he fucked her using one of the sex positions, that is he lay on his back and she sat on his penis, she vomited all she had eaten over the man. This is the least that might overcome a woman. And since 'positional' sex exposes their womb more than ever, the location of the womb will be displaced or the uterine wall will be injured. For instance, there was a prostitute I know who used to go in for different sexual positions, even though we tried to tell her not to, she would not listen. As a result of the 'positional' sex she had had, she fell seriously ill and it was her uterus. Once while using a particular position during sex, the condom bursts; her menstruation stopped, and she became pregnant. When she later had an abortion in the health centre, since her uterus had been ailing previously, she fell gravely ill, and she is still bleeding. All the other positions may cause air to enter into the womb, may dislocate the womb, and deform the legs. So, it is better to have sex the way God has blessed us with. A womb infection that is caused by 'positional' sex will never heal. You can only get better if you seek some medical treatment, but you will never be completely cured. Most of the time, when you ask the men for 50 or 60 Birr, they ask, "Do you know how to have positional sex?" If your answer is "No", they ask you to reduce your price (Bekelech, 20, street female prostitute).

These conversations give us to understand that different sexual positions and erotic approaches are perceived as 'dangerous' for those involved, particularly for the women. She also said that God did not bless any other sexual position other than the missionary one. She and other young people repeatedly claimed that these variations could probably hurt the uterus, but when asked how they learned this, their response was very vague just like the following: *"I haven't seen this sort of thing myself, it is only from what I have heard or from what is commonly said among the public and from what I read in an Amharic magazine named 'Fert' about the after-effects or consequences of trying out different sex positions"*.

Despite their assertions, many of the informants were unable to give practical examples of the harm that using various sexual positions causes. When I asked another street prostitute why she hated assuming such positions with her clients, she said that she is very young and fears that this could make her womb wide and loose when giving birth. She remarked that the normal sex position itself is difficult for her, let alone practising *misar be angete* and other positions. When asked for further tangible after-effects of these sex positions, she stated that many people had told her of deleterious side-effects. Some of her friends, she claimed, advised her not to have such sex whatever the money she might be offered, as it can stretch the womb and makes it loose. It seems that there is wide-spread lay discourse that avers that different sexual positions (other than the missionary one) are dangerous, and harmful. Therefore, like the school pupils, most of the

street youths regarded the missionary position as the most advantageous and 'normal' sexual position.

What is more intriguing is that they all were familiar with different sexual positions from pornographic films, but strong aversions to such practices were reported. Why they frequented such underground porno houses, which obviously show different sexual positions and erotic techniques, while claiming to detest such practices is a question that needs to be answered. It certainly reflects that rhetoric and practice are different and often contradictory. The evidence is that young people seem to be caught up between their curiosity to explore sexuality and moral and religious messages against such practices.

Sex from beginning to end

It is difficult to know all the details of sexual intercourse and the sexuality experienced by others. "For most of us, sexual behaviour is private. With whom we make love, how and when we do so, and even why we do so are among our most intimate and private matters" (Laumann *et al.* 1994: 96). In short, what actually happens in bed is a private matter, and this fact should be taken into account no matter how sincere the informants are in confiding details of their sexual intercourse from beginning to end.

Degu (18, male) was born and brought up in Dessie town. He claimed that he stopped his education in 1998 when he was in grade 6. Because of the poverty in his family, he gradually started to work on the streets and help himself. He said that he never visited his family, and if he has money he slept in a rented house. If he did not have money, he slept on verandas in the street. He assisted cross-country bus chauffeurs in the absence of their assistants (fare-collectors), he showed them car routes in the hinterland if they were new to the area, and he arranged accommodation for drivers coming from Addis Ababa and other places. He washed and swept buses when they came in from different places; he solicited passengers and loaded their luggage. The following is a condensed description of the whole process of love-making as narrated by Degu.⁴

[How old were you when you first had sex?] I started sex at the age of 13. [With whom did you have your first sex when you were 13?] There was a girl in my neighbourhood. When we were herding sheep, she suggested to me that we imitate what our fathers and mothers did, and I did it together with her. [Where?] In a forest. [Tell me about your first sexual experience? What did you feel during the intercourse? Please tell me the details?] /laughter/ Well, at the time I knew nothing. We went into the forest on the first date and started sex there. In the middle of this sexual intercourse, my body trembled and I felt some sort of happiness. When I told

⁴ It should be noted that the information presented here is extracted from the lengthy interview. I started with less sensitive and simple questions about life, and proceeded to more intimate issues.

my friends this later on, they told me that it was an orgasm and I started to understand or realize that this is a common form of feeling. [What type of steps do you follow during sex?] First I pay the girls money. If they have their own bedroom we take off our clothes and lie down and have any kind of sex I want. [What do you do before sex?] We 'warm up' (prepare) ourselves, we kiss each other, and I rub one of her breasts gently. Penetrating and putting your penis 'in' and 'out' doesn't mean anything, it can be boring if it is done many times repeatedly.

We prefer to give priority to chatting together, kissing, and 'warming up' and when we are well prepared (ready) and know each other's feeling, we have sex. We first 'warm ourselves up'. [What does 'warm up' mean?] It means to hold and rub her body and her breasts gently, to press my body against her and then we have sex (penetration) when we are well ready for it. I do not indulge in 'warming ups' before sex if the girl is new (unfamiliar) to me. [Do you stimulate your partner's sex organs by touching them with your finger?] I haven't done this kind of thing. [Why?] My friends tell me that they do, but I haven't done it myself. I frequently go to a porno house together with my friends. What I hate is when I watch the woman in the film suck the man's penis and when he has cunnilingus with her. [Why do you hate such practices?] It is disgusting and doesn't conform to the culture of our fathers and forefathers. [Is there anybody who has cunnilingus here?] I haven't heard or seen such a thing. We usually see it on pornographic videos.

[Do you use various positions?] Yes, if we know each other well, we discuss it, and she agrees and lets me assume the various positions as I wish. If I don't know the girl, I must first force her to have these sorts of different positions with me. [Tell me the different positions that you know] Marfe taq taq, amora jaf jaf, misar ba angete, yehuala eshit/yefu/yefindid. [How many of these positions have you tried?] I have tried all [four] of them. [Which one of them is good or enables you to enjoy maximum pleasure?] If you want to keep the feelings of a woman, you have slow sex (amora jef jef). If you are only concerned with your own feelings, you use the other two different positions (merfe taq taq and misar bangate). [How do you control your feelings during sex?] If you slow down the rhythm during intercourse, you can delay orgasm and can go along with the feeling of your partner. If you have fast sex, you ejaculate immediately. I am not supposed to be fragile or weak during sex lest I be rejected. I've to control myself and be able to delay orgasm.

[Do you talk to each other (are there any words you exchange with your partner during intercourse)?] When a woman reaches her climax, she holds you very tight and whispers a lot of things to you such as "I like you very much", "I love you dearly", and so on and she falls asleep soon after having an orgasm. If it is you who has the orgasm, you say to her "I love you" (if she is your girlfriend); if she is a prostitute you say nothing to her. When I finish, she gives me something to wipe (clean) my penis and then I leave. [Why do you wipe?] After ejaculation you feel dirtied by the seminal fluid remaining on the penis so it has to be wiped off. [How long does sex take from the first to the last?] It takes many minutes (much time) because these days you have sex very carefully without bringing your bodies too close to each other because of the AIDS problem. If, for instance, you sleep with a prostitute it is the same as sleeping on the floor without mattress, because she is indifferent and has no feelings and it is only you who feel the sexual desire.

[How long does it take to reach orgasm?] When you are having sex, the vagina can be stretched or very narrow. Because they do not want any such sound to be heard during intercourse, women with a wider vagina hold your waist tight with their legs and hence you will soon feel tired and finish with them (reach climax) quickly, without noticing it. It takes on the average five minutes, and if it is delayed it does not take beyond 10-15 minutes from the beginning to the end. I don't take any longer time, as I don't want to affect my body by spilling more energy. It is the warm up/foreplay that takes so much time. Among my friends, there are some who ejaculate prematurely, and some who delay it a long time. [How do you know such things about your friends?] I know (have seen) this during group sex. We arrange that those who take a longer time for ejaculation have sex towards the last. [Do you look at each other during "group sex"?] We do not observe each other very closely, but are some distance apart.

[Where do you go for sex most of the time? You have told me, for instance, that you had taken that girl to the forest, did you sleep there?] At that time yes, we slept in the forest, but now that is an old-fashioned notion, nowadays you take a girl either to a friend's room or you pay 6 Birr and rent a bedroom. Once, people were shy and she could be afraid lest someone whom she knew or her parents would see her. Now everything has changed and the older you grow the more the fear lessens because it is what everybody does. [When you sleep with a woman for one night, do you only have sex with her once?] If we wake up in the middle of the night and if she is willing, we can have intercourse again. Usually I have sex only twice but there have been a few times when I have intercourse up to three times in a single night. [Does a sex-worker let you have sex free the next day if you have only paid for today?] If you are very sociable, you can sweet talk her and persuade her to have it with you. She can let you assume any position that you haven't tried. [How is a condom during pleasure?] The pleasure you get when using condom is minimal for your seminal fluid is prevented from entering her vaginal canal and as for you, you can feel blocked from feeling her secretion during orgasm by the condom. You will feel your muscles contract when having orgasm without condom. It is just like when you pour araki (strong local alcohol liquor) on your body so that your skin contracts. [How frequently you go out for sex now?] I used to have sex daily in an araki house near the Dashen Bank but now the house has been changed into a shop. [With approximately how many women have you been out?] They are many. Maybe about 70-80.

The foregoing discussion shows that kissing, petting, and lengthy foreplay appeared to be part and parcel of sexual intercourse, though more like a mechanical exercise, not much love or affection were involved. However, intimacy was mentioned as a condition for a lengthy 'warm up', the informant saying that "I do not do such 'warming ups' before sex if the girl is new to me". Romantic remarks such as "I love you" are also reserved for intimate relationships (girlfriends) and not for prostitutes. He also conveys the idea of emotional indifference from the side of the prostitute, which is one of the defining characteristics of prostitution. Degue and most other informants associated intimate practices (like bringing the bodies close to each other) with HIV/AIDS infection, highlighting how HIV/AIDS has affected erotic practices. In addition to a lack of

affection, the fear of HIV/AIDS infection seems to have excluded many aspects of foreplay and intimacy in sex. As will be discussed below, prostitutes also do not allow their clients to do the 'warm up' unless there is special attachment and intimacy.

Like most informants, he did not admit practising fellatio/cunnilingus, but claimed to have seen in pornographic video films. He did admit to engaging in different sexual positions in relatively long-term relationships. He indicated that the duration of sex is partly influenced by the size of the vagina and 'manipulative' techniques of the women involved. There seems to be a perception that early ejaculation emasculates or can cause men to be perceived as weak or 'fragile', eventually leading to their rejection by women. At the same time, too much sex or delaying orgasm is perceived as harmful to the body as it results in loss of energy. The association between too much sex and the sapping of strength is a theme that frequently recurred in the discussion of masturbation as well. As discussed in Chapter Four, he claimed that going to the forest for sexual intercourse is outdated as young people are no longer afraid of having sex openly in hotels and private rooms. He went to great lengths to express the difference in sexual satisfaction with or without condom, implying that sex without condom is more enjoyable. He seemed to believe that men and women need the vaginal secretion and sperm respectively in order to experience pleasure. His opinion about condom use was repeated by many young people (see the discussion on condom use in Chapter Six).

Multiple-partner sex

Having multiple partners and exercising power over women is accepted masculine behaviour and in many societies 'normal' men should have as many partners as possible. Men see it as culturally acceptable, and even necessary, to have other girlfriends for variety. One woman does not satisfy a 'real man'. Such masculine sexuality that encourages young men to have multiple partners, coupled with negative attitudes towards condoms, could expose them to STDS including HIV/AIDS infection (Holland *et al.* 1990; Wight 1994, cited in MacPhail and Campbell 2001). On reflection, these comments seem to be restricted and do not include females, who also maintain multiple partners. Ideally women, especially once married, are expected to remain faithful, but the reality on the ground is that some of them do have extramarital affairs and multiple partners, though they go about this more secretly than in the case of men (Gysels *et al.* 2002).

Likewise, multiple-partner sex, often without condom, seems widely practised among young people in Dessie town. Most of the school pupils recounted their experiences with multiple-partner sex (serial monogamy or concurrent). Teklu is

an 18 year-old-high school student. He was one of the more vocal participants in one of the FGDs held with male students. In addition to having an opinion to express, Teklu also admitted that he has a girlfriend. He was then asked for an individual interview. He agreed and said that he has a girlfriend known as Zinash. But at the same time, he admitted that he had had sex with two other girls (Selam and Hanna) two weeks before the interview. When asked why he slept with other girls while he was still in a relationship with Zinash (his girlfriend), and if he does not feel any guilt about ‘cheating’ on her, he replied:

There is a difference between Zinash and those two. Zinash is my girlfriend and I don't maintain her for sex alone, I love her and want to be with her forever. But as for those other two, I slept with them not because I had any special feelings for them but merely because I wanted to have sex with them (just for the sake of one-time sex). Of course, I do feel it isn't right but I do not feel that much guilt. I think I do such things because I am young and feel it is proper for anyone at my age to have sex with two or three girls. Maybe I shouldn't justify it like that but that is how I feel. It is all because of my age.

He tried to distinguish between loving relationships and relationships for causal sex. He attributed exploring sex instead of limiting himself to a loving relationship to his age. In any case, young people in Dessie seem to have become involved in a peer culture that accepts and may even promote multiple-partner sex. Another slightly older high school student (Bekalu, 20) also noted:

I usually leave them [girls] after having had sex once or twice. I don't know why they like me but girls do, and I have never faced much of a problem in convincing a girl to sleep with me. I have had sex with a total of about 30 girls so far. I have dated friends in a row. There were times I used to have sex with two different girls in a week. I think the girls themselves have great sexual desires, and I suppose every one of them who accepts a date is also willing to accept a proposal to have sex or they wouldn't have accepted a date in the first place. People say that women in Dessie say "Okay" to sex the first time you shake their hands and I suspect it is true.

He counted up to 21 of the girls by name and said he had lost the names of the rest. He added that some of them were virgins when he had sex with them. But he also remarked that he did not take the virginity of all of them. “*It is very hard for me to take a girl's virginity in one bout of intercourse*”. Bleek (1976) remarks on the difficulty of obtaining reliable information about sex, and how the subject is prone to boasting and gossip. All the above assertions could contain an element of truth, but it is very difficult to accept them without harbouring a few doubts, as young people like to talk about sexual adventures and assume a ‘macho’ personality. Although it is considered an adventure and a sign of ‘successful’ masculinity to have many sexual partners, open and blatant interest in sex in Ethiopia is unwelcome. Those who show an interest in sex too openly are branded whores or *Kinzeram* (over-sexed – usually applied to men). There is

a tendency to appreciate sexual restraint and dignity, yet at the same time there is an admiration for womanizers. Given such a contradictory stance, it is very difficult to accept or reject the above claims fully.

Even some young women involved in the study mentioned that girls in Dessie have more than one boyfriend for financial security. When one boyfriend leaves, they have another to fall back on. In this regard a female high-school student (Sada 17) spoke about a well-documented case of multiple-partner sex. She said that there was one such girl who went out with a group of friends (five males) one after the other. When the boys found out, she said they agreed to repay her duplicity in full. One of them gave her an appointment and informed his friends of the place and time of their meeting. They came with a videocassette recorder (VCR) and raped her in a group, making sure every single thing they did to her was recorded on the camera. This story implies that a sexual double standard prevails, and having multiple sexual partners is acceptable even for married men but unacceptable for women, and they should be punished. In recounting the story of group rape even Sada and other young women appeared to have the feeling that the girl got what she deserved. This indicates that they felt that women involved in suspected or actual sexual infidelity must be punished and rape was perceived as a disciplinary measure and hence acceptable. Writing about America, Reiss (1968) maintains that sexual acts go beyond physical pleasure and express anger and a power motive (see also Campbell 2003; Gibson 2004).

Another girl (Birtukan, 18) added that there are indeed girls who see having three or four boyfriends as a reason for pride. They do this mainly for the financial benefits and other material motives, not for love or any lust motive. There was a situation in which a woman has a relationship with three men: one for money; the second for love; and the third for sex. Interestingly, she maintained that this was not a thing peculiar to young people, but that the young have learned it from their elders. She knew of one old lady in her neighbourhood who was advising a young housewife to take an additional partner saying, *“Don’t be fool, you better ‘grab’ some one other than your husband. He will save you during hard times”*.

Some key informants also noted that as a result of a tradition they inherited from their forefathers, young men and women in Dessie do not limit themselves to one sexual partner. They maintained that a man who has slept with many women is considered a good man and a hero, and a woman who has sex with different men is also considered to be one whose beauty has been revealed.⁵ They claimed that most women, especially those who belong to the surrounding rural

⁵ Studies in other parts of Africa have also revealed that having multiple partners is perceived as a sign of sophistication (Nyanzi *et al.* 2000).

areas, are beautiful and their beauty is truly revealed when they have sex with different men.⁶ This is a long-standing tradition and they commented that the present generation practises what it has inherited from its forefathers. So it would seem that some young key informants blamed their elders for passing 'promiscuous' sexual culture on to them. One male key informant in his mid-twenties said:

With regard to sex, we inherited it from our forefathers. They used to have two, three or more sexual partners. Therefore, our elders should not blame us, as it is not something that we have brought it upon ourselves. Our behaviour as well as our personalities have been born of theirs. We got it all from them. The only difference is that HIV did not exist then but prevails in our time.

It appears that HIV/AIDS has instigated long-standing blame between different generations on different aspects of life. I conducted FGDs and interviews with the older generation, and they stated that HIV/AIDS is a punishment sent from God because of young people's promiscuous sexual behaviour (see Chapter Six).

The key informants reported with justification that there are plenty of married HIV-positive people in Dessie, and this indicates that even though people are married, they are not being faithful to their marriage vows [though some of them must have also been infected before marriage]. They maintained that it is a common practice for a man to see a woman other than his wife. It is not considered indecent and unbecoming (*newere*). It is also not considered untoward if he had a child born out of wedlock. The family will be furious for a while, but after a lapse of time, what he has done will be ignored and people will start saying, "It is no big deal. After all, he is a man." They also noted that it is common for a man to see another woman when he is away on duty in other places for fieldwork or business trips. The prostitutes involved in the study likewise noted that married women come to the hotel in which they work (for bedroom service) with men who are married to other women. They confirmed that married men also come to sleep with them. More anecdotal evidence is needed to underscore my argument:

Most of the time, I do not see a husband who restricts himself to his wife. If I get married, I do not think that my husband will not go to another woman. But, I shall simply marry him even if I know that he will see other women. No man is reliable;

⁶ It was repeatedly stressed that having sexual relationships with more than one partner has become part of culture. If a woman has a relationship with only one man, she is then considered ugly and unattractive. If she has a relationship with many men, the implication is that many men need her and therefore she is beautiful; she can brag about being pretty and sought after by many men. The dominant discourse in the literature is about 'successful' masculinity expressed by having multiple sexual partners (Wood and Jewkes 2001). In Dessie, however, having multiple sexual partners is perceived as both 'successful' masculinity and 'successful' femininity, although a certain degree of prejudice exists about 'successful' femininity.

most men who come to this hotel are married and have their wedding ring on their finger (Saba, 22, prostitute).

Overall, it is possible to conclude that multiple-partner sex is a widespread sexual practice in Dessie and more generally in Ethiopia. Ethiopian history reveals that kings and warlords maintained a host of wives and concubines and had a number of illegitimate children (Tesfaye 1988). The young people's claim that they inherited 'sexual promiscuity' from their forefathers has a grain of truth. What is troubling is that this is the era of deadly HIV/AIDS and the risk of contracting it increases with the number of partners a person has.⁷ Beyond culture and agency, such sexual behaviour in young people can also be explained by wider structural factors. To many young people without the promise of opportunities in life and who have unstable living conditions, exploring sex with multiple partners (who are in most cases easily accessible) could be conceived of as the only pastime (to while away their life), and as an earthly compensation. It was not only multiple-partner sex that was prevalent in Dessie but also group rape, which I shall turn to now.

'Group sex'

In Ethiopia, as in most societies, exclusivity is emphasized in sex. The young people, however, seemed to have developed their own sexual culture of raping in groups. Tafese is a 20-year-old male student and he stated that he and his friends used to have sex with some girls in groups, and maintained that this was not a thing they were alone in doing or for which they started a fashion. It was quite usual in Dessie to have sex in groups of two to four with a single girl. He justified what he and his friends did because they saw other groups doing it. It is usually *qeshim* (unsophisticated, green) girls whom they select for such sex; girls with whom none of them would want a relationship beyond the initial sex. If one of them finds such a girl, he will bring her to their 'class' and they will have sex with her (from two to four depending on who is interested). Here is how Tafese described the *modus operandi* of group rape. I quote:

When there are four of us, for example, we don't go in there [to the room] with her at once. We first agree on how much time each one of us should take with the girl. Since we usually do not go to great lengths to arouse such girls and are not one least bit worried about how she feels, we do not take any more than 30-40 minutes each. It

⁷ "It is worth emphasizing that having multiple partners is not a risk for HIV transmission per se. The risk is having unprotected sex with multiple partners. Given that behaviour in the early years of the epidemic 'must be seen in a condomless context' (Obbo 1995: 81), however, these nearly amounted to the same thing. In Africa, where there has been historically low condom use, poor treatment of STDs, and a general preference for penetrative vaginal sex (as opposed to types of sexual or erotic contact that might be less risky), multiple-partner sexuality among some can be statistically related to increased risk of being infected with HIV" (Setel 1999: 201).

is like going in, taking off your clothes, and then have sex and that doesn't take very long. So after we have agreed up on the time allocation and decided who goes first and second and so on the one who has brought the girl goes in first and uses his 40 minutes as best as he can. After 40 minutes, if it is, for example, my turn, I will go and knock and tell him so-and-so has been looking for him all day and is waiting for him right now in such-and-such a place. Before I come, he will have told the girl to get dressed and not tell any of his friends who may happen to come that he had sex with her since they wouldn't feel so good about it. So, when I knock all he has to say is ask me to keep the girl company and leave. And when I am through with my 40 minutes, the next in line will knock with some other reason and will take his turn and so on. I sometimes think the girls know that we are using some pretexts so that we won't openly say "Get out! It is my turn"! But anyway they don't really refuse; they may say "No" but it wouldn't go beyond that. The girl thinks that we do not know that each one of us had sex with her, she will think we all think "It is only me who has had sex with her". And girls are not unhappy about it. I mean none has shown us a miserable face, let alone put up a fight. It was only once that a girl even mentioned the others had had sex with her. It was my turn and she refused saying, "What are you guys doing! The other day all four of you had sex with me, and are you going to do it again"! I had to pretend to burn with rage and say "How could they do such a thing!" as if I didn't know a thing about it. But when I and another friend of mine found her next day (and took her to the class), she inquired why the other two had not come. I am not sure what she meant by that inquiry, but maybe she had thought the two of us might not satisfy her, I don't know!

This story presents a number of interpretive challenges. Tafesse justified their action because other people were doing it. This implies that young people seemed to have formulated their own sexual values and morals. He also simplified the mode of operation as being as simple as eating or drinking in a group, but one after the other. He conveyed that girls enjoy group sex, but I doubt the sincerity of his claim. His attitude appears that women are under an obligation to do what they are told and they deserve what is meted out to them. The other interesting issue is that forced sex in groups was never described as rape. They simply call it 'group sex' (using English).

Group rape ('group sex' as they call it) among Male Street youths appeared more widespread and part of their overall life-style. They revealed that they support one another and share many things in life. They sleep together and share blankets, mats, clothes and other pertinent materials. They also support one another financially, and when one of their fellow street youths runs out of money, others have to share with him. Most of them claimed that they are unable to manage (sustain) themselves individually and hence help each other. They also noted that they assist newcomers to 'their home' (the street). Such mutual support for one another and sharing seems to have crossed over into the area of sex as well. Most of the street youths I interviewed recounted their personal stories related to 'group sex'. Some narrated unbelievable stories of 12 boys raping one girl. They explained that when one finds a girl on the street or pays

for a prostitute, he takes her either to the bush or a hotel, and others follow to share. Most victims of 'group sex' were young women who lived on the streets. They also visit the same prostitutes one after the other. One street boy told me a story in which almost all the street youths around the bus station were infected with gonorrhoea after having sex with one prostitute. He said that they were cured of it after seeking medical treatment at the FGAE.

Hamid is a 19-year-old street youth. He was born and brought up in Dessie. He was in grade 7 when poverty interrupted his education. His mother was a servant at a private residence; his younger brothers and sisters were beggars. He claimed that his elder sister and elder brother had disappeared, and nobody knows where they had gone. He earned money by carrying goods and cleaning cars around the bus station. Hamid reported that he and his friends practised 'group sex'. I was then interested to know the details, and here is the dialogue between us:

[You have told me earlier that you were having 'group sex', what type of girls do you have such sex with, and how do you get them?] We find such girls while we stroll around at night. The girls go out when they have quarreled with their parents. When a boy meets a girl when walking at night he asks her for sex and she cannot say no; or if she refuses first, she will agree after having been threatened. It could also be with street-dwelling girls who live with us or with prostitutes. We take prostitutes by deceiving them into thinking that we are taking them to a client and when we reach a dark place, whatever cries for help or complaints they make, they are left after being raped in a group. In other instances, someone takes a girl (without her being aware of the risks) to a pension and others (one or two of his friends) hide under the bed or in the toilet and come out from there and have sex with the girl one after the other. There is one girl I know who was raped by a group of 12 of us. The girl is still in Dessie and looks unhealthy when you see her. Except for one who wore a plastic bag marked kurtu [local plastic bag] as contraceptive, the rest of us contracted venereal disease because we did not use condoms.

[How do you or your friends negotiate with the girl?] First, I talk to and agree with a girl about taking her with me, telling her that I am alone (I take care she can't see any of the others). Then my friends follow us and each of them waits their turn after she has first had sex with me. [Do your friends watch you while you are having sex?] Yes, they watch me; there have been times at which some one has held the girl's mouth shut tight so that she couldn't cry for help and the other had sex with her. Those of us who do not take long to ejaculate have sex first and the ones who take longer to have an ejaculation have sex towards the end. [Where do most boys have such 'group sex'?] In front of the kebele [lowest administrative unit] office and near the Empress Menen School in a place called fikir mascheresha [literally a place to consummate love or to have sexual intercourse]. The place is dark and virtually invisible and you can go there at night and do whatever you want. There is also another dark, quiet place in front of the bus station. Hardly anyone passes by and people who live nearby are not seen outside after 9 or 9.30 in the evening.

As discussed above, ‘group sex’ among school pupils involves ‘diplomacy’ and calculated moves to conceal the matter from the female, whereas ‘group sex’ among street youths seems to resemble open group rape, often involving violence and cooperation in gagging the girl to prevent her from calling to be rescued. As indicated by Hamid, most of the victims of ‘group sex’ seemed to be impoverished street prostitutes, as the following story also attests. Meseret (18, female) was born and brought up in Assab, and she was repatriated from Assab to Dessie when Assab was taken over by the Eritreans. Since 1999, she has worked as a street sex-worker around the Piazza area in Dessie. After having so many interviews with street boys, I asked Meseret about her experience with ‘group sex’:

[Was there any occasion on which you have been raped by group of men though you had agreed to have sex with only one person?] Yes, I once went with one man because I thought it was only he who was going to have sex with me. But when we reached the bedroom, some of his friends entered one by one and I was unable to cry for help for there was no policeman nearby. There had been some security guards patrolling but they didn’t help me. [How many were they?] There were three. [Were they using condoms?] No, they weren’t using condoms even if they had some in their pockets.

Abeba (16-year-old street prostitute) also stated that there was a time she preferred to stay in her ‘home’ without any income and abandoned her work for a while for fear of group rape.

If I agree to go with any one of them (street youths), the rest will wait for me in the field and I can be raped by a group of seven or eight. There was time at which I passed the whole night under an electric light pole lest such a kind of thing would befall me. It is something too terrible even to contemplate and consider. Sixteen boys once raped one of my friends (a street-dweller). One young man talked to her when she came to the bus station and she went with him, but he called his other friends and they raped her after taking her to a forest where she could find no one to rescue her. The last boy left the condom inside her. She went to the hospital and doctors took out it of her. She would have died if all had left a condom inside her.

Abeba thought that condoms left in the vagina could cause death, highlighting the existence of misinformation about condoms. As discussed in Chapter Three, street girls and prostitutes were not given enough protection by the police and other agents of the criminal justice system, reflecting the existence of structural violence on these unfortunate young women who are forced to fend for themselves on the streets.⁸

The street boys also happened to remark that if a female breaks up while in a relationship with someone, the discarded suitor resorts to ‘group sex’ as revenge.

⁸ Mequanint (2004) also reported that a street girl in Addis Ababa could be raped by five to six men just one night.

If you fight with a prostitute who has been your girlfriend for a shorter or longer period, or if you suspect her of going with another man, you make an appointment with her, and invite your friends to have sex with her after you have it (Kebede, 22-year-old shoe-shine boy).

In line with this argument, another street prostitute recounted that five street boys raped her friend as part of punishment.

Five individuals forced a friend of mine to have group sex. There was a thief my friend knew had committed a crime and she reported the case. The police arrested him. He was imprisoned for 15 days. Friends of his who knew all about it took a revenge on her by forcing her to have sex with five of them. After that they even mutilated her breasts and vagina. [How did they do that?] They used knives. The girl died later. The boys were arrested and are still in prison (Abeba 16-year-old street prostitute).

These stories bear witness to the fact that rape is “an expression of power, hostility, aggression and dominance” (Feldmann 1992, cited in Gibson 2003: 44; see also Gibson 2004). In short, the young people perceived group rape as part and parcel of disciplining and asserting dominance over women. Any attempts to end a ‘relationship’ or any suspected or actual sexual ‘infidelity’ by women had to be avenged by group rape. Hence, sex was perceived as a weapon of revenge, as well as a resource exchanged by women with men and an expression of romantic feelings (Wood and Jewkes 2001). Group rape among street youths could be also a reflection of their stressful life situation, dearth of love, sex, and money and lack of affection or even any respect from the general public (see Chapter Three).

‘*Ferengis*’ things’: Oral and anal sex, and pornographic films

These days, the common public discourse in Ethiopia is that young people are perceived of as a spoiled or morally corrupted generation. They are thought to be disrespectful of their culture, and more attracted to the Western culture they see on videos and cinemas. Their behaviour is associated with drug abuse, ‘wild sexual intercourse’ and other ‘bad’ habits derived from so-called Western culture. Pornographic movies can be seen in a number of movie houses in Dessie, and these flourishing underground pornographic video houses are perceived of as contaminating the young, teaching them to become rough and bold. Asrat (my research assistant) visited a couple of such places and he told me that the size of the audience, which consisted of boys as young as eleven and twelve years old, was really surprising. During one visit, there were about 150 boys and young men crammed in a very small, untidy room that did not even have proper chairs. He sat on one of some very long logs with no more than 20 cm between each row. He was relatively comfortable, as there were many more people who were

standing. The room was crammed to overflowing. Many others had to be told to return another time because there was no more space in the room; everyone was already standing on their toes to be able to see the film.

Asrat reported that he watched the film for a while; masturbation, sucking, licking, anal sex and various sex positions that seemed more like circus acts filling the screen one after the other. One of our informants had taken him there. He was a student, and was wearing his school uniform. Asrat inquired about whether he felt ashamed to go into such a movie house wearing his uniform. *“It is nothing for a student to see a porn movie. Why would it make me feel ashamed?”* he answered.

It appears that such pornographic films are the main agents of sexual socialization for most young people. But they do seem to have ambivalent feelings. On the one hand, they perceive them as a source of sexual socialization in a society where sex is not talked about in the family nor in the school. On the other hand, they perceive that pornographic films do more harm than good. The following comment by Bruck (16, male high school student) is representative of the ambivalent attitudes of the young people, and reflects their uncertainties and dilemmas.

I have seen oral and anal sex in video films. I can say I have a fairly good idea of how and what should be done during sex. And I think anyone will benefit from knowing about such things before starting to have sex for himself. And these sorts of things can be learned about from many sources. You can, for example, talk to someone who is experienced in such matters and can advise you about them. You can also hunt for written materials on such subjects (although there aren't many of them). You can also obtain such knowledge from porno films, though such films teach much more filth than knowledge. They greatly arouse sexual desire and aren't good. And we Ethiopians have become a dumping ground for the rubbish of Western civilization. They dump their pornographic films and films showing karate on us and we think that what we have seen is modernity and, imitate it. Therefore, such movies are not that good and they were better not seen. One can read books, but even so books aren't very explicit about sexual matters and as I said, there aren't many books on sex one can find and read.

Although the rhetoric about pornographic films was negative, many young people seemed to be fond of watching them. When the informants, both street youths and students, were asked about the occasions and circumstances that stimulate and facilitate first-time sexual intercourse among youth, they were quick to mention video houses and the cinema as places where young people ‘learn’ the ways of sex and where they learn to imitate Western ‘decadent culture’ (see Chapters Three and Four). One boy, for instance, emphasized the role played by video films in encouraging young people to engage in sex. He said that young people do not draw a line between what should be taken as educational, what should be seen as entertainment, and what should be deemed as trash

in the films dumped there by the Western world. He said that the video films serve as the main instigators of rushing into sex – to try in practice what they have seen on the videos. The key informants involved in the study also emphasized how such pornographic films ‘eroded’ the culture and traditions of their society and exposed youths to HIV/AIDS and related problems. Perhaps because of such discourse, the government closed most of these underground pornographic houses in early 2002, and I do not know what has happened to them now.

Undeniably, oral and anal sex are perceived as *ferengis*’ (foreigners, especially Westerners) sexual practices and ones that are strongly associated with watching porno movies.

Especially, those people who have such dirty sex as oral and anal sex are known for watching porno movies. I think that it is ferengis (foreigners) who are known for this. Ferengis engage in oral and anal sex and all different sexual positions with great attention and calculation. However, since our young people don’t see the care the foreigners take, but only the sexual act itself, they focus primarily on imitating the sexual positions paying little heed to having safe sex (Zewge 24, male, leader of Anti-AIDS club).

Both Bruck and Zewge reproduced the public discourse that situates *ferengi* (white people) with sexual openness (experimenting anal/oral sex, homosexuality and other ‘unconventional’ sexual practices).

What they say also shows that education about HIV/AIDS is superficial and has not addressed all the HIV/AIDS risks, transmission routes, and preventive measures. It is proven that oral sex is a less risky sexual practice in transmitting HIV/AIDS than vaginal penetrative sex. Nevertheless, almost all the informants perceived oral sex as the most risky sexual practice.

Oral and anal sex are the main means of the spread of HIV. Especially oral sex transmits HIV from the man to the woman. This is so because the man's sperm can be splashed into the woman. However, since the woman produces nothing but saliva from her mouth, even when she is infected she cannot transmit the disease to the man. Besides, these acts are dirty and do not accord with Ethiopian culture (Shigut, 20, male student).

It seems that such perceived risks associated with oral/anal sex privilege vaginal sex to the extent of arguing that it less risky than oral sex in transmitting the HIV virus. Such misconceptions highlight the importance of providing young people with broader sex education related to HIV prevention.

Some school pupils expressed extreme aversion to the thought of practising oral and anal sex. Dejene (20, male student) described sex saying, “Before you start having sexual intercourse, you kiss and lick her breasts, lips, her body, and her hands”. I then asked him [What about you licking/kissing her vagina and she licking/kissing your penis]? When I asked him this question, he shouted with disgust (jumped up from his chair in disbelief) and said, “This is very despicable

and alien to our culture. It is not common in our country. I have never heard about it in Dessie”. In discussing other sexual practices, Dejene appeared liberal and approved of having sex using different positions and even claimed that it would be boring to use the same position every time. Another student also believed that oral sex is alien to Ethiopian culture, faith, and religion. From the health perspective, he claimed, sucking or licking the genitals of men and women could cause allergic reactions. This is because such organs are used for excretion. He said that he knows a man who suffers from a lip allergy. He believed that the man contracted the disease when he licked the genitals of a prostitute.

The questionnaire data also produced the same conservative response. Twenty-seven percent of school pupils expressed agreement and 73 percent disagreement to the question: “Some people say that if the two partners agree they can have sex the way they please: vaginal, oral, or anal”.

Individual attitudes towards oral and anal sex varied among male street youths. Although very few, some street youths were open-minded and argued that they would not mind it if the opposite sexes had sex in whatever way pleased them. The majority, however, expressed a conservative opinion and disagreed that any kind of sex that pleases a couple was acceptable. They said that even married couples have to stick to the usual methods of having sex, because sex has only two purposes: to satisfy one’s sexual desires and reproduction, and both purposes can be satisfied through vaginal-penile intercourse. They added that it would not be good for children to grow up hearing or seeing oral or anal sex within their families. One informant said that he heard that when semen is released inside the rectum during anal sex, worms begin to grow internally, and then the person who received it will be a ‘homo’ and anal sex would have the same effect on girls (it would make them lesbians).

Other informants said that they had heard reports of oral and anal sex but had not seen any of it or experienced it themselves. They said that such practices are *newere* (abnormal/impolite/indecent), and added that licking the vagina with the mouth/tongue that eats bread and *injera* (flat pancake which is a major staple food in the country) is absolutely *newere* that God does not like. One added that he has seen such things only in the pornographic films and he opposed such practices because they are contrary to culture and contrary to nature. He added that both the man and woman have organs designated by nature for sexual intercourse and they should use them appropriately. Therefore, street youths perceived oral/anal sex as poor, bad substitutes for the ‘natural’ act. Let us follow the following dialogue with Demissie (20, male street youth):

[It is said that there are some young people who practise oral/anal sexual intercourse, how do you view these things?] I haven’t come across them, except for what I hear from rumours. There probably could be such cases because a wide spectrum (range) of behaviours is found among different human beings. [What about you, do

you acquiesce if there is a woman willing to have oral or anal sex with you?] It's alien to our culture and is not good. Why should we wish to use something sinful instead of the normal behaviour, which is given to us blessed by God? It is not good if there are those who practise such sex knowingly. It is no different from an illness. *[What do you mean by an illness?]* /laughter/. There are many diseases that can be transmitted through anal intercourse, and orally if, for instance, the man urinates mixed with blood. *[What about if it is done with a condom?]* The condom was not designed for oral sex. It is because of all this that the Lord visited the diseases on us. It is foreign to our culture and is very disgusting. *[There are, for instance, some women who do like to suck the penis, what would you do if you come across any such women?]* I'd force her to leave the room. I don't like these kinds of thing for I want to keep my life healthy. If she refused to go herself, I'd leave the room myself. I don't want to try because I have convinced myself that it is bad. It's contrary to our culture and is also harmful to females.

[What's the problem if she sucks your penis and if you lick her vagina?] It's disgusting; it is no good for our health for secretions from the sex organs can enter (into) the mouth. I don't think such sex is practised in our country. I have only seen it in videos. *[What is the problem if both of them are in love and agree to have such sex?]* If they agree and if he likes it, he can lick the secretions from her sex organs, everybody's behaviour varies, just like their faces. I haven't yet heard of any person practising it here. I myself think that it is disgusting. Every body part has its own purpose. However deep my love for her was I wouldn't like her to suck my sex organ or me to lick hers. When God created us, He gave us a mouth to eat and speak with but not for sexual purposes, isn't that so? Instead he gave us appropriate organs with a purpose for such functions. It is not through such sex that love is expressed, but it is through being considerate to one another in times of hardship. It is not good at all. We are not the same as the ferengi (white men), and it is not expected of us that we adopt what we have seen from them. *[What do you mean when you say we are not the same as the ferengi?]* We are not the same because they do many things during sex as we see them in video the women sucking the man's penis. It's disgusting for us to watch. From what we know, our ancestors usually had normal sex lying side-by-side or the man on top of the woman. There is indeed sexual attraction between opposite sexes and it is clear that a man cannot live without a woman, but a sex partner is not supposed to be hurt by emotional and abnormal sex. Both sex partners should sleep side-by-side together and are supposed to have appropriate sex. And instead of being passionate for instant sex, they have to be far-sighted about the future so that they can both have a baby any time.

In the conversation above, like that about using different sexual positions, anal and oral sex is perceived as harmful (problematic), particularly for women. However, when asked what harm they cause exactly, many were unable to articulate what this was. It seems that the resistance is simply because it is perceived as an 'anti-social' or *ferengi* sexual practice. Another interesting issue is the informants' strong argument advocating sticking to the natural division of tasks as designated by God. They thought that it is unnatural and confusing to use the mouth/tongue, which is designated for eating and drinking, for licking the vagina

or sucking the penis. The other important point is that the practices of the parental generation provide the basis for approving or disapproving of current sexual behaviour. Hence, “It doesn’t accord with our fathers’ and forefathers’ culture” was the most frequent response. Through a preference for vaginal penetrative intercourse to other forms of intimacy, the informant also conceptualized sex with reproduction saying that “*Instead of being passionate for instant sex, they have to be far-sighted about the future so that they can both have a baby any time*”.

However, Kebede (23, shoe-shine boy) said that he asked prostitutes to suck his penis, and admitted that he enjoyed it very much. At the same time, he said that licking the vagina is ‘disgusting’, and that he did not like to do it.

There are times I have done it on request. If I stay longer with a prostitute [as a client], I will ask her and she will be willing. We understand each other in sexual relations. I used to have it. [Is there a time you licked?] No, I don’t feel comfortable if they request me to do so. I will not do it. It is disgusting. While they are doing it, I am happy. I also have anal intercourse with women. It is good. No problem. While having sexual intercourse you will move your organ into the rectum. It is better than the other one (vaginal sex), particularly if the woman’s vagina is very wide. The women also like it. Most of the prostitutes, if you are regular client and understand them sexually, will offer it to you.

This discussion implies that prostitutes consent to oral sex when a man stays with them longer as a client. Interviews with the prostitutes also revealed their willingness to provide what I call ‘special offers’ for clients who are very intimate. These special offers are only given to regular customers and include: kissing, fondling, fellatio, sleeping without tops, different sexual positions, and sex without a condom. The following anecdote from Geni (24-year-old prostitute) substantiates their selective offers to regular clients and their extreme aversion to oral sex as well:

... We discuss everything openly. I tell him to do this or that to me. We usually make love naked and on top of the blanket, as we don’t hide anything from one another. He warms me up, kisses me, and does ‘finger’ me. When I finally come (flat swota), we have sex (cherches). If you do not tell this to anybody else, I will tell you something. I gave this to Mezgebu [her regular client]. I pushed my two breasts together and he inserted his penis in between. Finally he ejaculated on my chest. This type of sex could make sense to a man but not to the woman. I will take off all my clothes when I sleep with him because I know that he is neat and clean, but I don’t take off all my clothes for any of my clients and I don’t let them bring their body too close to me for fear that they might probably have ‘itches’ (rashes) or some other communicable skin disease. I won’t take off my underwear; I will take off my skirt only. I quarrel with many of them because I refuse to take all my clothes off.

The man with whom I slept yesterday wanted me to give it to him in my anus. I told him that my anus is very narrow and also I was not experienced. He began nagging

and telling me that there would not be any problem if we used a lubricant. When I warned him that I would leave the room if he did not stop nagging me, he kept quiet and we had yenglal [face-to-face]. There are many types in their sexual preferences. Some ask us to suck their eqa [object]. We see women sucking men's penises in films but Oh, in the name of the Father and the Son, how ugly it is! I will not suck any one's anjo [penis]. I had this experience. One day a man asked me to suck his penis, when I refused, he hit me with a bottle, and I hit him back and walked out on him. I told him, "What do you think it is to ask me to suck your eqa? A baby's feeding-bottle?"

It appears that oral/anal sex was rejected because it is 'unnatural' or 'ugly' In addition to emotional indifference, her position against taking off clothes or getting closer to her clients' body seems to have arisen from a fear of HIV infection, thereby highlighting that misunderstandings about HIV/AIDS transmission are also creating an unnecessary marked distance and arguments between prostitutes and their clients. Most of the prostitutes involved in the study recounted their fear of getting infected by mundane practices only distantly related to HIV infection.

The foregoing discussion indicates that vaginal intercourse is perceived of as the only appealing sexual practice in a heterosexual relationship. Oral/anal sex is seen as sinful, 'disgusting', and alien to their sexual culture. Although there were very few who viewed fellatio positively, young men without exception perceived cunnilingus as 'disgusting'. What is interesting is that almost all of them admitted to having seen anal and oral sex in pornographic films, thereby highlighting the tension between their curiosity and prejudice.

Masturbation

Setel (1999) notes that masturbation is the first sexual experience for many young people. Masturbation for young men is part and parcel of childhood playing or swimming. Likewise, eight- or nine-year-old girls stimulate themselves using a variety of objects. He argues that such sexual activities were perceived as part of growing up.

There was some degree of misconception and abhorrence regarding masturbation, with some of the school pupils agreeing, "It is not an act which people in their proper minds could possibly do". Responses to how and why it is done were:

- ❖ It is done by making a hole in the ground and inserting one's penis in it
- ❖ It is done through computers (viewing porno pictures on computers)
- ❖ It is done by those who view porno films
- ❖ Such a thing is done by those whose minds have been distorted by the effects of chewing chat and the 'good state of mind' or feeling high (mirkana) that follows it.

Some of the younger school pupils said they had never heard of masturbation, and their ignorance seemed genuine.⁹ Others described masturbation properly as:

You just draw a girl in your mind and spark off your urge. When your urge has been aroused and your penis erect, you just put saliva or something else on your hand, and obtain erkata (satisfaction/ejaculation). This is what siga means. I have never tried it, but heard that it swells the penis when practised for the first time (Bogale, 18, male student).

Though he described masturbation correctly, he denied practising it. “If sex is such a delicate and uncomfortable topic for conversation”, argues Van der Geest (2001: 1385), “it is no surprise that one encounters extremely contradictory statements”.

One boy in one of the FGDs argued that masturbation is against human nature, and will cause more problems than satisfaction. He said that those who resort to such practices are more like wild animals than human beings; their animalistic tendencies are greater (he distinguished between two components of human behaviour, the animalistic component that is pleasure-seeking and the moral and dignified human component), and added that it is when the former component dominates human behaviour that such ‘horrible’ things are committed. He claimed that human beings are creatures with souls and morals and should not indulge in such things. But there were a few others who opposed such an outrageous attack on masturbation saying that masturbation has many advantages. One Muslim student mentioned that during Islamic prayer (solat), if a friend of his is made ‘unclean’ (ketenejese) or if his penis gives him problems by erecting itself (‘standing up’, as he called it), he would bring it out (the semen) and get relief and ‘cleanse’ himself through masturbation and wash his body afterwards. He commented that if semen is not removed from the body, the body will not be clean (kalewota degmo sewnetachin yekosheshal ena kezeh hulu be zihe mengede maswotat yeshalale). He remarked that masturbation helps as an outlet for sexual feeling.

You do it to control your sexual explosion. My friend and I used to masturbate, but the feeling is painful so that it is better not to do it. But unless we masturbate and cleanse ourselves, we are not allowed to go to mosques if tainted with sperm from nocturnal dreams. You have to clean yourself and wash your soiled pants. Masturbation reduces the lust for sex (Jibril, 19, student).

⁹ When I administered an Amharic (Ethiopian official language) questionnaire, many school pupils asked me what *siga* (masturbation) and *gibere sedom* (homosexuality) meant, but the inquiry was less frequent when I administered it to mature young people from W/O Siheen Technical and Vocational school. Cogently, it seems that some words related to sexuality are known only in English as a senior staff member from Addis Ababa University also asked me what *siga* meant after reading my article on street youths. The whole situation highlights the absence of a culturally meaningful vocabulary to talk about issues of sexuality in Ethiopia, which in conversations related to sexuality are referred to in indirect and ambiguous ways.

Another schoolboy added that masturbation is a good way of ensuring one's safety from HIV since it only involves oneself (*erasen marekat*). If one cannot abstain from sex until marriage (which could take up to 30 or more years of one's life), then *siga* is the only sure way of satisfying one's sexual desires without risking the possibility of infection with HIV, he said.

Releasing sperm outside of the vagina is perceived as a sin, as the following story narrated in another context reveals. Yigzaw broke up the relationship with his girlfriend after eight months (see Chapter Three). They slept together for eight months but he claimed that they did not have penetrative sex. Explaining the reason, he said: "*Whenever she screamed in some pain, I always broke off the sex, and many times I had to ejaculate outside. It is because of this that I sometimes feared she had even separated me from God (my Creator) as well.*" He believed that splashing sperm outside of the vagina has separated him from God since he has committed a sin. This is not a surprising argument as there is biblical reference ('onanistic crime') to masturbation (or rather *coitus interruptus*) as a sin.¹⁰ Another Muslim boy expressed ambivalent feelings and argued that it is forbidden in religion (*haram*), and considered a sin. But it might also be good for young people to satisfy their sexual desires by themselves, thereby protecting themselves from HIV. He did claim that he has heard its 'bad' effects – that it leads to infertility and also results in weight loss. But he was not sure if these claims were true and wanted us to verify them. Even those few school pupils who admitted practising masturbation never failed to mention its side effects.

As it is a natural feeling, we cannot deny it. I used to resort to siga just because I had a natural drive like any other man, but I abandoned it when I got a girlfriend. However, when I stay away from a woman longer, I do siga while in my bed or taking shower, imagining a woman whom I want to have. It has caused me no problem but I read in a magazine that it could cause premature ejaculation and fosters the hatred of a woman (Mekbib, 22, male student).

Incontrovertibly, anxiety about masturbation is widespread and most of the informants mentioned one or more 'side effects'. Appropriate sex for most schoolboys involved in the study is only penetrative vaginal intercourse, and other practices such as masturbation are inadequate or inappropriate. Though most of the informants denounced it, it is reasonable to speculate that masturbation is a stigmatized but widespread sexual practice among young people. In the questionnaire, they were asked the following provocative question: "Some young people say that masturbation is one way of ensuring one's safety from HIV and that young people should adopt as an alternative sexual practice". Twenty-six percent of the informants agreed and 74 percent disagreed with the statement.

¹⁰ As the scripture says "Onan ... spilt his seed on the ground every time he slept with his brother's wife to avoid offspring to his brother. What he did was offensive to Yahweh who killed him" (Gen 38: 9).

Key informants working on sexuality and HIV/AIDS were asked whether the quantitative results closely approximate the reality; they believed that most young people in Dessie masturbate but deny it out of shame.

Similarly, almost all of the street youths involved in the study agreed that *sigā* is not a good thing to do. They declared that they had either read or heard that it leads to sterility, mental problems, and causes spinal deformation, reduces interest in the opposite sex, and causes difficulties with the eyesight. When it was hinted that some young people consider masturbation the best means of abstaining from sex and that it reduces their chances of contracting HIV/AIDS; they asked how could it be seen as an alternative if it shatters one's hope of one day living with a wife and children by causing sterility and madness and reducing one's interest in girls.

When a man uses masturbation, he imagines a certain woman while fondling his genitals. If you bring him a woman and ask him to have sex with her, he won't have an erection (Shemsu, 21, street youth).

They added that frequent *sigā* is not good because it causes weight loss (losing sperm is usually understood to lead to the loss of body weight).

If you buy sex, you will not do it every now and then because you need money to do it, but sigā requires no money and, if you are used to it, you are likely to do it often and lose weight pretty quickly (Ismail, 20, street youth).

He had only tried it once and that was enough to convince him never to do it again because, as he claimed, it made him feel so drowsy that he could not even walk properly. Apart from that, he did not see any need for it while there are so many prostitutes out there. Tarekegn is a 24-year-old shoe-shiner around the Piazza. He dropped out of school and had been in the army. I asked him about masturbation, and the response was amazing for a person of his age. I can, however, fathom a sense of sincerity in his ignorance about masturbation.

[Well it is said that male youngsters practise masturbation when they don't have female partners. What do you know about it?] I don't understand what you are talking about. [Masturbation means giving oneself pleasure by rubbing the sex organs using soap and other devices while dreaming of girls as actually existing. Don't you still know?] I don't know, it's the first time I've heard of it. [It's a well-known thing. I think there is something you are hiding from me?] No, I am not hiding anything. I can say nothing for it's something beyond my ken; it still sounds strange for me to hear. [While you were in the army weren't there any soldiers who practised it?] I was at the headquarters in the infantry division. [This is something practised in the bedroom and other places where someone reaches climax by dreaming of a girl in his mind]. Is it in wet dreams? Somehow it's strange to me. I had been at the headquarters in the lowlands, and don't know about it. [Let us leave your experience in the army. What they say here in Dessie town is that young people masturbate when they have no or little money to pay for a prostitute. What do you know about this?] I feel sorry for those who do. [Why do you feel sorry?] They should control their

feelings, if you convince yourself, you can accomplish lots of things. This is easy. [What is the problem with them practising it and releasing their sexual urges?] They have to control these urges and if they are unable to do so, they can pay money and have sex with sex-workers.

Almost all young people who rejected masturbation as an alternative sexual practice gave several deleterious ‘side effects’ of masturbation. The fact that Tarekegn did not come up with any specific ‘harmful’ effects implies that he was not familiar with masturbation and associated lay discourses.

Some young people gave contradictory information, indicating that rhetoric and practice are different. Abe (23-year-old street male) claimed that he has to have sex after chewing *chat* and drinking alcohol.

I can't know precisely how many times I will chew chat in a week; if I chew chat I have to drink alcohol and if I drink alcohol it is a must for me to have sexual intercourse. I talk with a sex-worker. I go in a bar or on the streets and when we agree on the amount of money I pay her for sex, we go out together. If she is willing, I go without a condom.

He knew what masturbation is about but denied practising it. The following dialogue shows how he contradicted his claim above

[Do you know what masturbation is?] Yes, masturbation means attaining orgasm by rubbing your penis with your hand moistened with saliva, but it can cause your sex organ problems. [What type of problems?] It may swell. If you use soap there will be no problem, but if you use saliva your hand can get dry and this causes blisters on your penis because of the friction generated when rubbed. [But do you sometimes masturbate?] I know a friend who masturbates. [Haven't you ever masturbated because it is regarded as one mechanism to avoid HIV infection?] I have never masturbated. [Even at the times when you don't have money?] If I don't have money, I will not consider sex as a necessity or priority. But I have to have money in order to have sex. I allocate the money I get for buying chat, cigarettes, and alcoholic drinks and also for renting a bedroom and for paying a sex-worker to sleep with. If I don't have enough money I will convince my mind to drink only and sleep alone. [What is the problem with masturbation?] I only know what I have told you; when your hand becomes dry, the penis can be blistered or swell eventually causing sores. I've seen it in my friend.

Earlier he said that “If I drink alcohol it is a must for me to have sexual intercourse”, but at the end he contradicted himself and said “If I don't have enough money I will convince my mind to drink and sleep alone”. It appears that Abe and many other young people practise masturbation but deny it since it is perceived to be a perverted sexual practice. The story represents that what young people say can be very different from what they actually do, and what they say can depend on the context, including the frames of reference that are offered.

There were few street youths who openly admitted to practising masturbation.

I have practised masturbation myself; when you get excited and if you don't have money, you rub your sex organ with saliva. I was living in a rented house for some time and when I went to the house during the day (when my friends were not there) and when I slept alone during the night, I used to masturbate. But I started to feel tired (Kiros, 18, male street youth).

As is the case with many informants, Kiros also mentioned side effects of masturbation, saying that it makes one weak and the body shakes when carrying goods. When I asked him if he has encountered such feelings, his response was “No”, and he claimed that it was his friend who told him about it. This and other stories narrated repeatedly imply almost all street youths perceived masturbation as harmful. The sources of their knowledge about the side effects of masturbation are most of the time hearsay or gossip. Except for hearsay, almost all of them (including those who admitted practising it) were unable to articulate what they had experienced practically as a result of masturbation. Lack of complete, accurate information about human sexuality and growth, as well as cultural taboos on talking about sexuality openly partly explain these perceptions about masturbation. Pertinently, street youths equated losing semen with losing weight and energy. Hence, excessive sex is perceived as harmful or tiring, and most of street youths harbour a semen anxiety. The following conversation with Wole (street youth aged 20) substantiates my argument.

[How long does sex take from the first to the last?] It takes about 15 minutes from the beginning to the end. Because I fear losing more energy and affecting my body, I don't take a longer time. I have to replace what I have lost during the sex. [Why do you say that “ It makes me lose energy from my body”/It robs my body of energy”; does sex really make you lose strength?] Aha! (Laughing), Yes it really does, you can't regain within two or three days what you lose during a single bout of intercourse. [What do you lose?] I lose sperm. As a car needs oil and grease to minimize friction, your body (skeletal system) needs sperm. If you lose too much sperm, you will find your body very stiff; I am afraid that these sorts of things would happen to me. [Is it those who have sex frequently who could have stiff bodies?] So it is said, but I haven't seen this myself, from what I heard, there are some who ejaculate up to ten times during one night and the bodies of these persons will be stiff in the morning. They will be unable to move easily and bend their elbows and knees. I'm being practical, taking care of myself because I'm afraid of such things.

Since Wole worked around the bus station washing cars and assisting chauffeurs, he drew an analogy between the function of sperm in the human body and that of oil and grease in cars.

In many societies, sex is perceived as a tiresome task that drains one's energy (see Van der Geest 2001), and Wole also argued that frequent sex could severely affect his physical health. Gagnon and Parker (1995) also state that masturbation is associated with the loss of vital bodily fluids through ejaculation, and folk-medical theories in the early decades of the eighteenth century expressed similar

ideas. Gagnon and Parker argue that though the medical theories have changed from time to time, masturbation anxiety and phobia had continued support in medical communities until the twentieth century.

‘Dirty’: Perceptions of homosexuality

Hekma (1999: 79) argues “[E]very period and culture has produced its own forms of same-sex desires.” Likewise, attitudes towards homosexuality differ greatly from place to place and time to time. Although with a dramatic erosion of credibility and confidence, most of the dominant institutions of society worldwide continue to define homosexuality as undesirable (Simon 1996). This author argues that since procreation presumes the heterosexuality of sexual partners, reconsidering homosexuality means reconsidering the existing privilege of marital sex and procreation. Therefore, except for the most homophobic, the fear of homosexuality emanates from the privileging of martial sex and procreation since time immemorial. By the middle of the twentieth century, homosexuality had effectively lost its status as a perversion, or even a significant deviance. Since specific behaviours (oral/anal sex) that used to be associated with homosexuals have become the common practice of large numbers of heterosexuals, homosexuality will continue to lose its status as a perversion” (Simon 1996).

In Ethiopia, homosexuality is so strongly disapproved of and it is virtually impossible to talk about it or come across the topic being discussed. Homosexuality is not only perceived as a sin or deviant behaviour but also as a crime. Under Article 600 of the Penal Code of 1957, homosexuality is an illegal sexual practice punishable by imprisonment. Unpublished Police Annual Reports for 1978/79 up to 1986/87 show 562 reported cases of homosexuality (Tesfaye 1988).¹¹ Against this backdrop, the school pupils involved in the study were asked about homosexuality and lesbianism. Their responses confirmed the cultural norm:

- ❖ *Homosexuality is not done in this country; it is practised in other countries and AIDS is sometimes said to have come from people who indulge in such practices.*
- ❖ *Such sex is done with hypodermic needles by injecting the male semen into the other’s body.*
- ❖ *Such sex used to be practised at the time of Noah and it is not clear to me how it is done but it is considered ‘catastrophic’ (meksefet) in our society.*
- ❖ *Such sex is obviously not done for reproduction and therefore unnecessary.*
- ❖ *Men usually have sex with other men during times of war when there aren’t any women within their reach*

¹¹ Given that other more violent and serious crimes are not reported as much as they should be, the author argues that the figure may not be realistic as homosexuality is a sexual practice carried out secretly between consenting individuals. Therefore, the reported cases do not lead to the conclusion that homosexuality does not exist or is limited.

In one of the FGDs, one high school student claimed that he had never heard that women could have sex between themselves, although he had heard about homosexual men. He said that there are men who practise sex by 'ointment' (masho). He continued and said that the students attending the Islamic education system (musafaris) usually do it, and he had actually seen them doing it. The musafaris kidnap young boys and gag them so that they cannot cry out or shout for help. After that they tie the thighs of the boy together tightly and lubricate the inside part where the two thighs meet and then penetrate that as they would do to the vagina. He went on to note that they do it because they are isolated and are not allowed to come even close to women, let alone having sex with them. The same informant asserted that when he and his friends asked them what they were doing, the musafaris said "It was one way of making sure we don't get HIV, a strategy even better than a one-to-one relationship".

Other interviews with school pupils also revealed the existence of homosexuals in Dessie. Degafe was a 20-year-old male high school student. When asked if he knew anything about homosexual practices in Dessie, he responded that he heard about these but it was "a very disgusting and shameful activity". Degafe appeared liberal in talking about other sexual matters, but this time, he was disgusted and ashamed.

When we look at it from the perspective of religion and other things, it is unimportant and despicable. It deviates from God's word since He created us to couple with the opposite sex. This problem may befall one by nature. It can also happen to a middle aged person who has never dated a woman and since he is shy, he may begin this 'dirty' act with his intimate male friend.

He implied that homosexuality is unnatural and practised only by those who cannot obtain the favours of women. He, therefore, regarded the practice as innate but undignified, and unworthy of a man. Though he did not want to mention names, he said that he knew many such people in Dessie.

In the questionnaire, 44 percent and 55 percent of school pupils expressed agreement and disagreement respectively with the statement: "Homosexual practices hardly occur among young people in Dessie". The result implies that though most expressed extremely negative attitudes towards homosexuality in interviews, more than half of those who completed the questionnaire appeared familiar with its existence in Dessie town. Asked to comment on quantitative results, the key informants believed that homosexuality is rare in Dessie and that the figures do not reflect reality.

Almost all the street youths involved in the study unanimously remarked that homosexuality is an abhorrent practice and they had never engaged in it. However, they recounted stories of other homosexuals who tried to abuse them or

their friends. Amsalu is a 20-year-old shoe-shine boy around the Pizza. I asked him [have you heard about bushti (gays) here in Dessie town?]

Yes, it is even said that it is widespread. Some of my friends confide it to me that; "This is a bushti, This person practises sodomy, he has sexual intercourse in the anus. He has had sexual relations with males. He gets his ass polished". Unfortunately it happened to me once. A person came to where I polish shoes, and asked me to polish his shoes. After I finished the job, he invited me to lunch; we had lunch together. He invited me to tea and we had tea together. Then he told me that he would leave for Addis Ababa the next day. He claimed that he was a stranger, and asked me if I could see him off. I told him that I couldn't spend the night with him to see him off. He asked me up to what time I could be out in the evening. I told him that it is up to 9.00 pm. He said "Okay". In the evening he took me to a certain bar. He bought me beer. After we had drunk three bottles of beer, he said, "Let me show you my room" and we went into his room. He said; "This is where I will spend the night, so that I may not be far from the bus station". I sat down on the bed, and he began to rub my body and touch my hip. While talking to me, he kissed me on the cheek. When he rubbed my body, I recalled what was said. I had never suspected him, as he looked very gentle. His style of dressing made him appear like a man of high status. I was shocked, and couldn't open my mouth. Immediately I said, "Let me pass urine and I will come back", and left. He told me "We are going to have an additional drink". I said, "No, let me pass urine and I will come back" and I asked where the toilet was. Then I left and ran away. I was lucky.

I then asked him if he had more stories that he had heard from friends. He argued that street children around the place where he worked are 'victims'. Bushti people deceive children by providing food and clothes in exchange for sex. He went on to say that when he was in prison, he met two guys who said they had been arrested for being bushti. He remarked that he has also heard about two males who live as a couple in Dessie. He contended that because of a fear of being arrested by the police, most of the time, homosexuals change their places of residence. They will stay in one place for about six months, and then they move on. When I asked him if he has ever heard of female-to-female sexual relations, he responded, "I haven't heard of female-to-female relations. I think these women are to be found in other parts of the world. I don't think they are in Ethiopia or in Dessie. I never heard about it".

Other street youth reported that there are street youths who trick newcomers to the street by promising to give them clothes and food. They mentioned a couple of street youths who have sex with any younger male children while they are sleeping on the street. They said that they use a towel and tie them up with when they try to cry for help. Tears misted his eyes while one street boy aged 16 recounted the story of another street boy being raped. He said that it was a quiet evening, and there was no one nearby. The boy was lying there and his clothes were torn around his bottom, and the rapist succeeded in having sexual intercourse. When the victim tried to scream, the rapist hissed, "Shut up, I will blow

you off, you son of a bitch”. The policeman who works for the child protection unit also told me a story of a street youth who was raped by a man when he went from the bus station to the perpetrator’s home carrying his luggage. The policeman, however, thought that homosexuality is rare in Dessie. When I hinted that people might not report it to the police because they were ashamed, he replied:

We couldn’t say we wouldn’t know about it if it had been widespread in society. We do know the day-to-day movements of the society in part. Therefore, I don’t think this occurs widely. A warning is usually given so that it is not performed on the street. We provide education for the youth, telling them that it is not necessary to perform the homosexual act because it will result in adverse consequences. If it were widespread, the children would have told us.

As mentioned above, those people involved in HIV/AIDS prevention also argued that homosexuality is rare in Dessie.

Drawing the facts all together, young people perceived heterosexuality as the norm, and other sexual orientations as abnormalities. In Ethiopia, it is embarrassing even to talk about homosexuality let alone confessing to having practised it. It is also a punishable sexual offence. Hence, young people’s abhorrence of homosexuality is not a surprising finding. Given that anal and oral sexual activities are regarded as deviant sexual behaviours, their reaction to homosexual practices is rather to be expected. In a nutshell, they perceived hegemonic heterosexuality as natural, and normal. Just as most young street women were victims of ‘group sex’ or rape, it appears that street boys were also vulnerable to sexual exploitation (see also Mequanint 2004 for similar findings in Addis Ababa).

Conclusion

So far attempts have been made to present a picture of young people’s sexual likes and dislikes. Efforts have been made to discover why they perceived certain sexual practices as ‘normal’ and others as ‘abnormal’, and ‘risky options’ without passing judgement on what they should or should not practise. Different reactions obtained from young people about different sexual practices and orientations imply that sex is not confined to a person’s ‘private life’; it takes place in the context of state and church, friends and local community (Woodhead 1997). There are norms, written or unwritten, which prescribe certain sexual practices and proscribe others. Such norms are partly or fully supported by the dominant institutions (print and electronic media, public discourse, sermons and policy statements from religious organizations). Young people used such norms as a frame of reference in describing their preferences.

Depending on the context they talked about, young people expressed their agreement or disagreement (open or pretended) with normative practices. In this

light, sexual practices such as masturbation, homosexuality, anal and oral sex and such like – not considered to be ‘right’ or ‘normal’ by the dominant institutions and the society at large – are more likely to be concealed and denied by the participants. Vaginal intercourse is found to be the only appealing sexual practice simply because it is normative (Laumann *et al.* 1994). In most cases, the sexual behaviour of the parental generation is perceived as the yardstick and ideal standard for young people and hence ‘normal’ and ‘abnormal’ sexual behaviour is judged accordingly. It seems that attitudes to different sexual practices are guided by young people’s perception of ideal norms but not by prevailing practices. This implies that although ideal norms may not necessarily reflect the behavioural reality on the ground, they exert a powerful influence in young people’s discourse about sexuality, for they are tied to long-established social, cultural, and religious institutions and belief systems. Faced with a dilemma, young people in Dessie seemed to be struggling to reconcile ideal and actual norms of sexual behaviour (cf. Lucas 2001). Undoubtedly, because of the secrecy surrounding sex and sexuality that prevails in the society, young people in Dessie appear to have gathered scraps of vague information (floating in the air) about different sexual practices and orientations, and such fragmented knowledge has allowed them to create their own interpretations and constructions.

One of the common features of research on sexuality is the fundamental tension between what is said about sex publicly and what is done in private. It may be assumed that people’s actual sexual lives do not necessarily correspond to their rhetoric. Laumann *et al.* (1994: 543) writing about United States, for instance, reveal ... “58 percent of people who said that premarital sex was always wrong had themselves had sex before marriage. Of those respondents who said that having sex as a teenager (ages fourteen to sixteen) was always wrong, 26 percent had engaged in intercourse before age seventeen”. The authors argue that such a discrepancy between what is said and practised is not necessarily the result of the hypocrisy or insincerity of informants. It suggests rather that there is always the difference between what people do and what they say they do, especially in regard to highly private behaviours. The discrepancy between alleged and actual behaviour is not limited only to sexual behaviour, but also part of life including politics and religion (Laumann *et al.* 1994; Levy 1966, cited in Lucas 2001). It is reasonable to suspect that young people’s discourse in Dessie was a public display, but their private behaviour was different. Though not admitted in most cases, it appears that they have become knowledgeable by experiencing and exploring various forms of sexual practices. Since they perceived them as perverted behaviours, their discourse was full of inhibition and ambivalence.

Pertinently, in most cases, engaging in different sexual practices requires consent about the ensuing events by both partners. In addition to perceived 'harmful' effects and reference to the parental generation, which sexual practices are likely to be negotiated and enacted depends on many social dimensions of a relationship such as "the type of relationship in which the participants are engaged (be it a one-night stand, a long-term relationship, or a marriage), differences in social status between the parties and the social embeddedness of the relationship (the structure of social interest surrounding the sexual relationship)" (Laumann *et al.* 1994: 543-544). I must also add that women in Ethiopia are supposed to be passive during sex, and they would be considered 'outgoing' (extrovert/bold/daring) if they consented to unconventional positions. Both the young men and prostitutes explained that indulging in different sexual practices and erotic techniques other than those once conventionally accepted requires long-time familiarity and attachment.

For most street youths, their relationship with prostitutes is usually either short-lived or a one-night stand; there is also a possible social distance between street youths and their sex partners (prostitutes). Even if the young men want to engage in different sexual practices, it may be difficult to find willing partner with whom to experiment. Hence, the street youths' rejection of different sexual positions and anal and oral sex could be due to the fact that such sexual practices require a longer engagement in partnered sex and similarity in social status.¹² The same explanation partly holds true for school pupils, as most of the relationships among students also do not last long (see Chapter Three).

It would also seem that since they have been exposed to different sexual positions learned from pornographic films, both street youths and school pupils seem to have failed to distinguish sexual positions performed in a fantastical situation from those practised in ordinary bedrooms. Further more, religion influences sexual discourse with its 'sacred' law that prescribes or proscribes a range of acceptable or unacceptable sexual behaviours and practices. It appears that the contradictory stance of young people can be attributed to religious 'sacred' laws that had influenced their discourse, if not actual sexual behaviour.

Given the feelings of rejection by females and society at large, and their limited resources (love, trust and money), group rape is a choice made by young men in general and street youths in particular. As discussed in Chapter Three, securing partners is not easy for street youths and other poor young people because of the growing consumerism. Under such circumstances, group rape is 'cost-effective' in satisfying their sexual desire. Scarcity imposed by limited resources and competition characterizes many personal sexual choices. It is,

¹² As indicated in Chapter Three, the general public perceives street youths to be hoodlums, robbers, and thieves.

therefore, safe to conclude that socio-economic factors play a cogent role in shaping sexual practices (Laumann *et al.* 1994). The widespread prevalence of group rape among the street youths in this study also implies that for them sex is mainly for physical release and not an expression of intimacy or emotional attachment to someone they love. Group rape also partly shows how the absence of clear-cut life opportunities influences the way young people consider their positions and conduct themselves and view females. Their social and economic exclusion seems to have pushed them to sexual violence. Therefore, sexual values and norms that require consent and exclusive sex seemed to have been ignored, and sexual desire finds satisfaction in any available, and sometimes socially unacceptable, way.¹³ The impact of such sexual violence on the spread of HIV/AIDS needs further investigation.

Both multiple-partner sex and group rape highlight how deteriorating socio-economic conditions have disempowered young people and resulted in a lack of social values and self-esteem, and how these circumstances in turn have affected their sexual behavior. The frustrating situation that accompanies joblessness and inability to fulfil customary economic roles and obligations to win the hearts of women has led them to multi-partnered sex and group rape to boost their masculinity and self-esteem (Silberschmidt 2001; see also Reysoo, 2004). Silberschmidt (2001: 657-8, 665) argues,

Multiple partnered sexual relationships and sexually aggressive behaviour seem to strengthen male identity and sense of masculinity. Strategies to improve sexual and reproductive health must take into account how socioeconomic changes have affected traditional gender roles and male sexual behaviour. Sexual behaviour patterns cannot be understood and dealt with unless the underlying reasons for such behaviours are analyzed.... Possessing no means to change their economic status, many seem to be yielding to an exaggerated "owner"/macho behaviour and physical violence against women. Multiple partner sex may translate their economic subordination into a symbolic expression, which is perhaps culturally rewarding, if politically displaced.

Thus, Silberschmidt (2001: 669) highlights that the rhetoric of empowering women and the discourse surrounding their rights is “ [O]ften based on simplistic solutions to complex socio-economic problems”, and argues for the need to address the economic situation of young people (see Chapter Seven for further discussion of this issue).

It appears that many young people perceived masturbatory practices as a sexual ‘sickness’. In this climate, “The proper outlet for semen release is thought to be sexual intercourse with a woman, not masturbation” (Lambert and Wood

¹³ It should also be noted that most of the street youths had taken part in fights or had been involved in other violent or illegal activities as accomplices (see Chapter Two). Therefore, violent sexual culture appears a reflection of their familiarity with more widespread violent activities.

2003: 13). Though it is perceived as a sexual practice that generates many sexual and health problems, it is reasonable to assume that masturbation is common and unavoidable among young people. Since they are not taught that what they are doing is safe and healthy, even those who practise masturbation do it plagued with worries and uncertainties about their sexuality and moral character (Haddon 1982). Much of the anxiety and fear related to masturbation seems to have emanated from a lack of sex education and the stigma attached to sexual intercourse before marriage. Young people need to be told that masturbation is a healthy sexual practice that may help them steer clear of HIV/AIDS infection.

Homosexuality was perceived as a despicable sexual practice, even for those few who debated that they would not mind it if the opposite sexes had sex in whatever way it pleased them. The young people, therefore, unanimously regarded homosexuality with contempt and disgust. Attempting to conjecture homosexual practices or a person's sexual orientation by simple observation is very difficult in Dessie/Ethiopia. It is allowed by custom, and is, indeed, usual, for boyfriends or girlfriends to embrace one another, to sleep together in the same bed, to walk entwined or arm-in arm or hugging each other. Young men and women (university graduates or otherwise) can rent a single room and sleep on the same bed to reduce living costs until they establish themselves. Ordinary greetings among men involve shaking hands along with hugging the waist. Rural people may in fact kiss on the lips as part of an ordinary but intimate greeting. This situation makes it very difficult to draw the line between pure 'friendship' and a homosexual relationship in an Ethiopian community such as Dessie. The discussion, however, highlights that homosexuality seems an emerging sexual orientation in Dessie and perhaps in the rest of the country.

When we compare school pupils and street youths, the latter uphold the general societal values and norms related to sexuality more strongly in the way they talk about sexuality. Relatively speaking, some of the students involved in the study advocated liberal ideas about sexuality. This is perhaps the effect of schooling, as education usually makes people believe in liberal ideas and values. "It is likely that the better educated have more secular views in general, have more liberal views of sexual activity in particular regardless of their religious affiliation, and are more likely to consider pleasure a major goal of sexual activity" (Laumann *et al.* 1994: 84). The more restricted liberal attitudes expressed by school students (compared to those of the street youths) suggest how common perceptions of (in) appropriate sexual behavior are advocated and reinforced and the influence of socio-economic factors in shaping sexual behaviour (Laumann *et al.* 1994). The foregoing discussion also highlights that street youths in Dessie appeared to be more sexually experienced than school pupils,

re-emphasizing how sex and sexuality are influenced by socio-economic conditions.

Taken together, in addition to providing socially desirable responses, young people expressed many misconceptions and a great deal of confusion surrounding different sexual practices and orientations. Such misconceptions seem to have important implications for designing sexuality and HIV/AIDS interventions. There is a need to understand that "...ignorance of sexual matters leads to pain and suffering, including unwanted pregnancies, to sexually transmitted diseases, to marital stress, conflict and divorce. It also may lead to the ignorance of each partner's sexual desires and to the impossibility to enjoy sex" (Reysoo 2004: 1). Reysoo's observation points to the need of broader sex education.

PART III: HIV/AIDS

‘Fire and shoes’: Surviving in a world with HIV/AIDS and condoms

The virus came from abroad, from some foreign land. It was not created here. [I then asked him how he thought this disease had come from abroad to this country]. What! This is no secret! It was done (introduced) deliberately to wipe out the black race! [What wrong has the black race committed?] It has outnumbered the other races; it just keeps on multiplying! And it is a strong race too! It is a race that can control Africa and also Asia, the Americas, and Europe in the near future! And its number is also growing, I know myself, for example, an Afar man who has 23 children! 23 children! That isn't such an easy task! There are many men with 15, 18, or 20 children in Ethiopia and in many parts of Africa. So if this race multiplies itself at this rate it will conquer Asia, America, and Europe soon. So they [the ferengi] feared this and wanted to reduce the number and the age of this race as much as they could and they created this disease. This disease is no work of nature; human hands created it.

I mentioned to him that some people think that this is a disease sent from God to punish people because they refused to abide by His law, and asked him what his opinion about this discourse was. His explanation was again based on human agency, though indirect reference was made to God. He said:

There is no one who doesn't submit to God's law. People are becoming even more submissive to God. No! This is not a disease that God created. God only made those people who created the disease. They also created its medicine, and they have it with them. But they don't want to give it to us! The government of America wouldn't allow that. Otherwise, this is a disease that could have been wiped out from the face of the earth in a matter of days. Look, this is a disease widespread only in Africa; it is not widespread in Europe, the Americas, or Asia. If the United Nations was willing, it

would have been as easy as opening a blocked pipe! You see if you open a pipe and let the water flow, then thirsty people come and drink. They would take the water home in their jars. And it is the same with this medicine; if they let the pipe flow, it is just that easy! They have created the medicine; it is just that they are not willing to hand it out. And that is because they want to control us, make us their slaves; they want us to be under their feet! It is just like what we do with the fleas, lice, and bed bugs that trouble our sleep at night. Because we do not want these creatures to trouble us at night, we spray our beds with insecticide. And African people are like these insects to them. So they wipe us out with this disease. HIV is a poison they have made for us. They created its remedy in the one 'jar' when they created the disease in the other. And while they opened the 'jar' of the disease, they have sealed the one containing its remedy tightly.

HIV/AIDS is one of the major public health and development problems in Ethiopia. This chapter deals with local perceptions or 'alternative narratives' about the origin of HIV/AIDS, metaphors related to HIV/AIDS, and the problems surrounding condom use. Attempts will be made to look at a range of metaphors given to HIV/AIDS in the daily language and sense the meaning attached to them. It will also assess young people's level of knowledge about HIV/AIDS. Young people's perceptions, prejudices, beliefs, and problems related to condom use will be explored. The questions addressed in this chapter include: What is the meaning that young people attribute to HIV/AIDS? What do the different metaphors related to HIV/AIDS and condoms imply? How knowledgeable are young people about HIV/AIDS? How are HIV/AIDS and condoms represented in public discourse, and in sermons and policy statements from religious organizations? How do young people situate themselves in relation to the major religious groups, media, and other dominant discourses surrounding HIV/AIDS and condoms? Are condoms easily accessible, and readily available to young people? What are the personal emotions, aspirations, difficulties, and struggles of young people in the process of negotiating for safe sex? What are some of the myths and misconceptions associated with condoms? What does condom use in a relationship imply to partners? Do young people use condoms consistently and properly?

The chapter argues that knowledge, attitudes, and practices surrounding HIV/AIDS are to a large extent influenced by the local perceptions or narratives people offer to explain the disease and its origin. An examination of local narratives about HIV/AIDS would also enable a better understanding of how people work towards achieving a shared understanding of HIV/AIDS, and those designing interventions should take these on board. A number of metaphors given to HIV/AIDS stigmatize people living with HIV/AIDS. Metaphors also shape the ways people think about problems and the types of solutions they envisage. School students seemed better informed about HIV/AIDS than the street youths involved in the study. Not surprisingly, almost all young people

involved in the study knew about condoms. The social sensitivity and discomfort associated with buying and using condoms is not properly addressed in condom advertisements and the desired levels of condom use by the young people are still far from being attained. Young people's understandings of pleasure, lack of confidence and skills, how to use and dispose of condoms, myths surrounding condoms, structural barriers like their affordability and accessibility, the low quality and limited variety of condoms, gender inequalities and power contributed to making the use of condoms a difficult process. Moreover, the religious institutions have maintained their anti-condom stance, and have preached abstinence and a monogamous relationship as the only way to avoid HIV/AIDS infection.

The preceding ethnographic chapters focused mainly on ethnographic aspects of sexuality. This chapter attempts to situate the discussions and conclusions in the context of HIV/AIDS prevention. Debunking common myths and misconceptions associated with condoms constitutes a prerequisite for intervention. The findings also suggest that health education programmes should not only provide information about HIV/AIDS and the basics of prevention, but also teach the skills to negotiate safe sex and proper condom use.

Local perceptions of HIV/AIDS

How do young people in Dessie interpret the arrival of HIV/AIDS in the late twentieth century? Understanding young people's perceptions concerning the origin and nature of HIV/AIDS may prove relevant as it may influence their behaviour and actions. I recorded four types of narratives about the origin of HIV/AIDS:

Sent-disease narrative: Listening to an AIDS patient

The narrative presented at the beginning of this chapter was taken from an interview held with Adem when I asked him from where he thought the HIV virus came. Adem was an AIDS patient who was gaunt and had been entirely bedridden for more than five years. I interviewed him while he lay in bed in a dilapidated wooden hut that admitted any wind that might blow. He told me that the room he used to live before had had a bad smell, and he had moved out "in order to get fresh air". He defecated while in his bed, and the bucket was emptied every time by his niece and nephew. Seeing his physical and environmental conditions shocked me. His elder brother invited me to look at his body covered in wounds and bruises, but I could not as I have a phobia of looking at such terrible things. He then showed me two plastic bags full of his skin stripped off his body, and kept "for the record or history". His brother also briefed me on what and how

they fed him with a spoon, how he defecated and the other practical details. Though I could not see the wounds on his body as they were covered by clothes, I did see the wounds, bruises and blood on his head, neck, and arms. He was totally crippled, and someone had to feed him and turn him in bed. He was, however, able to speak eloquently (while gasping intermittently). When I was preparing to start the interview, he asked me the following question: “*Do you think that this ‘pirus’ [to mean virus] is all the same everywhere?*” He himself answered the question:

It is not. I get quite good care, but can’t get out of bed. Others [with the virus] have diarrhoea, but I don’t have it. There are many people [with the virus] who spend their life on the streets (berenda), but they are OK. But with me, the disease seems to get worse every day. I had always hoped that I would be better some day but that hasn’t happened so far. It has been five years since I developed this skin lesions (quslet) and it hasn’t left me yet. There are some [HIV/AIDS patients] who do not have skin problems at all and some for whom they go away after a little treatment even if they have developed it at first. But for me, I receive so much care, there isn’t any medication I haven’t tried, there isn’t a type of food I have not eaten, but it still persists. I once ate 118 eggs straight in different forms [in one day]. And the other day I finished three whole sheep by myself. I eat! I eat! I eat! But it does do me no good!

The variability of clinical manifestations of HIV/AIDS forced him to put such inquiry right at the beginning, as he perceived me to be knowledgeable about this mysterious disease that had ravaged his physical and social life. His story also reflects on the real and tangible human suffering and the pain due to HIV/AIDS on the ground (beyond alarming statistical figures reported about HIV/AIDS) in Dessie town and more generally in Ethiopia.

Prayer and holy water (tsebel) is a widely discussed illness-healing narrative in Ethiopia. There is widespread public discourse that people living with HIV/AIDS are being cured by *tsebel* and prayer. I asked him if he had heard of any person who had been healed from this disease through prayers or *tsebel*.

I told you! If those people (the ferengi) are not willing to reveal the remedy, it will not help you even if you burn yourself with fire, let alone going through tsebel. You will not be healed that way! There is no room for such a miracle! There is a life-prolonging substance [antiretroviral - ARV] that relieves the disease somehow, and what comes after this is a complete remedy. And if we follow their instructions and as they say, if we submit to them, then they may take pity on us and hand us their medicine. Then we would be able to defeat this disease and wipe it out. If they say two children are enough for every family, if they tell us to sow wheat or sorghum instead of maize, if they instruct us not to eat teff [the local grain used for baking injera - flat pancake] and live on wheat alone; we should do as they say and live as they tell us to because then, they may open (reveal) the treatment (medicine) they have hidden so far.

We may then be able to live longer and conquer this disease; but we must submit to them for this to happen. If, instead, we say it isn't anybody's business as to what we do with our own penises and vaginas and give birth to 20 and 30 children each, since their (ferengis') economy is going to be weakened in the future and our level of education is going to improve, this wouldn't make them sit idly by and allow us to increase in such numbers. You wouldn't sit and wait for an enemy to strengthen himself like that, instead you would seek ways of overcoming him. And when you do that to the end, you would have to make sure your enemy wouldn't be able to stand against you ever again because, if he did, then you would be in even greater danger. You throw him on the ground and cut him into pieces so that he will not be able to stand up to you again. And that is what they are doing to us. And I don't think we have had enough yet. We have committed many, many mistakes. The previous president [Marxist Mengistu] has shown them what kind of people we really are, that we are strong and courageous. He has shown them that.

I inquired what he thought the solution could be.

We should all pray to God, all of us, followers of different religions should pray so that God will make the hearts of the ferengis a little more compassionate towards us and they will give us that remedy. If we lift both hands to God then we should also be lifting one hand to the Americans and the United Nations. We should also give them our word to live according to their instructions and requirements. The farmers in the villages of Ethiopia and Africa should be made to submit to their rule. As for the people in the towns, we know that the Ethiopian government does not rule us. The government of America and the United Nations draw our lines for us; they tell this government to change this and accept that, and the government does exactly as they say. It is only the farmers in the villages and those who live in the streets of the towns who are free from their rule. Our intellectuals and administrators are living according to their rules and accepting it, whether it is bitter or sweet and foreign governments are administering us. We are following the ways they have told us to walk in; we are doing what they say, and speaking what they have told us to say (only that it is done indirectly).

But let it be outright and open (straightforward) and like I said, let us live submitting twofold to God and once to them. We should behave in the way they want us to, we should try to please them and do the things they like. Why would you treat someone who has so much power and instructs you on what you should and should not do as an enemy? Why would anyone wrestle with an enemy whom he knows very well he cannot defeat and conquer? Why would you regard someone who can allow you to live, who can determine how you live, as an enemy? Rather you should make friends with him! It would be much better for us to discard our arrogance and join them so that they can show us the way to a better life. What would it help us to throw stones and clubs at them, while our eyes are shut tight? We will not even see where they land and they hit. Our blind hatred is just like that; it will not do us any good.

Well, true, they have done us so much wrong and we tried to stand against them. But we could not! And we never will! We can only defeat them through kindness and doing them good. Let us give up the fight and give them our hands so that they will help us because we are suffering. We need their help! Let them come and help us! It

did not do China any good! We Ethiopian people should accept their orders. If they tell us not to give birth to more than two children; we should say yes and accept that! We should accept everything they tell us! And let them give us the treatments for this disease. Let them open that blocked pipe for us. Who wiped out smallpox from the world? They did! Not only that, they have cleansed the world of gonorrhea, LGV, cancriod and many other diseases. It is not we, but they! And if they really wanted, they would have eradicated HIV as well in next to no time.

When the interview was over, he implored me to visit him once again and pray for him. Sadly enough, when I went to Dessie for the second phase fieldwork, he had passed away.

The scientific explanation in the literature is that HIV/AIDS is caused by a virulent new pathogen that is transmitted via human fluids like blood, semen, and vaginal secretions during sexual intercourse, via breast milk to nursing babies, during surgical and other procedures and activities involving the introduction of blood or other infective body fluids from an infected to an uninfected person. In Africa and most of the developing world, HIV/AIDS is mainly a sexually transmitted disease that requires changes in sexual behaviour in order to halt it (Mogensen 1997). Adem did not mention this dominant paradigm about the origin of HIV/AIDS. Though his narrative may seem irrational to critical readers, it is part and parcel of the whole discourse about imbalanced international relations in a globalized world. HIV/AIDS for Adem and many other young Ethiopians is a “politically laden illness” (Farmer 1994: 806) and “explicitly related to a disorder of international relations” (Setel 1999: 238). Adem brought up the discourse that international donors and Western governments (for example, through the IMF and World Bank) dictate to Third World countries. He attended school till fourth grade only, but his analysis of powerlessness and dependency relationships between the North and South seems interesting. He depicted how health, wealth, and power are unevenly distributed in different parts of the world. It also seems (as he put it) that the Western governments (particularly the United States) have “blocked the pipe” (prevented the production of cheap generic anti-retroviral (ARV) drugs in the name of patent rights). Unless the Western governments are willing to support the efforts financially, even the cost of cheap generic ARV drugs will remain beyond the reach of the public health system for many Third World countries. As a result, only a small fraction of HIV positive people receives ARV these days.

The Ethiopian government started distributing ARVs at about \$50 per month, which is beyond the reach of most needy. Adem was entirely bedridden for five years and raced with death but lost the battle without ever getting the opportunity to take ARV, as the government started distributing late in 2003. Even if he were alive, he would not have been able to pay that exorbitant price. During the interview, Adem knew that there is medication somewhere else in the world that

could have saved him or prolonged his life, but he could not have it because he was poor and lived in a poor country. He was aware that in certain parts of the world AIDS is a disease that can be treated or that one can live with and function, but in his particular situation it was a death sentence, and he died of it.

Adem's conspiracy discourse or what I call 'overpopulation anxiety' about the origin of HIV/AIDS was a familiar story, which I had heard many times during my research. Both school pupils and street youths believed that American scientists had introduced HIV/AIDS to check overpopulation.

I have heard that scientists deliberately created it to reduce population growth and once the population has dropped down to the certain level they desire, they will release the cure. HIV/AIDS is an American conspiracy to wipe out black Americans first and then the rest of Africans from the face of the earth. American scientists created HIV at the request of the government to come up with something that weakens the human immune system and was then introduced to Africa under the disguise of smallpox and polio vaccines (Jember, 19-year-old-male student).

In short, young people put the blame for spreading HIV/AIDS on America and believed that America has been infiltrating the HIV virus in other countries out of sheer malice. Responding to the query why America is involved in this malevolent pursuit, some stated that the population of young people looms larger than the other age categories in Ethiopia. By contrast, they argued, America has a much lower fertility rate, and elderly people (above 60) constitute a large part of the population. They remarked that the United States of America envies the ever-growing young population in Ethiopia, with the result that it falls back on using hazardous means to reduce its young population. Spreading HIV is interpreted as one effective way of achieving that goal. They also mentioned imported waist belts from America that are widely being used by young people in Ethiopia and how these belts with magnetic metal at the clasp/buckle are found to cause sterility or barrenness, thereby preventing an increase in population.¹ They also perceived HIV/AIDS messages such as "Use condoms" as population control strategies. This conspiracy discourse negatively influenced the use of condoms (see the discussion below).²

The issue of controlling population growth in developing countries was partly initiated by Western and international donors as a potentially viable strategy to reduce poverty, but I am not sure whether young people were aware of the history of population control when they expressed their conspiracy views.

¹ Another study among young people in the northwest of Ethiopia also came up with similar discourse (see Cruise 1995).

² Some young people also blamed the Ethiopian government. They said that the government is making all this noise about AIDS just because it is afraid that population growth would make it harder for it to satisfy the people and give them all jobs. It is using AIDS as a pretext for promoting condom use mainly for the purpose of checking population growth.

The conspiracy discourse about the origin of HIV/AIDS seems widely shared, not only by Ethiopians living in Ethiopia but also among the Ethiopians in the Diaspora. An Ethiopian couple who gave me a lift in Amsterdam in 2002 asked, after I told them about my research, how and where HIV/AIDS came from. Without giving me time to explain, the husband said that HIV was created by Westerners to wipe out black people. *“They knew that we black people wouldn’t take care, and created HIV to finish us. Otherwise, they [Westerners] could have created a cure for it. They are even creating life [in test tubes], and a cure for HIV would have cost them a jiffy”*.

‘Fruits of compounded sin’

Both school pupils and street youths believed that HIV/AIDS is a punishment sent from God because human beings challenged God and His laws to the extent of questioning His very existence. They perceived that God sent this scourge to punish those who are lascivious and promiscuous, and the only way one can be healed from such a disease was faith alone.

If there is zimut, AIDS will surely follow. The people of Sodom and Gomorra were burned because of their sin, and on us because of our sins, AIDS has been sent as punishment (Muhe, 19, student).

They strongly believed that AIDS is a curse from God because, if it were a human creation, the cure for it might well have been discovered a long time ago. The arrival of HIV/AIDS has led some young people to become pessimistic about the future, and to envisage outbreaks of other terrible diseases that could be transmitted through physical contact and breathing. This notion is expressed in the following quote:

For me, it is a disease that is sent from God. As we heard from our fathers, there have been many diseases, which were all curable. I believe, however, that God sent this disease that has never been seen before in the history of man in order to punish us since our sins have been compounded. I believe that HIV is the curse of the day. God has ordered us in the Bible to be loyal to our partners and the church has been teaching this. But people defy this sanctified rule, indulging in wild sexual practice. They like to dance and have problems with sitting tight. “You refused to listen,” said God and sent HIV on us. Thus, I believe that it is an act of God. We are paying the price for our misdeeds. AIDS is a disease that starts with a letter “A”. Soon I believe disease that starts with the letter “B” and is communicable through greeting and breathing will come (Geletu, 20-year-old student).

Not surprisingly, religious leaders have echoed young people’s discourse. A pastor from the Ethiopian Evangelical Church, Mekane Yesus (EECMY), argued that as people become detached from God, and as they indulge in multiple sins, and as they lack a fear of God, God will send his wrath on them. “If you do this and listen to My words, then I will bless you. But if you don’t do this, things of

this sort will befall you, including drought, disease, war, and incurable diseases”. He noted that HIV is a sign of God’s wrath, and it did not come about without God’s will. When I asked him to explain why a number of innocent people – children who have never been engaged in anything ‘sinful’ contract HIV; he replied that those innocent people might have sins that they inherited from others – fathers or mothers, the environment, a curse, and the wrongdoing of society. He backed up his argument by quoting the traditional Ethiopian aphorism “Whatever is meant to befall sinners will also include saints and righteous persons” (le hatan yemeta le tsadikan yiterfal). This conveys that when something afflicts society, it hurts both sinners and the righteous. He went on to note that herds without a shepherd are exposed to foxes, accidents, and death. Likewise, when people run away from God, they are exposed to different dangers, and when the hazards befall, they affect everyone. Similarly, the Archbishop of the Ethiopian Orthodox Church, South Wello Administrative Zone, said,

There is nothing that happens without the knowledge of God. But God never brings death to human beings; rather human beings bring death through their own deeds. Human beings invite both mercy and death through their deeds. Our misdeeds provoke God to send catastrophes (qesfet). No king orders death for those subjects who obey his laws. Even a dictator or a cruel government (like the Derg-Marxist regime) never ordered death when people obeyed whatever laws they enacted. And it is the same with AIDS, God ordered it because we disobeyed His laws.³

It is not only religious leaders, other senior citizens also believed that AIDS is caused by transgressing such sexual norms as sex within marriage and other related sexual taboos. They believed that the younger generation had embraced modern values and change, at the expense of traditional sexual values and norms.

Basically this is a God-sent plague. People have not observed the laws of God, which tell us to limit ourselves to one sexual partner. Today’s world is a place where immoral intercourse is practised. It is because the one-to-one law was broken that this disease (AIDS) has come. So if we don’t observe God’s laws, I don’t think that we will be spared (FGD with elderly people).

It also appears that messages transmitted by the media portray God as both the cause of and the solution to HIV/AIDS. There is a very popular HIV/AIDS-related song composed by the artist Moges Teka entitled “Save Your people, Send Your forgiveness”, which is often broadcast on Ethiopian radio and TV.

³ Strong moral messages (preaching AIDS as punishment for moral laxity), and preaching to showing compassion and love to people living with HIV/AIDS seem to contradict each other, and faith based institutions should find ways to reconcile the contradictions. The association of HIV/AIDS infection with a mortal sin may contribute to stigma and discrimination, thereby forcing the infected people to conceal their HIV status.

The hit played by Ethiopia's best-known musicians conveys the message that God sends AIDS, and He has the power to eliminate it.⁴

Taken together, young or old people, religious leaders and the public at large perceived God as a disciplinary agent or headmaster who punishes transgressors. The fact that transmission is linked to 'value laden behaviours' which are contrary to God's rules and the failure of science to find a cure for HIV/AIDS must have led young people and the public at large to associate HIV/AIDS with a curse from God. It also shows that "Religion is providing young people with a stance and a strategy that allows them to practically come to terms with the situation" (Cruise, 1995: 43). Importantly, the narrative of a God-sent plague recommends a return to religiosity or 'the good old days' in order to avoid HIV infection. The narrative underscores religion and religiosity as a protective shield from HIV infection. Such local narrative appears in agreement with the dominant narrative that advocates sexual modesty/restraint in order to prevent the spread of HIV/AIDS. The broader social and economic circumstances that dictate sexuality were ignored, and only the return to the 'good old days' emphasized.

Amenmin

Others (both school students and street youths) believed that HIV/AIDS already stalked the land long ago in its *amenmin* ('slimming disease') form. They did not believe that it was a newly sent disease, the expression of God's anger. They argued that for a long time there has been a deadly disease with symptoms such as diarrhoea, weight loss, and thinning hair. This disease had supposedly existed under the known name *amenmin*. They maintained that though it is about 20 years since HIV/AIDS arrived in Ethiopia, it had been much earlier in this form. In the past, however, it was not said that HIV/AIDS killed a person, the blame was then cast on *amenmin*. They noted that HIV/AIDS and *amenmin* have the same symptoms, and that only the names are different. Some of the school pupils went on to argue that the disease was in existence as far back as the fifteenth century. Berhanu (16, student) maintained that "Amenmin or HIV/AIDS was extant as far back as the time of Columbus, and an analysis of his blood has shown that he had the virus" (though no light was cast on how a sample of Columbus' blood was obtained or how the virus remained hidden for so long in between without detection).

Perception of HIV/AIDS as *amenmin* is based on an assessment of the typical symptoms of HIV/AIDS – weight loss, loss of hair and other signs. Well-founded, it has considerable medical resonance, and conveys dying from a 'very long illness' or a death that follows a protracted agony. It also implies that those

⁴ Asked what they would do if they discovered that they had contracted HIV, some young people also stressed the importance of prayers and holy water in order to be healed from HIV/AIDS.

who grow physically thinner and thinner, or every thin person has HIV/AIDS (no matter what the cause is). For instance, once a couple of men who came across a thin person by chance in northwestern Ethiopia (Gonder) stoned him to death because he looked like an AIDS patient. The narrative of associating AIDS with thinness has far more consequences. The incubation period for HIV is long and thinking this way some people might not assume that a fat person carries the virus and this external judgment could lead to unsafe sex. And this seemed the principal basis on which a safe partner should be chosen by street youths.

Primate origin

Some informants considered AIDS a disease that originated when white men (*ferengis*) had sex with apes. They said that AIDS was the result of the restless hands of the white man.

There wasn't anything faintly resembling AIDS in our country. It was a certain ferengi who wanted to do some sexual research with the apes who first contracted AIDS when he had sex with an ape. But then he did not know he had contracted any such disease and went on to have sex with some women who contracted the virus from him and who in turn transmitted it to others. That way it even came to this country through the ferengi (Bezu, 19, student).

This narrative seems a counter-blame to a popular scientific hypothesis according to which the HIV virus found its way to humans through green monkeys or chimpanzees in Africa.

Metaphors for HIV/AIDS

HIV/AIDS as a new disease is hotly discussed and gossiped about in daily encounters. When it began to spread, people produced metaphors, stories, rumours, and parables about it (Setel 1999). Similarly, young people in Dessie who had grown up in a world with HIV/AIDS produced various local idioms and metaphors. Like the syndrome itself, local metaphors about HIV/AIDS are irrefutably pluralistic and ambiguous. Young people came up with the following derogatory names:

Cobra (highly venomous snake) – The cobra is perceived to be the most dangerous snake in Ethiopia. The argument goes that just like a person bitten by a cobra, once HIV infects human beings, the chance of recovering is very small. Hence, HIV/AIDS is perceived as a deadly disease that bites. This metaphor assesses the dangerous nature of the disease and the lack of treatment to eliminate the 'poison' or infection.

Awere (wild animal) – They are specifically referring to the *awraris* (rhinoceros) or sometimes a dinosaur to depict that it is so large, ruthless, fierce, and

merciless. Reference to a wild animal, according to Cruise (1995), serves a double purpose: first, the HIV virus is identified as a wild animal, and secondly, the patient is also seen as a wild animal. In both cases, AIDS is seen as a frightening danger, a wild and merciless beast. Therefore, AIDS does not belong to the human world, as it is perceived of a dangerous wild beast. The association with a wild beast also implies that once infected, a patient will become dangerous and uncontrollable like a wild animal. This way, AIDS is dehumanized and perceived of as not belonging to a world of human beings but rather as a stranger pertaining to the animal kingdom that disturbs the normal functioning of society. The implication is that HIV-infected people are 'wild beasts', with the possibility of harming or threatening the health and welfare of the general public, and therefore it is necessary to segregate and control them (see the discussion below).

The wild beast and cobra metaphors also imply the familiarity of people with wild beasts in their daily lives. During the night (and sometimes even during the day), hyenas and other wild beasts prowl around villages and towns. The word hyena is often used to hush crying babies and unruly children.

Joker – If a person suffers from diarrhoea and loses weight, people say, "Hey, have you caught the joker?" or "He must have caught the joker". Joker is a widely used metaphor but is little understood by many informants. They argued that it is called a joker because when one gets the joker card in a deck of playing card, he/she feels happy since it helps to win the game. A joker in a deck of playing cards can win every other card and similarly, HIV can beat the entire immune system and no medicine can cure it. Similar to the pleasure felt when drawing a joker (which defeats all cards), a person enjoys sex with pleasure, and he/she contracts HIV, which defeats everything. They perceived sex as a game, and the disastrous effect of HIV/AIDS on the immune system was emphasized. The metaphor perhaps implies that sex in the era of HIV/AIDS is a risky game with so much to lose.

Bomb – If a woman and man walk around together, and if the man happens to be thin, the young people will say to the woman "Be careful! The guy by your side will hurl his bomb at you" or "Watch out, the thin person going with you has the bomb to explode on you". The person believed to have been infected with HIV/AIDS is referred as "He stood on an explosive; he is going to get off from a taxi/bus at the nearest station," (that he has been caught by AIDS and, therefore, the time-bomb will explode soon and he will die). Thus, HIV/AIDS is seen as enemy aircraft dropping bombs of death on those infected (Sontag 1988).

TV (TB) with its deck (video-cassette recorder-VCR). Since HIV/AIDS is associated with sex, either denial or offering different culturally acceptable explanation is the norm rather than the exception. When people die of HIV/AIDS

in Ethiopia, it is usually claimed that they died from tuberculosis (TB).⁵ TB afflicted people before AIDS, but when a death can be attributed to AIDS it is called 'TV (TB) with its deck'. In other words, if a person has HIV besides TB, the upshot is said to resemble a television and VCR together. Many young people seem to know that TB is a typical coinfection of AIDS.⁶

Feri (cowardly) – Several informants argued that AIDS is a coward, and will not mess with anyone unless people mess with it. They remarked that a brave opponent looks for a fight. HIV is not brave. "If you don't mess with it then it will respect you, but if you mess with it, it will despise and disrespect you". They perceived of sex as a mess, and people should keep away from it. Indulging in sex leads to being despised and disrespected by a coward (HIV/AIDS). This way, one of the main messages of HIV/AIDS – sexual modesty or restraint – was advocated. They perceived HIV/AIDS as a passive disease that affects only those who are sexually active, emphasizing the need to abstain from sex.

In addition to the above local idioms, HIV/AIDS has been given the following derogatory names (the list is open-ended like the syndrome and illnesses it causes): *dedebu* (the idiot); *keshimu* (the weak/ignorant/half-baked); *yemayrebaw* (the worthless); *gegma* (the ignorant/uncultured); *astekeew* (the back stabber/the betrayer); *yebesebese* (boiled bean); *ajire* (oh! that/the usual); and *mehandis* (engineer). Most of the latter metaphors are used in daily language as insults, which indicate that metaphor is a fundamental element in the process through which people articulate despair, anger, frustration, and dismay about outbreak of HIV/AIDS. The metaphors suggest that young people perceived surviving in a world with HIV/AIDS as having the face up to impending danger. Interestingly, the metaphors listed above suggest that local meanings of sexuality and HIV/AIDS are strongly influenced by fragments of medical knowledge, history, to which socio-cultural and environmental factors have been added.

These metaphors also appear to be the expressions of various perceptions of the epidemic, and lie at the heart of stigma as they ineluctably associate HIV/AIDS with death, punishment, horror, and everything bad. In the light of this, it is quite easy for the general public to look at infected people as the dangerous beasts who bear death. As long as HIV/AIDS is treated as a manifestation of an evil or wild beast, learning what disease they have contracted demoralizes people living with HIV/AIDS (PLWAs). In short, metaphors pertaining to HIV/AIDS create very negative ways of thinking about the disease and can

⁵ Many people in Ethiopia (particularly those who did not go to school) do not differentiate clearly between a "B" and a "V" when pronouncing them.

⁶ Farmer's informant in Haiti also drew a similar analogy: "Tuberculosis and *sida* [French acronym for AIDS] resemble each other greatly. They say that 'TB is *sida*'s little brother', because you can see them together. But if it's a sent *sida*, then it's really [*sida*] that leaves you weak susceptible to TB. You can treat it, but you'll die nonetheless. *Sida* is TB's older brother, and it's not easy to find treatment for it" (Farmer 1992: 107).

contribute to denial and inhibition in exposing HIV status. School pupils have either seen or some of them even visited AIDS patients in the hospital or their neighbourhood and expressed feelings of horror at the sight of those who have been severely affected by the disease. After the discussion about their encounters with AIDS patients, there was an intense and uneasy air of sadness over the whole group for some time during most of the FGDs. It was clear that AIDS represented a horrifying, terror-laden disease and recalling those sad encounters with those unfortunate AIDS patients prompted them seek refuge in sadness for a while. Speaking about what they would do if they were told that they had HIV in their body, some of them unhesitatingly said they did not see much of a choice other than taking early leave of life through committing suicide. Pertinently, the metaphors demonizing HIV/AIDS seem to have wider implications for young people's attitudes towards PLWAs, as some of the young people argued that the government should construct a sort of camp where PLWAs could live and be taken care of by each other. Some of them advocated measures that would amount to no less than complete isolation and segregation. They said that people with HIV should be given separate clothing or other identification markers so that other people would take care of and exercise caution with them.

In other African countries, metaphors associated with HIV/AIDS address how HIV/AIDS is a reflection of the imbalanced politico-economic situation and largely affects poor people. As a result, Anglophone countries in Africa call AIDS "Acquired Income Deficiency Syndrome" and Zairians turned SIDA (the French acronym for AIDS) into "Salaire Insuffisant Depuis des Annees (Insufficient Salaries for Years) (Schoepf 1995: 37). Tanzanians also twisted UKIMWI (the Swahili acronym for AIDS) into "'UKWIKWI' a disease characterized by excessive weight loss in one's pockets" (Setel 1999: 145). It is interesting that metaphors from Ethiopia (Dessie) did not associate HIV/AIDS with poverty. Whether HIV/AIDS in Dessie/Ethiopia affects people from all economic backgrounds equally or whether certain marginal groups remain more vulnerable needs further investigation (a further exploration of this theme will be the subject of Chapter Seven).

In conclusion, both narratives and metaphors given to HIV/AIDS highlight that HIV/AIDS "... [h]as been charged with peculiarly dense and often contradictory meanings" (Farmer 1992: 9), and demonstrate the need to work with concepts that are socially and culturally appropriate to local perceptions.

Level of awareness about HIV/AIDS

Most of the school pupils involved in the study knew the basic facts about HIV/AIDS transmission and prevention. Looking at the many ways listed in the

FGD guide as probes to see how knowledgeable they were about how the virus is transmitted, they answered most of them correctly. Sexual intercourse, blood contacts, blood transfusions, and mother-to-child modes of transmission were all mentioned.⁷ We gave them the chance to ask questions and voice their concerns about HIV/AIDS at the end of the FGDs, and they did not ask basic questions about HIV/AIDS, though the questions still suggest that even the school pupils lacked some basic information and had unanswered questions they wanted to ask.⁸ In the questionnaire, 37 percent responded “Yes” and 63 percent “No” to the question “Do you think that you and your friends have a reasonable amount of accurate knowledge or information about sexuality and HIV/AIDS?” reflecting that even the majority of school students thought that they were actually not well informed.

Knowledge about HIV/AIDS was even poorer and very fragmented among street youths. The street youths have only picked up bits of information, with few details, on the nature or transmission of HIV/AIDS. Most emphasized that they did not know anything about HIV/AIDS other than hearsay or information passed around on the street, namely, that it is the worst of all diseases, killing after it wastes the body and making one a “bag of bones.” Even the most vocal informants did not give detailed information about HIV/AIDS, often providing only partial sentences. One informant might start a sentence and another one would add another fragment to it. The ignorance of the group was clearly expressed by one boy’s perplexed query, “*Since there is no blood contact, how can AIDS catch me if I have sex without condoms?*” Another asked, “*Since there is nothing other than simmet (sexual urge) during sex, how is AIDS transmitted through sex?*” A better-informed boy asked, “*Why can’t the virus be seen and how does it enter the body during sex?*” When asked what they knew about AIDS, some of the street youths sternly demanded that we stop questioning and start teaching them about the disease. We told them that our purpose was not to teach but rather

⁷ There were, however, some confusion and misconceptions about methods of transmission and they expressed fears about the possibility of transmission through *ferengi* – (white people) type of kissing and through unexpected skin contact with infected blood. Some also claimed that they had heard the virus is transmitted from one person to another only if their blood types are the same or similar, and wanted to know if that was true.

⁸ Some of these controversial questions include: “There is a separate species of the AIDS virus that attacks animals other than humans called ‘SIV’”; and they wanted to know more about the differences between ‘SIV’ and HIV. Others wanted to know the truth of a claim that men could not catch the virus in their first sexual intercourse even if they had sex with an HIV-positive woman. The reasoning behind this was that the woman transmits the virus in a fluid released from her vagina when she attains orgasm, but in their first sexual intercourse men reach orgasm much earlier than women and the sex is over before the woman has released the ‘infecting liquid’. Others still wanted to verify the claim that all materials (including condoms) have very small, microscopic pores, and since the size of the HIV virus is smaller than those microscopic pores, they wondered how a condom could be of any value in protecting people from HIV infection. Some also asked if two people living with the HIV virus and having sex without condoms would affect their health and heighten the severity of their infection.

to gather information. We offered to respond to any concerns and queries, but they refused, emphasizing that they did not have any questions needing answers. Furthermore, various misconceptions concerning HIV/AIDS and other sexually transmitted diseases came up during FGDs with street youths (see Tadele 2000, 2003).

In-depth interviews with street youths revealed the existence of more serious misconceptions and misunderstandings about HIV/AIDS transmission. Let us follow the following explanation given by a street youth living with HIV/AIDS when I asked him to tell me the ways the virus is transmitted.

What I want to tell my people, especially those in the army and the village farmers, is for them not to clean themselves with clumsy and rough objects like pieces of stone after defecating. You see many defecate in the bushes and open fields and after doing so they clean themselves with whatever they can grab close at hand, like pieces of stone. But there is no guarantee that someone else might not have used that piece of stone for that same purpose previously and that he is not HIV positive. The second thing people need to be aware of is eating raw vegetables in hotels and restaurants. They need to avoid such things. Thirdly, I say it is better to die of desire [thirst] than drink raw milk to quench one's desire [thirst]. Not just milk; it is not good to consume uncooked things like yogurt either. All these can pass the virus on to others. [Do you think you got the virus in one of these ways?] What I suspect is that I got it from some dirty piece of paper or stone I may have used to clean my anus after defecating. I don't think I got it from women or in any other way than this. It must have come from that habit when I lived in the desert. [Did you not have a girlfriend before?] No I had no girlfriend! I was more interested in alcohol, cigarettes, and chat than women.

[Does HIV virus pass from one person to another?] Indeed it does! And I have told you how! I have told you drinking raw milk passes it on. For example, a farmer may milk his cow when one of his fingers is injured, an infected wound about to burst. Wouldn't the pus and blood leak into the milk he is milking? And if you drink that without boiling it first, wouldn't you catch the virus? And in hotels, when the boss orders the cooks to speed up food preparation, mightn't one of the women accidentally cut her finger while cutting up a cabbage or some vegetable that is served raw? And mightn't some drops of her blood drip into the food she is chopping? And when you eat that, wouldn't you catch the virus? Likewise it is not only on that day, even the day after she had cut her finger, that woman would still be working with a fresh wound because the boss pays her to work! So the danger continues for some days.

And also if someone has a wart in his/her anus, wouldn't that bleed when he wipes it with a rough thing like a stone to clean himself after defecating? And wouldn't that blood dry on that piece of stone and when I use that stone the next day, wouldn't the virus go into me through my anus (if that previous person had the virus)? And also through twigs that we use as toothbrushes, wouldn't it pass from person to person by using such toothbrushes that have been used by others? And wouldn't the things we use to cut our fingernails transmit the virus too? For example, razors, we know our people use the same razor for over a year, over and over again! Why do we deny

these facts! What does the mass of the people know? Nothing! We use the same razor every month, once to shave a beard, then to cut the finger nails and so on without even washing it! And wouldn't that razor pass the virus from one person to another? Razors need to be broken into pieces and thrown away after they have been used once. And when I say they should be thrown away, it isn't like throwing them near the fence; they should be disposed of where people can't get them! There are many other things that pass on the virus, many ways!

And shoes too, don't they pass on the virus? Should your brother wear your shoes? Should he be wearing your pair of socks? In order to be safe from this disease or even some others, should a girl be allowed to wear her mother's panties? Should a boy be wearing his father's shorts? No! I would have been able to give much more education but you see when I am sometimes angry, I lose my head [meaning I do not know what I do or say]. Health officials should educate people on these issues. There are some girls who hide their own panties and wear their mothers'. Should they be allowed to do that? No! Mothers should lock their panties in their closets (satene). Why should they be so messy and careless about where they put their things? Fathers should count their socks every now and then to see that they are all there! It wouldn't matter when it comes to trousers and jackets (but shoes and socks need to be well looked after).

[What about sex?] Well sex might also pass the virus on; it is a good suggestion. You see her organ may bleed during sex and his might also bleed. In this case the virus may pass from one of them to another. And if only his organ bleeds, well then his blood goes directly into her and she will get the virus directly! But I don't think the virus can be transmitted by semen alone. But blood can transmit it. And you should also correct me if I am wrong, you should also educate me about what you think. Why should it be me alone? [I explained to him that the semen or vaginal fluid contains the virus and could be transmitted from one person to another through sex]. Well, then you may be right! I used to think the virus is not found in the white fluid. You must be right!, It must reproduce there! But if it [the virus] is found in the sperm [semen] then it is a catastrophe. There wouldn't be that many people free of the disease! We are all dead then! You are right, it is found there too! Well, I say our country has entered a Third World War! So, a few years into the future, this country is not even going to find men enough to defend its borders. Any enemy will be able to come to its very heartland without having to fire a single shot! It will come in and rob it of all its wealth, it would be able to do whatever it desired if this is the case.⁹

I asked him if he had not been engaging in sex at least once in a while.

My sexual feelings were very weak then. And since I was a hard worker I used to tire my body out. What is more, I was not properly fed. So all this weakened my sexual desire greatly. [Did you have a girlfriend (a lover)?] No, I had no such a thing. I used to go to women only once every two or three months, and I don't think that

⁹ I am not sure, however, whether the informant was genuinely struggling with the notion of sexual transmission of HIV or simple denial. In any case, he preferred to construct meaning in a culturally acceptable way to morally loaded sexual transmission discourse. I must also say that although one can find other young people (particularly street youths) with similar misconceptions about HIV/AIDS prevention and transmission, his very low level of knowledge about HIV/AIDS may represent a very small minority in towns like Dessie.

would enable me to say I had girlfriends. [With whom did you go even then?] Well you will not know them if I told you [Were they prostitutes?] Yes, most of them were [Did you have a single partner all the time?] No, it wasn't one partner that I had. I don't even like going out with a woman more than twice. I just don't like it by nature.

It is often said that poverty is not only a lack of material wealth but also a lack of information. The street youths seemed to have inadequate information about sexuality and HIV/AIDS partly because of illiteracy and non-attendance at school. Most educational programmes are limited to TV, radio, and newspapers to which they and other poor people had limited access. Other information, education, and communication (IEC) activities are unlikely to reach them. They need their time to earn their 'daily bread' instead of listening to more personal face-to-face education about HIV/AIDS. I provide the following quote to illustrate this point:

If you ask us to attend education sessions about HIV/AIDS now [the time was nearly 4 pm in the afternoon], we would likely not listen to you because we would all say "Our work is more important to us than your education about HIV/AIDS. If we go with you now, what are we going to eat for dinner when we leave here?" (Bereket, 20-year-old male street youth).¹⁰

Some of the street prostitutes also showed complete ignorance about HIV/AIDS (even the basic facts as to how HIV is transmitted and prevented). I asked Senait, an 18-year-old street prostitute:

[Do you know how AIDS is transmitted and prevented?] I don't know. [How do you get information about HIV/AIDS; I mean do you listen to radio programmes and other sources?] We don't listen to radios. [Don't you discuss about HIV/AIDS with friends/colleagues?] We do not discuss such matters together because I am not very close to my friends. [Don't you think that you should have learnt and know more information about the mechanism by which AIDS is transmitted and prevented] Yes, I should have learnt. I would like it if there were someone who would teach me and give me this sort of information.¹¹

Taken as whole, it appears that street youths' social and economic exclusion undermined access to information.

So far attempts have been made to present local perceptions or narratives and metaphors about HIV/AIDS, and of young people's level of knowledge about HIV/AIDS. Although the condom has been in existence since long before HIV/AIDS, it has now become the other side of a coin in HIV/AIDS prevention

¹⁰ It should be noted that we succeeded in interviewing many volunteers since we promised to pay them for the time they spent with us.

¹¹ Statistically speaking it is reported that 98 percent of the population in Ethiopia knows about HIV/AIDS (Mitike 2002). The 2000 demographic and health survey (DHS) also shows that 96 percent of men and 85 percent of women had heard of AIDS and provides evidence that knowledge of modes of HIV transmission is high (Central Statistical Authority and ORC Macro 2001). This and other cases, however, suggest that there are people who do not possess even the simple facts about HIV/AIDS prevention and transmission.

discourse. The following discussion will explore some of the obstacles, controversies, ambiguities, and confusions surrounding condom use.

‘Sex as a fire and condom as a shoe’

More than 50 percent of all new HIV infections worldwide are reported to occur among young people aged 15–24 (UNICEF, UNAIDS and WHO 2002; Population Reports 2003). Each day, between 7000 and 8000 young people become infected with HIV worldwide. A number of studies show that most secondary school students in Ethiopia are sexually active at the age of 15 or 16 and often engage in multi-partner sex without condoms (Mulatu *et al.* 2000; see also Chapter Five). The benefits of condoms for young people may seem to be self-evident in the wake of growing sexual activities among youth and the HIV/AIDS pandemic, but empirical evidence refutes this. Print and electronic media in Ethiopia certainly promote condoms. However, the social sensitivity and discomfort associated with buying and using condoms is not properly addressed. There is no culture-sensitive and comprehensive sex education programme in place to ensure that young people have all the tools they need to make informed decisions when it comes to sexuality. Studies report that though most people in Ethiopia know about HIV/AIDS and condoms, few people reported that they had used a condom the last time they had sex with a non-regular partner (Gebre 1990; Larson *et al.* 1991; Bisrat 1992; Asnake *et al.* 1993; Gebre Kidan and Azeze 1993; Teka 1993; Dear 1994; Fantahun *et al.* 1995; Fantahun, and Fekadu 1996; Petros *et al.* 1997; Eshetu *et al.* 1997; Taffa 1998; Mulatu *et al.* 2000; Mulatu 2000; Lucas 2001). The fact that in a population of nearly 70 million, only 41.8 million condoms were sold in 1999 substantiates the argument (Kloos and Haile Mariam 2000). Whether those who reported using condoms did so consistently and correctly, and what proportions of them were used for disease prevention and contraception are questions that need answers.

Similarly, most of the school pupils involved in this study admitted that they did not use condoms. Abdul (19, male student) had this to say:

Many of my friends and I do not put the rhetoric of safe sex into practice. Many of them are sexually active and when I ask them if they use condoms, their answer is in the negative. And most of the time we don't talk about using condoms or abstaining from sex. We say among ourselves "I dated so-and-so" or "I had sex with so and so" or "What do you say if I date this girl or that?" And with regard to HIV/AIDS, we don't talk about how it is transmitted or how it is prevented. This is boring stuff that we often hear repeatedly. If we talk of AIDS, then it is in relation to people and their behaviour, for example, saying "So-and-so does this and that and may have HIV; that this girl is very cool, and she might not have HIV/AIDS."

When I asked him whether he used condoms, he replied:

*I do not use condoms. I don't like them. I have never tried but I just could not convince my mind to use a condom. And the girls have never mentioned to me about using a condom. I even think they would have held it against me if I had either asked to use a condom or used it.*¹²

Some of the street youths reported erratic use of condoms and on occasions they refused when the prostitutes tried to force them to use one.

When I get drunk with my friends and when my friends have sexual intercourse, I also want to have sexual intercourse. In such conditions some prostitutes refuse to have sex without condom. At that time, since I am drunk I might create trouble. There was one incident when I used condom. There is also another incident when I refused to use condom and had sexual intercourse without. Sometimes, when they ask me to use it I agree. There are times when I refuse even though there is a condom. When morning comes if I use condom, I will be happy and my mind will be free. If you use a condom, you will not be assailed by worry in the morning. You feel that you have protected yourself to some extent. You don't feel conscious of any guilt. But if I refuse to use a condom when the girl requested it and have intercourse by force, I become angry when I remember the day I had intercourse without a condom (Kebede, 23, street male).

In the questionnaire, 36.5 percent said “Yes”, and 63.5 percent responded “No” to the question: “Do you think that most young people of your age use condoms?” It appears that most young people in Dessie did not use condoms consistently and properly. Both young people and the key informants gave a number of reasons as to why condoms were not widely used by the young people. Like many other studies on HIV/AIDS and condoms around the world, this study found similar patterns in the kinds of problems and controversies surrounding condom use, although the Ethiopian context has its own specificities that allow some room for difference in responses in particular cases.

Why young people do not use condoms

Given that the dangers of unsafe sex are known to many young people, both in terms of unwanted pregnancies and a potentially deadly disease, it is necessary to explore why they were not using condoms. Most of the explanations for our (mis)deeds usually involve structure (external attribution) and agency (internal attribution). Likewise, the reasons given for less or inconsistent condom use by the young people vary from emotional aspects of sex, lack of skill in how to use condoms, or lack of confidence, the issue of (mis)trust, male dominance,

¹² Later, off the record, he said that he was not particularly happy with his life and did not care much (if he got HIV or not). He also noted that he had tried putting on a condom once but could not achieve an erection. He remarked that he is afraid the same thing will happen if he tries it again. This implies that a single unfortunate experience with a condom will undermine future motivation. Browne and Minichello (1994) coined a term for this situation, condom memories, in which an unpleasant or embarrassing sexual experience that happened one day will put users off trying condoms in the future.

religion, reduced pleasure, shame, quality, accessibility plus many others which can be classified as either internal or external attributions. We should, however, bear in mind that classification is always an ideal and there is no clear-cut demarcation between agency and structure. Let us now consider some of the reasons given for non- or inconsistent use of condoms.

Lack of confidence/conspiracy

As recently as October 10, 2003, Cardinal Alfonso Lopez Trujillo, the official arbiter of the Roman Catholic Church's stance on family issues, told the BBC that condoms do not prevent the spread of HIV as there are tiny holes in the latex that sperm can pass through; the HIV virus is allegedly smaller than tiny holes in the latex, and one should not expect a condom to protect against AIDS. The World Health Organization (WHO) strongly criticized the cardinal's speech, acknowledging that although condoms can break or be damaged, they reduce the risk of HIV infection by more than 90 percent and would definitely prevent the passage of the virus unless torn.

Similarly, most of the school pupils and the street youths involved in the study agreed that they did not have complete confidence in condoms but used them in the belief that it is better than "going-in-bare". One of the street boys equated sex with fire, and a condom with a pair of shoes. *"It is much safer to step on fire with your shoes on than with bare feet. Same with condoms"*, he said. *"Much safer to put them on than have sex without them"*.¹³ It is interesting that sex in the era of HIV/AIDS was perceived as a flaming fire that reduces those who stepped on it to ash. More or less the same opinion prevailed in most of the discussions arguing that it was much better to find a faithful partner who can be trusted and be faithful than using condoms, because condoms are not 100 percent effective. More specifically, of all condoms, they claimed that they did not trust *Hiwot Trust* condoms (American-made), as the good will of the Americans towards Africans might be doubted. Nebere (18, male student) went on to say:

If you want to buy a condom in America you have to pay a good sum of money, but here we only pay 25 cents or even get it for free. How has this happened? And why are other condoms like Durex so expensive? All these things make me doubt the Hiwot Trust (one of condom brands widely available in the country). I am now starting to believe the talk that HIV virus is found on the lubricant of the condom. I have also read in Menilik [local magazine] that a certain doctor has revealed the fact that HIV was created in American laboratories. So when I hear all this, I sometimes come very close to believing this is really a conspiracy by our enemies (the Americans).

¹³ Setel's informant in Tanzania who expressed lack of confidence in condoms also drew a more or less similar analogy saying that "To me it seemed like putting on a bullet-proof vest, but still going into a gun battle" (1999: 214).

It appears that like the origin of HIV/AIDS, young people linked condoms with 'disordered international relations' (Setel 1999: 238). Some of the street youths even went beyond this and viewed condoms as AIDS and only used them because the prostitutes did not consent to sex if they did not wear one. Interestingly enough, contrary to the public discourse and the epidemiology of HIV/AIDS in Ethiopia (and perhaps elsewhere), the street youths in Dessie argued that prostitutes are not 'risky sexual partners'. Since prostitutes were said to force their clients to use condoms consistently, the street youths perceived them as a safer group than schoolgirls (see Tadele 2000, 2003).

They also questioned the effectiveness of condoms on the basis of their price.

If condoms really prevented a disease that has no cure (AIDS), their price would have been very high because the cheapest medications even for fever and such other minor illnesses that are curable cost 7.50 Birr. And for something that does indeed protect one from getting a disease that has no cure, just guess how much higher the price would have gone! (Yasin, 19-year male student).

One student who was a member of an Anti-AIDS Club, and who participated in the distribution of condoms in hotels and bars at night, reported that many people asked him similar questions, namely why *Hiwot Trust* condoms were sold for 25 cents or were even given out free of charge while other brands cost up to 10 Birr.

Yilma was an HIV-positive person involved in HIV/AIDS education and counselling HIV/AIDS patients. He was married to a HIV-positive woman whom he met while counselling. When I asked him whether he used condoms with his wife, he replied:

I have never used condoms. I have no faith in condoms. A condom has its own problem starting from the way it is stored, sold, and used. Once I made a confession and joined the spiritual world, I decided not to use condoms as an alternative. [His response was rather defensive when asked why he was not using condoms]: It is not necessary. We are in a matrimonial relationship. Rather than using condoms it is better to use the contraceptive method in the form of vaccination. Marriage is marriage. She, too, doesn't want to use condoms.

Religion, lack of confidence in condoms, and (mis)trust in marriage conflated in his narrative for not using condoms. Yilma was well aware of the dangers of unprotected sex in exacerbating the progression from HIV to AIDS (thereby shortening his life). The story is a testimonial that even well-informed people manipulate the information they received in order to create a space for something they wanted to do.

The storage problems in the shops (*suqs*) and the quality of condoms in circulation also appeared a constant concern of school students. They argued that condoms are often put on the top shelves just under the roof where they are easily exposed to fluorescent light that causes their quality to deteriorate. Hence, they

claimed that condoms sold in the *suqs* are not effective since they are not properly stored. As a result, most of them did not trust condoms, as the case of Hassen (20, male student) illustrates:

I think it would be much better if they distributed condoms of better quality than the ones that are sold in the suqs (or Hiwot-Trust condoms). But personally, I do not trust condoms. I do not have faith in them and don't think they can prevent me from contracting HIV. Therefore, I will not use them because I will not put my life at risk in the belief that condoms can protect me. I would rather abstain from sex until I find a faithful lover and be faithful to her after we had both been tested for HIV. Using a condom is not terribly reliable. If we have a goal in life, it is better we abstain or don't have sex. Even being faithful is a difficult principle to live by. Although I know for sure that I can be faithful now, how would I know what the girl is doing?

The whole discussion implies that there is long way to go to teach young people and the public at large to have confidence in using condoms (see also Lucas 2001). Debunking common myths and misconceptions associated with condoms, testing the effectiveness of condoms on sale, and if necessary providing them with better quality condoms emerges as one major area of intervention.

Lack of know-how

Apart from myths and misconceptions, many young people did not know how to use and dispose of condoms. Only a few who had received training from the FGAE and other NGOs and clubs know how a condom should be used and disposed of. Some of the street youths were very quick to mention problems associated with condom use, especially that condoms are sometimes torn or punctured during sex. Some wear it on the wrong side (inside out), which causes heavy friction during sex because the lubricated side should normally be worn on the inside. Because of fear of breakage, some of street youths reported wearing double condoms. This method is not recommended, as its safety and comfort have not been adequately evaluated. The following funny story shows how condoms are improperly used. A social animator lectured about the proper use of condoms, demonstrating how to put them on. He used a stick as a penis for the demonstration. Imitating what the teacher did, one of the participants went home and had sex with his wife by putting a condom on a stick. He used a condom to prevent unwanted pregnancy, but later on it was found out that his wife had become pregnant. This is perhaps an extreme example, but it shows how many people are unaware of the proper use of condoms, and also some animators are not able to demonstrate their use effectively.¹⁴ It implies that the condom in Ethiopia is a new technology that surfaced widely with the arrival of HIV/AIDS,

¹⁴ In the Medical Anthropology discussion group at University of Amsterdam, I was told that there are similar stories in many other countries implying that the story could be a stock joke. "Perhaps we can think of humour as acting as a copying mechanism and therefore defusing the depressing reality of the problem" (Cruise 1995: 40).

and it may take a long time to educate people how to use it properly to protect users from both unwanted pregnancy and HIV infection. Messages transmitted by the mass media focus on urging people to use condoms without informing them how to use them. A detailed education programme about condoms and their use ought to be provided.

Reduced pleasure

With the arrival of HIV/AIDS, the pleasure, enjoyment, and hedonistic tendencies in sex were accorded a wide coverage in the literature of sexuality. In most cases, normative conceptions of sexuality, and heterosexuality in particular, present unprotected sex as a natural bodily function (Holland *et al.* 1998). "Such accounts thus present the condom as an unnatural technology, which 'disrupts' or 'interferes' with the natural course of sex, making 'normal sex impossible'. Protected sex was described as 'not real', 'horrible' and 'uncomfortable'. Condoms were not just disliked but also 'hated' (Rhodes and Cusick 2002: 11). This suggests that attempts to practise safe sex forces people to be unnatural and the notion of safe sex as a whole leads people to question many of the underlying assumptions held about sex.

Pleasure arises partly from the satisfaction felt when a task is successfully completed. Many people perceive the condom as an intruder that prevents the maximum possible pleasure associated with sex. Apparently unpleasant aspects of user experience with condoms, such as putting them on and taking off and other difficulties, the challenges and the ensuing fatigue diminish sexual pleasure. Those school pupils and street youths who claimed that they used condoms were asked if they liked using condoms or only used them out of sheer necessity (whether they felt condoms make a difference to the sexual experience of either partner?) There was general consensus that sex with condoms is not as enjoyable as sex without them, and they perceived sex as being more 'natural' without a condom.

Abebe (21, street youth) said that he only uses condoms because there is HIV and there is nothing he can do to protect himself other than wearing a condom. It would have been much more pleasant if he could have sex without condoms. "*This 'intrusive/bumptious' (balege) disease [AIDS] forced me to use it, otherwise sex would have been more enjoyable without it*". He made these statements with a look of disgust on his face, and he later added that using a condom is "messy and unhygienic" (*mechemaleq*) when putting it on and taking it off. He added "*Even using condoms may not be safe, only God knows if they can really protect people from AIDS. All we can do is use them and say God save us and we should also select the women we sleep with*". He said that the axle (*differntshial* - the name of the spare part of a car equated with the part of the body from the

waist to the lower thighs) should be very beautiful, implying that physical appearance seemed the basis on which a safe partner should be chosen. The other street youths expressed more or less the same disgust about using condoms but they used them as the only safe way or when forced to do so by prostitutes.

Tagle (19, student) also explained how the condom compromises sexual pleasure as follows:

Using a condom or not during sex makes a difference. You get maximum pleasure when having sex without a condom but with a condom you do not achieve much satisfaction because the sperm [semen] will be inside the condom (creating discomfort). Whatever the case may be, you have to use the plastic [condom] to keep yourself away from the disease.

In a related development, prostitutes involved in the study also maintained that there were some clients who argued that condoms reduce gratification and requested them to have unsafe sex. They claimed that their clients say, “I did not pay you that much money to bother with plastics”. Very few street youths, on the other hand, reiterated that the difference between wearing or not wearing a condom relies on the mindset of each individual.

As for myself there is no difference. It depends on what one is accustomed to. If you are not accustomed to using a condom, you will sacrifice pleasure when you have it with a condom. There may or may not be differences. But as far as I am concerned, there is no difference. Some individuals say that it is pleasurable if you have sexual intercourse without a condom. But it depends on the attitude of each individual (Kebede, 23, street male).

Overall, HIV/AIDS necessitates the reconstruction of pleasure in safer sex practices, a challenging task that may be very difficult to put into practice. Better quality (but affordable) condoms, and gaining skills in condom use may go half way, but it would be naïve to say that condom use does not reduce sexual pleasure.

Metaphors and shame

Shame is a morally laden word that reminds us of embarrassment, remorse, guilt, humiliation, disgrace, and dishonour. It is strongly related to the biblical concept of ‘sin’. The norms that prescribe and proscribe sexual practices are intricately linked to the concept of shame. The problem of getting condoms in confidential places is another challenge, and it is very difficult for young people to ask for condoms from a chemist or at any other places where condoms are available. As they are not expected to have sex before marriage, the problem becomes more serious when teenagers want to talk about sexual matters with somebody older than themselves (Gausset 2001). All these attitudes and norms turn the issue of buying condoms into a shameful activity.

Although free condoms are available from Anti-AIDS clubs and some NGOs, most people obtain them from commercial outlets such as shops. The metaphors used in Dessie to describe condom buying from the shopkeepers partly illustrate the shame and embarrassment involved in this activity. Condoms were often referred to as a 10 cents plastic bag or raincoat. They also said, "Give us that tablet or plastic bag or give us *kalsi* (socks)". One day, when I was hanging around a small shop (chatting with the young shopkeeper), a man came and asked the shopkeeper to give him *kalsi*, but the shopkeeper did not understand what he really meant and gave him the real socks. When he asked him again, the shopkeeper asked him if he wanted male or female socks. But another person intervened and told the shopkeeper to give him condoms. Condoms are also called a 'wedding towel' or a 'bride's towel' for they cover just like a bride on her wedding day. They are also referred to as 'one less than two pairs'. This signifies that two condoms are perceived as a pair of socks but one packet normally contains three condoms. In another encounter, a couple (apparently the woman was a sex-worker) entered a shop to buy condoms and the man asked the shopkeeper to give him Aster Awoke (the name of famous female Ethiopian singer who lives in the US). "*This is a kiosk, you go and check a music shop,*" retorted the shopkeeper. They went on bandying unnecessary words until the woman intervened and said, "*What he meant by Aster Awoke is a condom*" and they bought these and left.

These are perhaps minor misunderstandings, and most of the informants argued that when they asked the shopkeepers to sell them, for instance, *kalsi* (night socks), they understood the synonym and gave them condoms. Even the prostitutes who claimed consistent condom use said "*Most of the time I do not go to shops but buy from street vendors. I simply pick them up and pay for them without giving them a name*". Therefore, buying condoms is not a pleasant experience since it involves shame and risking unpleasant comments from others. Those who somehow managed to go and buy condoms from shops did not dare to ask for them by their real name.

Why is it that buying food and other items from a shop or super-market is perfectly normal whereas buying condoms from similar places is perceived as shameful? It may be a reflection of the legacy of a puritanical and naturalistic view of sex for reproduction. Since sex is associated with sin, buying condoms from a shop is considered an indecent or shameful act that betrays involvement in covert practices. Hence, people of different ages are horrified by the idea of buying condoms. Many of the school pupils narrated a story of men in their neighbourhood who sent children to buy them condoms worth 0.25 or 0.50 cent in a nearby *suq* and tipped the children 1 Birr. Even the street youths who are perceived by the public to be carefree did not feel comfortable buying condoms.

Kebede (23, street male) said that he would be too ashamed to ask for condoms in a *suq* where there are many people within earshot. He remarked that “*Whenever I want to buy a condom, I roam around looking for suitable shops; in shops where a young boy or man is selling the goods, I will go in and feel no shame when saying ‘Condoms please’.*”

For some of the street youths buying from street vendors was less shameful than buying from shops.

I do not buy from kiosks lest I be ashamed if there is someone there who knows me very well. I prefer to buy from street vendors. It is only 25 cents for one pack of condoms in shops but street vendors sell them for 50 cents or 1 Birr though I am aware of this difference, I buy more expensively from street vendors (Abe, 22, street male).

Clearly, buying from street vendors was preferred to shops though there was a significant price difference. When the purchase is in a shop, there are always people hanging around or who come to buy other items, whereas street vendors in a quiet place ensure the necessary privacy. In small town like Dessie, it is very likely for condom buyers to meet someone whom they knew other than the shop-keeper. This situation deprives the purchasers of a private space to buy condoms. Since many young people did not feel at ease when buying condoms, distributing condoms free of charge to every household, in schools, and hotels may go half way towards solving the problem. Pertinently, the prices of condoms increase late in the evening and some people, particularly street youths, may not be able to afford them. Under such circumstances, distributing free condoms may be part of the solution.

Trust, mistrust, and gender inequality

Trust is the key element in the existence of any society, and in much of our everyday lives, trusting decisions are made, whether directly or indirectly. Among other things, love involves trust, faithfulness, intimacy, and care (Moor and Rosenthal 1993). Associating condom use with casual sex, and the lack of trust or suspicion it engenders between the two partners is another problem. In order to prove his or her integrity, faithfulness, and upright behaviour, the partner (he or she) feels obliged to refuse condoms. Anti-AIDS programmes that advocate either being faithful or using condoms reinforce the association of condoms with casual sex, as they imply that not using condoms is considered “as a proof that one is faithful and that one’s partner is faithful as well” (Gausset 2001: 514).

Clearly, trust or mistrust in a relationship is a social phenomenon that has also hindered condom use among young people in Dessie. This situation is aggravated by the high level of mistrust that prevails in young people’s relationships (see Chapters Three and Four). Some young people started sex using condoms, but

when the relationship became steady, they resorted to having sex without a condom, claiming that they had come to trust each other. The following example illustrates my point. Jemal (19 and the only street boy who declared that he has a girlfriend) said that he used condoms with his girlfriend for the first two or three months of their acquaintance but they talked about it after that, swore to be faithful to each other, and stopped using condoms. They stopped because they thought condoms are for people who know each other for only a short time and are not used to each other. Therefore, since they were well used to and trusted each other, they agreed not to use condoms. *“Even if I wanted to use a condom now, what reason would I give her? It has been two years since we last used a condom.”* He admitted he worries a great deal that he might contract HIV since he does not wear a condom when having sex with his girlfriend, because again he does not trust her completely. But then he says *“How can I now justify using condoms with her without telling her that I do not trust her?”* It appears that it is very difficult to introduce condoms into an existing relationship as the other partner might question the other’s motive, and that it might arouse suspicion that either partner had been unfaithful (see also Lucas, 2001). Jemal’s argument is a classic problem with condoms, and there seems to be a need to teach young people that trusting one another and protecting oneself against disease are two different things. It should not be forgotten that messages about condom use must focus on the necessity of using them with all types of sexual partners instead of polarizing ‘casual’ and ‘steady’ sexual partners (Lucas 2001).

Like a two-edged sword, suggesting condom use could cause trouble in a relationship: the female asking the male if he thinks of her as a prostitute and the male asking the female if she has seen him having an affair with anyone else. In a nutshell, condom use in a relationship implies mistrust or infidelity rather than care for and love of the partner. It appears that couples trust each other when neither partner uses or proposes to use a condom (see also Lucas 2001).

The International AIDS Day motto for 2001 stated “Men too have the responsibility in the effort to prevent AIDS” to convey that women’s lives are in the hands of the males. The question that has to be asked is: Who should possess condoms or who should propose condom use? This question invites an examination of gender relationships in the context of condom use. As discussed before, the symbolism of condom use in relationships has different interpretations. In particular, the different interpretations of men versus women about introducing condoms into a sexual encounter reflect a whole range of complex gender, power, and societal norms and values. Most of the school students involved in the study went as far as to say that they would not accept a condom should a girl offer it. Some of their reactions about what they would do when offered a condom by a girl/woman included:

- ❖ *It means she has formed a very bad opinion of me in her mind and if she does that, I will just leave her.*
- ❖ *It only means that she suspects I am not faithful to her and she can go to hell (tetnker) if she thinks I go out with other girls.*
- ❖ *I might even go as far as beating her because (if she does that) it means she questions my love and trust for her, I will not return (go out) without giving her a good slap for suspecting me.*
- ❖ *It would make me feel very uneasy, and my esteem for the girl would be severely damaged. I would question the sincerity of her feelings for me or may feel she does not trust me. My regard for her will diminish. I would rather not have sex with her because her action either questions my sincerity and faithfulness to her or puts a big question mark after her own faithfulness and confidence (of being free from the virus). In either case, I would rather not have any sex with her.*

These quotes are indicative of the strong opposition to condom use among many youths and that even suggesting condom use leads to physical violence. “Women who assert condom use may be perceived as sexually knowledgeable or promiscuous, and therefore may be looked down upon by their partners” (Lucas 2001: 171). Sexual ideology constructs women to be sexually naïve, passive, and submissive in condom use (cf. Nencel 2005). Furthermore, in patriarchal Ethiopian society, women as the perceived weaker gender are socially restricted from making demands on males, and the very act of proposing condom use by women suggests an assertiveness and confidence that men do not welcome (see Ray and Maposhere s.d.). The complexities of sexual negotiation as shown by these quotes also lead us to question about whether the ABC prevention paradigm can really be effective in the Ethiopian and the wider African context, where there is a significant power imbalance between men and women, and where women are not in a strong position, if in any position at all, to negotiate condom use.¹⁵

Others took a moderate stance and were willing to accept condoms from women, but never failed to mention the effect of such a gesture on mutual trust.

If my girlfriend gives me condom if I do not have any, I will accept it. But I will think, “This girl must have some problem.” I will not believe her. Actually, she may not have any problem at all and may act that way to take care of herself and me. However, I wouldn’t be able to get on of them out of my mind. That is, “Why did she give me a condom? Doesn’t she trust herself? Or is there something that she has heard about me?” In any case, the fact that she has brought a condom with her will have a certain unpleasant effect. On the other hand, when a man proposes condom use, there could be instances in which the woman might walk out on the man saying, “How dare you suspect me?” (Bantihun, 20, male student)

¹⁵ Although the ABC prevention paradigm is simplistic and does not take into account wider structural issues, I am not saying that it is completely irrelevant to Ethiopia or Africa as whole. ABC may serve as useful starting point for people to grapple with in order to prevent HIV infection. There is, however, the need to question the paradigm and open the way to the empowerment of women and other marginalized groups.

Some of the young men who claimed to use condoms maintained that there are no women who dared to suggest that they should use them. It seems that the movement towards gender equality may eventually create an environment in which women propose the use of condoms to their male partners. Furthermore, trust, one of the very positive aspects of any relationship, is interpreted as an obstacle to condom use, suggesting the need to deconstruct the cultural construction of trust and mistrust, and more generally male and female sexuality.

'Fig leaves'

The relationship between religion, sexuality, HIV/AIDS, and condom use is a very controversial issue in Ethiopia (see the discussion in Chapter Four). Most of the denominations explicitly or implicitly condemn their use. Here is the stance of the Muslims:

Our religion prohibits the use of condoms as it runs counter to 'sacred sex' prescribed by the Koran. We are against condom use because it facilitates fornication (zimut). We have a law that existed long before HIV came and it forbids zimut. It warns people not to go near it. In taking this stance, Islam does not tell people to use condoms so as to protect themselves from AIDS. It says must not commit zimut or even approach it (interview with young Muslim Anti-AIDS club leaders).

I asked the Ethiopian Evangelical Church, Mekane Yesus (EECMY), pastor whether they advised their members to use condoms or preferred to preach the biblical truth of abstinence and being faithful to one's partner. Mainly, he argued, they teach the biblical rule of remaining faithful to one's partner, and advise condom use as a secondary option. And to those who are married, they advise using condoms to limit the number of children. Since I doubted the sincerity of his response, I asked him whether encouraging the use of condoms may sound as if they are saying that there is nothing wrong with having sex or being 'promiscuous' as long as one is protected from HIV/IDS. He replied that they do not tell their members either to use or not to use condoms.

We don't teach followers of our church that using a condom is good. Nor do we advocate that condoms are bad. We teach them how to protect themselves from the virus. What we don't teach them is that they can protect themselves from the virus by using condoms. If we teach that, then we would be allowing promiscuity in a way.

It appears that the question about condoms was very sensitive and the Protestant pastor contradicted himself. His position seems to reflect a classic pragmatic comment from a religious leader who finds himself in a dilemma. He tried to give politically correct answers by saying that they advise the use of condoms, but when challenged further, he told the truth. In reality, religious institutions strongly uphold the principle of abstinence and being faithful, but not using condoms. HIV/AIDS educators stated they had met resistance from religious

institutions saying that what they are teaching about condoms is sinful. They also said that condoms are condemned in any health education session on HIV/AIDS given by religious institutions. The following excerpt taken from EECMY's training manual on HIV/AIDS/STDS prevention and control vividly reflects the church's position on condoms:

From the church's point of view, condom is a feeble human solution for the effective divine solution, which is change of behaviour and character. ...Condoms are like fig leaves, which Adam and Eve sowed to cover themselves when they found themselves naked after their disobedience. Condoms are a hypocritical solution, which encourages the wrongdoer to continue in his wrong way (by committing sex outside of marriage) instead of terminating it. Preaching the use of condom would be like saying to a thief "you may steal but try to have a protective cloth or helmet so that nobody could harm you while stealing". The message of our lord (and therefore the church) has been "sin no more" and not "you may do and live as you like as long as you are not caught or harmed (EECMY 1999: 117).

When I asked the Archbishop of South Wollo Administrative Zone about the position of the Ethiopian Orthodox Church (EOC) regarding the use of condoms, he declined to give any comment.¹⁶ He said (when he addressed a large congregation) "We have got the solution for HIV/AIDS, which is being faithful to one's partner." Close scrutiny of what the EOC preaches on different occasions also highlights that the church is against the use of condoms. Once I attended a church sermon after 5 o'clock on a regular basis and I heard a priest say, "*Now, would the use of the so-called technological product – the condom – save us from the disease? This is unthinkable. They call it the 'Hiwot Trust condom'. What a surprise! It is only God Who gives and takes hiwot [life]. There is no other solution but applying God's rule of being faithful to a partner. Using a condom does not protect even 80 percent of the time.*"

Religious institutions strongly believe that if the people become involved in spiritual life, they can derive the strength and motivation not to have sex outside marriage. Given that religion, particularly Christianity, historically regarded sex as a basic drive that should be thwarted through self-control (Gagnon and Parker 1995), the position of religious leaders about the use of condoms is not surprising. In other words, chastity before marriage and a faithful relationship in marriage were the teaching of religious institutions even before the arrival of HIV/AIDS in the mid-1980s. Using religious leaders as agents of change is heavily emphasized by NGOs and governmental organizations involved in HIV/AIDS prevention, but is still a largely unexplored preventive approach towards bringing about behavioural change. The most detailed study to date on

¹⁶ My interview with the Archbishop of South Wello Zone was very brief as he was not willing to be taped, and declined to comment on a number of issues I raised. My attempts to have an interview with more low-profile religious leaders did not succeed.

this issue in Ethiopia, by Surur and Kaba (2000) in Jimma Zone, indicates that religious leaders of both the Orthodox and Muslim faiths can be instrumental in HIV/AIDS prevention. Religious institutions seem to have an established infrastructure, the power, and the ability to reach as many people as possible. The government and NGOs should seek ways of exploiting their power and influence positively in HIV/AIDS preventions (see Chapter Nine). There seems a need to convince religious leaders to comprehend what young people are really doing sexually on the ground beyond the imagined or presupposed 'sacred' laws about sexuality.

'Inducing promiscuity'

Not only religious leaders but also some other key informants (including HIV/AIDS activists working for NGOs or governmental organizations) perceived advocating condom use as tantamount to encouraging promiscuity.

If we promote the condom we are inducing promiscuity. If I like a girl today then I am going to go out with her. I will do the same tomorrow with another. So using a condom can make one addicted to sex, just as one can be addicted to cigarettes. If one cannot manage abstinence or being faithful, it is good to use a condom. But in reality we are inducing the society to indulge in sex.

As a result, they were opposed to the distribution of condoms in schools, arguing that it may exacerbate promiscuity. They believed that the young people should buy the condoms themselves, and the Anti-AIDS clubs should not have to distribute these items or teach them about their use. They maintained that distributing condoms, for one thing, puts the idea of sex (which they may have not thought about before) into the minds of teenager students. They considered distributing condoms equivalent to spreading the disease. Instead, they advocated the provision of reproductive health education at schools.

While discussing this issue, I challenged them stating that most students did not use condoms as they found buying condoms an embarrassing activity, and hinted that the distribution of condoms at school was a solution. They replied that the solution is to teach the youth about reproductive health matters. Young people should be advised as to how to build confidence in their life experiences, how to resist peer pressure, and widen the scope of the education to help them decide. They should be educated on at which age they should start having sex, instead of encouraging or advocating the use of condoms. Some of the key informants emphasized the emotional aspect of sex, and the place of condoms in such a situation. Looking at it from a practical point of view, they doubted if young people would ever use them once they start to engage in sexual play, though they might have condoms in their pocket or put away in a cupboard. They also noted that let alone an individual who is not mature, even an adult will not use condoms once he/she starts to engage in sexual play or as they call it 'warm

up'. Their argument was what is important is to teach that premarital sex is not advisable or appropriate. When I hinted at the difficulty of refraining from premarital sex, they maintained that it may or may not be possible to abstain from premarital sex, but they did not agree with "This business of encouraging people to use condoms". Whether there is marriage or not, it is better to remain faithful to one another, they said.

Some of the school pupils involved in the study also echoed these sentiments. Here is the anecdote from Dawi (20, male student):

I cannot see the advantage of what you call a condom [he spread out his hands to show his lack of trust in condoms]. If you are in a situation in which you cannot control yourself, then you forget to use a condom. It is better to be faithful to one partner. So, a condom is useless (in his words 'valueless'). [Don't you have faith in condoms?] No, I trust them to some extent [he said frowning]. I do not trust them to the extent that I trust being faithful to one partner, because sex makes you emotional, and when you are emotional you don't remember about condoms. Hence, I do not have much trust in it.

It appears that sex is characterized as full of passion and abandonment, and the ability to have safe sex is challenged by the heat of the moment (Ray and Maposhere s.d.). They conveyed that the concentration is so intense that there is no time left to think about condoms or to worry about consequences. Sex is therefore perceived as an activity that produces emotional experiences, and is so gratifying that people are willing to have it, with little concern about the risks involved. Most young people in general and street youths in particular argued that using *chat*, alcohol, and cigarettes might influence their perception of sexuality and their decision and/or ability to use condoms. Strong associations were made between the use of these substances and unsafe or unrestrained (*liq*) sex (see Tadele 2000, 2003; Lucas 2001).

Some of the key informants went beyond that and argued that advocating abstinence, faithfulness, and condom use (ABC model) is similar to advising students to work hard and cheat at the same time. One of the key informants had the following to say:

You advise a student to study. If you study, you will pass. But if you can't study, then copy (steal) from others. We are also doing the same when we advise people, "Remain faithful to your partner or use a condom. But if you can't remain faithful, don't strain yourself to hold back your urges and use a condom." Just as the student is aware of the fact that he can pass the exam by copying, they are being taught alternatives of a similar type. So, advocating condom use in a situation where people don't have a clue as to how to put on and use condom is like, as I told you, telling a student to copy from others if he can't study.

The foregoing discussion indicates the existing controversy surrounding condom promotion. Hence, most people, including those in power, expressed this

in a “moral and disapproving tone: condoms promote promiscuity” (Obbo 1995: 80-81), and such a moralistic stance does not address the reality on the ground. Given the difficult socio-economic situation of young people it seems naïve to expect them to abstain from sex or enter into marriage and establish faithful relationships. Condom use seems the better option to protect themselves from HIV/infection. The ongoing controversy, therefore, deflects attention away from the core issue and young people are left with no viable option.

Conclusion

Attempts have been made to present narrative accounts of and metaphors for HIV/AIDS and condoms on the assumption that narratives and metaphors influence the way HIV/AIDS and condom is comprehended (Mattingly and Garro 1994, cited in Mogensen 1997). Therefore, different metaphors and narratives used by the young people suggest different perceptions and strategies that they have adopted to live with HIV/AIDS. HIV/AIDS is an illusive disease even among clinicians and others in the scientific community, and the variety of metaphors also implies that the disease is not fully understood by the young people, and has provided the opportunity for a multiple selection of narratives and metaphors. Since AIDS manifests itself in countless opportunistic infections, it has provided an occasion for young people to supply a number of narratives and metaphors. Such countless metaphors have made HIV/AIDS synonymous with an evil and shameful disease that has to be concealed or denied. Metaphors and narratives also suggest that young people do talk about HIV/AIDS within the context of their everyday lives. They actively and dynamically engage in the process of creating an understanding of AIDS. I learned that the death of someone whom they knew often triggers conversations and concern about HIV/AIDS.

As shown in this and other chapters, young people in Dessie do not constitute a homogenous group in terms of their understandings of HIV/AIDS and sexual norms and practices in their daily lives. This contrasts with ongoing intervention programmes that often construct young people as a homogeneous group. To start with, among young people in Dessie there are distinct differences between the views expressed by males and females concerning premarital sex and other pertinent issues. Among males there are distinct differences between the views expressed by street youths and school students, particularly with respect to understanding sexuality and HIV/AIDS. In addition to their sense of desperation induced by poverty, street youths in particular were not knowledgeable about HIV/AIDS. Had they been so, it would have allowed them to make informed choices. The misconceptions and confusions presented above clearly highlight the need for more vigorous and targeted interventions to equip young people in

general and street youths in particular with the necessary knowledge about HIV/AIDS, the material means, and the social support to translate that knowledge into practice (Setel 1999). Given this, the differences in young people's sexuality across various social groups should be taken into account in designing prevention strategies, and programmes, and specific messages need to be directed to specific populations/groups taking age, locality (urban/rural), level of literacy, social class, occupation, and school or out-of-school youth, and street youths into account. "It means that no single strategy for promoting 'safe sex' will suffice; different strategies designed to suit the heterogeneous population will be necessary, and these, being highly specific, will need to be based on detailed and nuanced research" (Preston-White 1995: 322).

Worldwide, most young people have acquired a knowledge about AIDS, but many of them do not change their behaviour (Kashubeck and Stone 1996; a review of National Institute of Mental Health (NIMH) sponsored research (undated); Roscoe and Kruger 1990, Gallant and Mticka-Tyndale 2004). As stated before, most of the epidemiological studies conducted in Ethiopia conclude that a substantial number of the sexually active adolescents never use condoms (Gebre 1990; Larson *et al.* 1991; Asnake *et al.* 1993; Bisrat 1992; Gebre Kidan and Azeze 1993; Teka 1993; Dear 1994; Fantahun *et al.* 1995; Fantahun and Fekadu 1996; Petros *et al.* 1997; Eshetu *et al.* 1997; Taffa 1998; Mulatu *et al.* 2000; Lucas 2001). Although there may have been some changes since these studies were conducted, my study also confirmed that most young people involved in the study did not use condoms consistently or properly. Statistical data may not be needed to demonstrate that the desired pattern of condom use is still far from being attained. There are various indications that condoms are seldom or properly used suggesting further research in order to devise better strategies that may increase condom use. Campenhoudt *et al.* (1997: 191) note the subjective meaning of using or not using condoms, and urge researchers to understand (in Weberian terms) the meaning of the action to the actor:

There is a need for deconstructing interpersonal situations until the basic values that motivate partners to engage in sexual behaviour are revealed. The same act might be related to different values, while different behaviours may reinforce the same values. For instance, what does condom use in a relationship imply? It may mean mistrust or infidelity to some, and care and love to others. Similarly, unprotected sex may mean irresponsibility within ones relationship, while it represents commitment and love in another. ... Understanding when and in what situation the meaning of an action or cognition promotes safer sex and when they inhibit safer sex is the key to prevention.

When I conducted a small study with young male Australians in 1996, some participants were concerned that their partners might carry the HIV virus if they did not negotiate for safe sex as the following quote attests: "*If the girl does not*

ask me to use a condom I stop thinking she is HIV negative because she did not make me use a condom; she did not make the others use a condom either. If the girl insists you to use a condom you feel that ah! this girl has not got AIDS because she does not want to have AIDS." I would say that the argument is an interesting attribution of the others' motivation (Tadele 1996: 10). Young people from Dessie, however, did not see such a positive side to a woman who carries condoms or insists on condom use. For Dessian youth, condom use represents mistrust or infidelity and not care or love. What is intriguing is that there is high level of mistrust between the sexes, as shown in Chapters Three and Four, but this did not lead to condom use.

The fact that women who possess condoms or propose condom use are not welcomed is indicative of the contradiction between the social norms of female sexuality and the sexual feelings of young women (Holland *et al.* 1994b, cited in Campbell and MacPhail 2001). In their efforts to preserve their reputation and owing to fear that the partner may misinterpret using condoms or even suggesting it is a lack of faith or mistrust, women do not possess or propose condoms (Campbell and MacPhail 2001). As presented above, young men expressed the idea that if the woman proposes condom use, it may even trigger physical and sexual violence. Cogently, the ability of women either to refuse sex or negotiate the use of condoms is compromised by sex-based social and economic inequity. Most of the relationships are based on material exchange (for symbolic reasons or otherwise – see Chapter Three), and such economic dependence on their male partners gives women less power to insist on condom use (Campbell and MacPhail 2001; Campbell 2003). It seems that the decision whether or not to use condoms lies with men, indicating that any effort to bring a change in condom use must aim at bringing significant shifts in ideology, value systems, and the power basis between men and women in relationships (Ray and Maposhere s.d.). The battle against HIV/AIDS can be won if women are fully educated and enjoy their full rights (Kofi Anan's speech to the UN General Assembly Special Session on HIV/AIDS in Rawoo 2002: 13). Condom use, Campbell (2003: 10) argues, "...is not only determined by conscious rational choice by individuals, on the basis of good information, but also by the extent to which broader contextual factors support the performance of such behaviours".

Condoms serve the dual purpose of protecting against HIV/AIDS (including STDs) and unwanted pregnancy. Studies indicate that condom use is more likely to be consistent when it has this dual purpose. Promotion of condoms only for HIV/AIDS protection stigmatizes those who use them as more vulnerable to infection. Since contraceptive methods carry less stigma, emphasizing the contraceptive function of condoms gets more social approval. Hence, promoting

condoms as a protection against unwanted pregnancy could be one of way of increasing condom use by women (Paiva 1995; Ray and Maposhere s.d.).

Almost all the religious denominations did not endorse condom use as an HIV/AIDS prevention strategy. They are either silent on condom issues or are against it. While denouncing using condoms, the dominant message from religious institutions to young people about sex seemed to be abstinence and having a faithful relationship. Although these two choices are the best way of avoiding HIV infection, what they have failed to understand is that both abstinence and monogamous relationships are not easy options for the young people to adhere to given their age and socio-economic situation. As a result, young people continue having sex often with multi-partners in very risky situations (see Chapter Five). There is a need to encourage those who engage in sexual practices to use condoms. Save sex (instead of safe sex) was advocated not only by religious leaders but also other key informants (young and adults) involved in HIV/AIDS prevention. Many of them emphasized that condoms promote promiscuity, and advocated morality, chastity, and monogamy as more effective interventions to prevent the spread of HIV/AIDS. With such negative and moralizing dominant discourses it is hardly surprising that condom use by the young people is very limited (see Obbo 1995).

Young people's discourse on condom use was not favourable, and there is a need to demystify their misconceptions concerning pleasure, distrust, and the conspiracy theories they have embraced. Many people in Ethiopia, including myself, first heard about condoms in the late 1980s in the context of HIV/AIDS discourse. Today's young people are 'the AIDS generation', and have never known a world without AIDS. Historically, it appears that condoms were never popular in Ethiopia as a contraceptive. There is a need to teach about the history of HIV/AIDS and the historical origin of condoms, thereby pointing out that condom and the use of the lubricant on condom precedes the advent of HIV/AIDS. Although other brands exist, *Hiwot* Trust is the most common condom brand available in the country, but the youths did not seem to have faith in it, and there is a need to address structural barriers such as accessibility, availability, cost, and quality of condoms.

There is also a need to introduce culture-sensitive and comprehensive sex education programmes directed specifically at the younger age group to ensure that young people have all the tools they need to make informed decisions. Sex-positive interventions may go half-way towards solving the embarrassment and shame involved in buying, proposing and using condoms (see Brummelhuis and Herdt 1995). Unwillingness to use condoms was compounded by the lack of employment opportunities that exposes young people to humiliation, isolation, and loss of prestige. Many did not seem to have a bright future because of

poverty and hence may not want to compromise (by using condoms) with the only thing on earth that gives them momentary pleasure (see Chapter Seven for a detailed discussion of poverty and HIV/AIDS). Some of the street youths maintained that they would not have used condoms had prostitutes not forced them, but the perception that sexual intercourse with prostitutes is less risky than with schoolgirls may be ill-founded as impoverished prostitutes may not insist on condom use (see Chapter Seven). The precarious situation of young people in general and street youths in particular may not be conducive to mainstream HIV/AIDS prevention programmes that emphasize abstinence, faithfulness, or use of condoms, and there is a need to provide them with the necessary training and job opportunities. "... Poverty and joblessness builds resentment among African[s] ... and resistance to advice such as the need for condoms" (Schoepf 1992: 363-64, cited in Setel 1999).

Thus, there is a need to initiate multiple and vigorous interventions. The next chapter will examine more closely the impact of socio-economic conditions, especially poverty, on sexuality of young people and their contribution to the spread of HIV/AIDS.

‘We are overwhelmed by worry’: HIV/AIDS and other plights

There is nowhere where we can find work and we are forced to think of other undesirable alternatives which we would have previously been glad to avoid, things like theft and so forth. We are overwhelmed by worry right now. We have no parents or relatives or anyone who can take care of us. Our labour is our only means of support (our father and mother is our ‘labour’). Now that we have even been prevented from earning our bread by our own labour, we can only make a living by theft. This is your work [pointing to the microphone he was holding while being interviewed], if the government prevents you from doing it and even goes as far as to chase you away, you will surely find yourself in a terrible dilemma about how you are going to make a living. What you will do and where you will find work isn’t easy were you to find yourself in our situation. Then you would be forced into feeling that you are isolated, and you will lose any respect you might have for society, and this will disturb your peace. You might even be forced to go into politics [he probably meant forceful opposition to the government] rather than thinking of how you can learn or improve your situation in life or how you can contribute to your country. All your plans and goals will be destroyed. Why should I be made to lose all hope of one day becoming a ‘person’ [wealthy, self-reliant] at such an early age? The government should have been extending its helping hand to us and should have provided us with an education so that we can in turn contribute to our country. But look what it is doing to us; it is making it hard for us to lead even a hand-to-mouth existence (keje wode afe) by our own labour. In place of being given hope and encouragement, we are being forced to surrender all our hope of improvement, and lead an uncaring and hopeless life. Only the government is to blame because it should have helped us to be productive, but we understand that our country is poor and such help could not be extended, so we do not just sit demanding it. But then it shouldn’t be cutting us short of any limited income we might have had previously by undertaking such activities. Someone has to do something about this, but we cannot even find the chance to voice our concerns and problems, even when we are oppressed as much as we are (Arega, 23, male street youth).

Some of the young people on the streets involved in the study used to work in the bus station, helping passengers with their luggage (loading and unloading bags) from buses and washing cars. But at the time of the interview, they had been barred from entering the station; forcing them to find any kind of work they could lay their hands on outside, where there was not much work to be had. They explained that to protect the safety of passengers, the administration of the local bus station had selected 15 workers and allowed only them into the bus station. This action had caused great difficulties for those who were not selected to work inside. Those working outside were finding it far from easy to earn any money. Some of them spent a day or a night without any food. The above quotation was spontaneously expressed by one of the young street men in response to a question about their day-to-day concerns and problems. He gave vent to his feelings of insecurity and helplessness, thereby highlighting how difficult life could be for most young people in general and for those struggling to earn a living on the streets in particular. His view seems representative of those of most street youths doomed to struggle against poverty and the lack of opportunities for education or job. This quotation bears on many of the issues that this chapter will explore.

The objective of this chapter is to explore how the underlying (but so far overlooked) socio-economic environment has affected young people and their sexual behaviour. It presents young people's concerns and problems and their knowledge and perception of the socio-economic setting of Dessie and its surroundings in order to investigate the link between young people's sexuality/HIV/AIDS and the socio-economic crisis. By letting them talk on their own terms, the chapter attempts to communicate their worries and fears, how HIV/AIDS compares in relation to other problems, and how significant the health problem is in their daily lives. It became clear that street youths were most preoccupied with obtaining food, money, and improving their appalling living conditions, and were less concerned about preventing HIV/AIDS infection.

For the majority of school pupils attending public schools, HIV/AIDS was the main preoccupation, but this competed with the problem of later unemployment and their perceived gloomy future lives. This seems to indicate that poverty and other socio-political predicaments create favourable conditions for the AIDS epidemic, and prevent an effective response to reverse the tide. Given that most HIV transmission takes place because of poverty, gender inequality, and other structural factors (beyond the control of individuals), this chapter highlights the need to focus on alleviating the high levels of poverty and unemployment if the spread of HIV/AIDS is to be averted. The chapter specifically addresses the following questions: What do young people aspire to in their daily lives and how is this related to their sexuality? What are the mechanisms by which poverty and related socio-economic circumstances put young people at risk from HIV

infection? Why has HIV/AIDS reached the level of an epidemic and why has it continued to spread at an alarming rate? How is the socio-economic and political crisis affecting the societal response to AIDS prevention?

When HIV/AIDS arrived in the 1980s, it was assumed that people would protect themselves from infection or change their sexual behaviour if given the necessary information about its transmission and prevention. Most research, however, revealed that sexual behaviour is not the result of rational decision-making based on knowledge or information about HIV/AIDS. In the 1990s, it became clear that the range of factors that influence the sexual behaviour of individuals is far more complex than simply lack of knowledge or information about HIV/AIDS. Many researchers (for example, see Schoepf 1995; Setel 1999 in Africa and Farmer 1992, 1995, 1999 in Haiti) reiterate the role played by political and economic factors in determining the shape and spread of the epidemic and how poverty has acted as a barrier to any effective AIDS prevention programmes (Parker 2001). Although different researchers have used different terminologies, and emphasized different aspects of poverty, economic exploitation, gender power, sexual oppression, racism, and social exclusion, they have all addressed what Farmer calls “structural violence” (Parker 2001). Farmer (1992, 1995, 1999) in particular has shown how poverty exposed poor Haitians such as Manno, Anita, and Dieudonne to HIV infection and eventual death. The stories that Farmer presents reveal that impoverished people are not often in control of their sexual health, and providing only information or education about HIV/AIDS may not necessarily prevent HIV infection. Farmer (1992: 259) maintains that “HIV has become what Sabatier (1988) has termed a “misery-seeking missile”. It has spread along the path of least resistance, rapidly becoming a disorder disproportionately striking the poor and vulnerable”.

In her book entitled *‘Letting them die’: Why HIV/AIDS prevention programmes fail*, Campbell (2003) concludes that unsafe sexual behaviour of miners, sex-workers and young people in Summertown (South Africa) is not simply because of ignorance. People’s living and working conditions often undermine the likelihood of safe sexual practices. Campbell maintains that HIV/AIDS information campaigns, which target only the rational decisions of individuals would inevitably fail. “The extent to which people have the ability to adopt new sexual behaviours and to safeguard their health is dramatically constrained by the degree to which social circumstances support or enable them in these challenges” (Campbell 2003: 184). This means that the struggle against HIV/AIDS is a battle against poverty and inequality thereby highlighting that the fight against AIDS is a long-term programme.

The foregoing discussion suggests that HIV/AIDS prevention efforts could only have an optimal impact when informed by sound insights into broader

issues of sexuality beyond ‘risky’ sex. There is a need to appreciate the socio-economic context of sex and sexuality, and deconstruct the assumption that sexual behaviour is shaped by the conscious decisions of rational individuals. Locating sex and sexuality beyond individual responsibility helps to go beyond individual behavioural interventions such as the ABC model (Campbell 2003). Such recognition should lead to a number of long-term interventions such as reducing “[T]he high levels of poverty and unemployment that undermine young people’s confidence in their ability to direct their lives and take control of their health in ways consistent with their hopes and aspirations” (Campbell 2003: 144). As shown in Chapter One, sex and sexuality research in Sub-Saharan Africa is poorly understood as biomedical and behavioural understandings of sexuality have dominated many HIV prevention programmes with little attention paid to the broader socio-economic context of sexuality.

As indicated in Chapter Two, Ethiopia is geographically located in a part of the world prone to political instability and afflicted by recurrent drought and wars (both internal and external). The Horn of Africa, in which Ethiopia is situated, is also one of the poorest sub-regions of the world. Ethiopia has emerged from one of the worst famines of the twentieth century and drought and famine still repeatedly assail the country. Ethiopia has also emerged out of one of the longest civil war in African history that devastated the country for nearly three decades.¹ Both internal and external wars have incapacitated the societal response to AIDS. It is also obvious that famine, drought, and war have resulted in the creation of instability in the society and in the breakdown of community cohesiveness by causing homelessness, rural-urban migration, and poverty. Drought, famine, and conflict have led to the collapse of traditional social regulation and control systems. Although the arrival of HIV in Ethiopia was followed by these massive socio-economic instabilities, there are very few or no anthropological studies that have focused on the ways in which structural factors (over and above behavioural factors) shape sexuality and the HIV/AIDS epidemic. This chapter situates poverty and other socio-economic conditions at the centre of the analysis, and I hope that it will contribute to the growing literature that links sexual behaviour and the spread of HIV/AIDS to macro level factors. It is hoped that exploring the political economy of HIV/AIDS will inform policy makers in designing structural HIV/AIDS interventions that go beyond providing information or education (see Chapter Nine).

¹ The sad aspect is that after long years of civil war, the country again has been at war with its neighbour Eritrea, and there is still border tension and the threat of impending war between the two countries.

Worries and concerns

It appears that both the street youths and the majority of school students seemed to be preoccupied with both present and future poverty. This means that the street youths appeared engrossed with the problem of how to survive or obtain their 'daily bread', whereas the majority of school pupils, in addition to a fear of HIV/AIDS infection, were absorbed with the conundrum of how to overcome the gloomy future. Let me first discuss the daily worries and concerns of the street youths, after which I shall look at the same concerns of school students.

Worries and concerns of street youths

The first discussion, in any in-depth interview or FGD held with young men was of a general nature, about the concerns and problems that affect their daily lives. When street youths were asked what their problems were, it is surprising to note that no spontaneous mention was made of AIDS. It seems that the fear of HIV/AIDS and efforts to protect themselves from being infected had no urgency for them. Cogently, as shown in the opening quote, when those street youths working around the town bus station were asked how AIDS compares to other problems, and how significant it is in their daily lives, they replied that they are more worried about how they can satisfy their daily need for food than they are about AIDS.

Our daily life is beset with discomfort and worry and we are much more worried about the conditions in our daily lives [than AIDS]. We do not even find enough food to satisfy our stomachs and what we worry about is usually "What will we eat today?" and you cannot eat if you do not work. Therefore, even trying just to live is becoming a great problem to us and worries us a lot (Melak, 20, street male).

The street youths who were engaged in shoe-shining also expressed similar feelings of powerlessness, helplessness, despair, and frustration. Gezahegn (22, male street youth) for instance, said:

I want to quit shoe-shining and want to do something else because people treat me as an inferior (ye betach), just because I clean people's shoes, and this really enrages me. Therefore, I am worried about how I can find another source of livelihood and want to quit shoe-shining. I have had enough of being a shoe-shiner (listro) and won't hesitate to quit, but only if I find another job. What worries me more is not AIDS but whether I can do anything better than shining shoes. We are worried about our lives. We usually do not find enough to eat (while one eats, the other starves).

Almost all hated their jobs but they had no choice given their lack of education, the high level of unemployment, and chronic poverty. Abe is a 23-year-old street male and spends his time around the bus station. He claimed that he was demoralized and angry about his life and has started to have sex with whomsoever he comes across. He said clearly that it is not because of a lack of education

about HIV/AIDS but because he was so distressed that he struck out blindly in this manner. When I asked why he is so distressed, he responded that he was deeply disturbed by his appalling life on the street and had started drinking too much alcohol and chewing *chat* in despair.

I do not know precisely how many times I chew chat in a week; if I chew chat I have to drink alcohol and if I drink alcohol it is a must for me to have sexual intercourse. I talk with a sex-worker I find in a bar or on the streets and when we agree on the amount of money I will pay her for sex, we go out together. If she is willing, I go without a condom.

It seemed that life on the street is characterized by a daily struggle to meet their need for food, *chat*, alcohol, and sex (often unsafe sex). One informant in one of the focus group discussions voiced a worry that had not been hitherto expressed in the discussion with street youths. He began by saying, “What worries us very much is AIDS”, but did not proceed any further because most of the participants who did not think of AIDS as a worry urged him to speak for himself and to stop pretending to be their spokesperson. The failure to mention HIV/AIDS spontaneously during the focus group discussions about concerns and problems in the street youths’ daily lives was unexpected and contrasts sharply with the responses of young informants attending school, who were quick to bring up the issue of HIV/AIDS as a burning concern without being instigated to do so by the facilitator (see the discussion below).

Pertinently, in addition to hopelessness and desperation induced by abject poverty, street youths in particular were not very knowledgeable about HIV/AIDS, which would have helped them to make informed choices. This contrasts with school pupils who appeared to know the basic facts about HIV/AIDS transmission and prevention though some misconceptions prevailed (see Chapter Six). Moreover, because of poverty street youths also lack not only material wealth and information but also romantic relationships. Unlike youths enrolled in school, the street youths reported that they did not have romantic relationships with same-age girl friends. The reasons were related to their low social status and poor self-esteem (see Chapter Three). Almost all of the street youths maintained that their precarious financial situation made it highly unlikely that they would be able to maintain a stable relationship, let alone enter into a marriage. Many expressed feelings of helplessness, inadequacy, and lack of self-esteem. Such frustration partly explains the group rape commonly committed by street youths (see Chapter Five). Hence, group rape and other violent (sexual) activities of young people must be understood in the broader socio-economic context that structures their everyday lives (Silberschmidt 2001; Moyer 2003).

Most of the street youths involved in the study had not attended school at all and others had dropped out because of poverty, but they placed a high value on

education as a vehicle to extract them from their appalling situation. Speaking about their future and what they had in mind to do about it, they pointed out that the only way they could make their future any brighter was by attending school. They demanded that someone in the government do something for them and even pleaded with us to inform responsible organizations that formal schooling was badly needed. When told about the belief expressed by the students who attended public schools that “Education is not a good way of improving oneself these days”; they all stated that such students consider education very lightly because they live with their families and have no worries. They argued that those students who live with their families consider schooling an experience to be endured rather than as a means to achieve some goal in life.

Worries and concerns of school students

Worries and concerns expressed by the majority of school students mainly revolved around the issue of HIV/AIDS, followed by the problem of unemployment. The fact that HIV/AIDS is still rampant and continues to spread fast, that the disease could be contracted in so many ways other than through sex, and that the epidemic continues to kill millions of people in developing countries while the developed world has managed to control the infection, were some of the issues that preoccupied the school pupils. The disparity between the developed and developing regions of the world in terms of the number and proportion of people affected by the epidemic was even a factor that motivated some of the school pupils (from a private Catholic school) to think of following a medical career and trying to find a solution for the poor people in developing countries. Therefore, it is possible to say that AIDS is on top of their list of troubles, and troubling them greatly. They argued that AIDS gave them their paramount cause for concern and worries and equated it with a war. One student remarked, “*AIDS is war like in Afghanistan without visible bombs and bullets*”.² They argued that HIV/AIDS is just such an elusive thing. One can abstain from having sex and still contract the virus through other means such as razors and needles or any such sharp utensils. They said that one can never be sure that he/she does not have the virus already in his/her blood. Demessie was an 18-year-old high school student. I asked him what worried him most in his life.

Every time this question is raised, I cannot help feeling depressed emotionally and very disturbed [he seemed lost]. [He bowed his head and fiddling with his clothes with his fingernails he said]: It is AIDS. Even when it is talked about in the mini media and mass media, I think it has even become more severe over time.³ I do not know what should be done; I think it is something sent from on High, from God. I do

² At the time this interview was conducted the so-called war against terror in Afghanistan was going on.

³ Some of the schools broadcast music and short messages about HIV/AIDS through loudspeakers during tea break, and this is called mini media.

not know how it can be controlled. Making infected persons teach in the society is the only thing that can effect a change among the youth. Lessons should be provided on how the disease makes a person sacrifice his body and about how deadly the disease is.

The preference for people living with HIV/AIDS to be involved in teaching about HIV/AIDS was a theme that recurred frequently (see Chapters Eight and Nine).

In the questionnaire, when asked to mention the two greatest worries or concerns in their daily lives, 79 percent of school pupils marked the problem of unemployment/their future life after completing school and the fear of getting infected with HIV/AIDS. The remaining 11 and 10 percent mentioned fear of failure in relationships and dependence on *chat*, cigarettes, or alcohol, and fear of physical and emotional abuse and lack of entertainment/recreational facilities respectively. It therefore appears that although the problems of young people are many, complex and inter-related, lack of employment opportunities and HIV/AIDS (in varying degrees) are underlying issues for school students.

Like the street youths, the majority of school pupils (attending public schools) also resorted to crisis discourse or a rhetoric of complaints when asked about their perception of their future lives. They spoke of young people's lives in Dessie with bitterness. None of them described them without using words such as "not pleasant", "appalling", "miserable", or "disgusting/loathsome". Zerihun (18, male student) expressed his pessimistic view about young people's lives in Dessie as follows:

The lives of many young people in this town are simply appalling. You see many of the young girls ending up as prostitutes and the young men only become shoe-shine boys (listro), taxi drivers or their assistants (woyallas), or thugs (majerat mechi). Dessie is not a good place to live in as a young man or woman. Even those who are relatively well off are only small businessmen and you do not see many educated people in town. Many 'sisters' [meaning girls] are bartered for money. You see, if a wealthy man proposes to marry a girl, her parents will often not hesitate. They give her away outright, even if that person is not willing to undergo an HIV test. But if in turn a poorer man proposes, the refusal is equally instantaneous. People should learn to value the lives of their daughters and sisters more than the money that marrying them to a wealthy man will bring. They should insist on HIV tests before consenting to a marriage irrespective of who does the proposing.

The informant indicated that most parents readily consent to a wealthy person's proposal because they do not want to have their daughters getting married to poor men. It appears that young people were frustrated by their inability to compete (in securing partners) with very few financially successful men. The relationship between money and love or marriage is a scarlet thread running through all the chapters in young people's discourse (see Chapters Three

and Four in particular). Abdi (17, male student) seconded Zerihun's perception of life in Dessie:

There isn't much entertainment in Dessie. Therefore, there isn't much hope for young people in Dessie. Life here is dull; there are virtually no opportunities to improve oneself. And once you are through with your schooling there isn't much you can do except hang around doing nothing but stand in the street, insulting and beating up passers-by. There are plenty of young people who have completed high school, and we see them going around the town or sitting in their homes as if they haven't spent 12 years studying. Hence, life in Dessie after you have completed school isn't a pleasant thing. If we do not score a high grade upon completion of school, we will be forced to resort to substance abuse and theft. We will also be a burden on our families. Only the rich guys can afford to continue studying these days and the poor ones have no hope. Children from the rich families can pay to attend private colleges (like Unity College in Addis) when they fail to succeed in winning a place at the higher learning institutions funded by the government, but we poor children cannot afford to do this, and our future is hopeless. Even finding a job as a daily labourer is becoming very difficult these days as the peasants who migrate from rural areas are competing on the job market.

Hence, most young men who attended public high schools perceived their future with a dismal air of despair and they did not think they would have a good life. They said that they had already given up hope that they would make a living from their schooling and only come to learn because they have nothing else to do. They maintained that they are very unlikely to find jobs considering the economic condition of the country. Some of them considered themselves lucky to get this opportunity to attend school as there are many young people out there who did not have even this chance, but again they commented that in the end they are all equally hopeless, considering what this country can offer them – joblessness. One student said, “All in all, I visualize no bright future” (*menme ayenet, future life ayetayegnem*).⁴

Schooling is an important channel through which individuals acquire confidence and build up self-esteem by means of positive experiences. In the Ethiopian context, where most people live in poverty and the majority (85 percent) of the population resides in rural areas, schooling is one of the best means of achieving upward mobility. Chronic unemployment, however, seems to have

⁴ It should be noted that some of the young people seemed to be drifting between hope and desperation. They had seen very few poor young men and women who had succeeded in life either through education, business, or athletics/the arts. Hence, few students argued “Even poor people had a bright future if they haven't destroyed it by falling victim to substance abuse”. There were even a very few street youths who expressed their determination to improve their lives either through education or other opportunities such as picking up a trade in the garages or woodwork shops. They mentioned a famous artist (musician) who had started life as shoe-shine boy and moved vertically up the social ladder. I must, therefore, say that all young people are not passive agents as there are industrious candidates among them who take small-scale initiatives to free themselves and significant others from poverty.

reduced young people's motivation to study while also gradually eroding their confidence. Their self-esteem and self-confidence seem to have been ruined when many of their seniors failed to enter the few universities in the country and because of an extremely tight job market (see Chapter Two). This situation may ultimately result in less commitment to their schooling, and they may use truancy or dropping out as an option to express their dissatisfaction or disenchantment with the educational system. It was commented that school curriculum is "boring and impractical". The school pupils also commented on the negative effect of the use of Amharic as a medium of instruction up to grade 9, while the national exam that determines their fate by allowing them to enter universities at grade 10 is being given in English. Some of them maintained that they did not even understand the questions in their exams in grade 9 when they were suddenly introduced to English, and they blamed the regional government (Amhara region), which introduced a new educational policy, with Amharic as the medium of instruction in junior high schools while all the schools in the rest of the regions in the country taught their students in English. Overall, the quality of education in Ethiopia has deteriorated to the point where "Secondary school graduates are not able to comprehend and perform simple cognitive and manipulative tasks" (CYAO 1995: 20). Most public schools are under-funded, often battling with large class sizes, and staffed by under-qualified teachers.

The stories above, therefore, indicate that even the majority of school pupils had little faith in their ability to improve their lives. Such pessimistic attitudes linked to frustration with education, employment opportunities, and their general situation in life may present a resistance to behavioural change or an increased willingness to take sexual risks. In the face of a bleak future, success, pleasure, and manhood/masculinity tend to be satisfied through pursuit of often multiple-partner sex.⁵

The key informants involved in the study also strongly emphasized the role played by poverty, war, drought and famine, and the overall economic and political crisis in the spread of HIV/AIDS in Dessie. They noted that out of the three major towns in the Amhara region namely, Bahir Dar, Gondar, and Dessie, youths from the first two towns have relatively better life opportunities. For instance, if they fail in the Ethiopian School Leaving Certificate Examination (ESLCE), they can enter the tertiary educational institutes that are available in the extension (evening) programmes (with a lower ESLCE result).⁶

⁵ The fact that the street youths are initiated into sex early and appeared to have more practical experience with sex than school students substantiates my argument (see Chapter Five).

⁶ Those students who attend university or college in the evening programme are expected to pay tuition fees and can be admitted with lower ESLCE results. Whereas regular (day) students who attend government universities should score higher ESLCE results, and until late 2003 the government used to award them a full scholarship (including food and lodging).

In Dessie, because of the absence of even opportunities like these, young people are exposed to the temptations of drinking alcohol, chat-chewing, and stealing. Youths have a gloomy future and do not aspire to have a tomorrow and live only for today. They engage in premarital sex, as the idea of marriage becomes unachievable for them. They see 30- and 35-year-old people still being dependent on their families and, therefore, none of them want to postpone sex until the age they become economically independent. As there are no factories, the rate of unemployment is high. I am happy that the situation [the problem of HIV/AIDS] is not worse than it is at present (Chairman of Anti-AIDS club).

The key informants stressed that even after completing grade 12 with the help of their families, few men and women find an opportunity to earn a living. For some young people life and death are becoming more or less the same. They reported that there were helpless young women in Dessie who knowingly married rich men whose wives had died of AIDS. Emphasizing the economic aspect of HIV/AIDS, the Archbishop of the Ethiopian Orthodox Church, South Wello Administrative Zone, said,

We preach to the young people to take care of themselves or to limit themselves to a one-to-one relationship, but we do not offer them bread. Even those young people who frequent church have nothing to eat and hence we do not expect them to change their sexual behaviour. It is only spiritual food that we feed them, not bread. How many young people commit suicide? What do parents say when their children do not help them after they educated them? What will await young people when they return home after wandering around in town all day? Undoubtedly, the disease is spreading because of poverty. For many young people, AIDS is a suicidal act (like hanging or throwing themselves into the lake). Creating employment opportunities is the only solution to the problem of AIDS.⁷

Not surprisingly, it appears that young people's perception of future life is heavily influenced by the respective social class to which they belong. Those school pupils who attended the private Catholic school were from relatively better-off families, and they all said they have no worries themselves, except the problem of HIV/AIDS.⁸ The things they said that worried them were all 'other people's' problems. These include:

⁷ It should, however, be noted that some school pupils and street youths argued that it is the rich guys who were more exposed to HIV/AIDS because they have the money to do whatever they wanted and entertain and win whatever girl they like. They maintained that the poor people have no more thought of sex than of how they can earn enough for their lunches and dinners and consequently cannot afford to go out with women often. They do not have what it takes to entertain women. Although such explanations contain a grain of truth, it appears an over-simplistic perception of poverty, without considering its wide range of mechanisms in fuelling the spread of HIV/AIDS or exposing individuals to infection. The fact also remains that even those very few rich people with money infect as many poor girls as possible. Besides, this argument appears a reflection of the public discourse about money and love (sex) (refer to Chapter Three).

⁸ As indicated in Chapter One, it is important to note that children from relatively wealthy families almost exclusively attended the school. The school charged more than 600 Birr (about \$80) per student *per annum*, fees which only well-to-do families can afford. They received information and news from a variety of media sources including satellite TV, which is rare in Dessie (even in Ethiopia

- ❖ HIV/AIDS, physical abuse and harassment of girls on the streets.
- ❖ The tendency to overload poor boys and girls with household chores that leaves them very little time for their studies and results in poor performance in school.
- ❖ The plight of young people on the streets and seeing them doing 'bad' things.
- ❖ The problem of young girls in rural areas who instead of continuing their schooling are forced by their parents into marrying much older men, and other such practices like elopement.
- ❖ The isolation of and discrimination against people living with HIV/AIDS, who are sometimes even kicked out of their rented houses by the owners if their infected status is made known.
- ❖ The hopelessness and aimlessness of young people after completing high school, which leads them to substance abuse and a heedless life. This happens because there is little chance of obtaining the sort of marks that would enable these young people to continue their education and those who fail in the school leaving examination have virtually no hope of finding gainful employment. This point was strongly emphasized as the major problem of young people.

Such well-to-do students were optimistic about their future with plenty of confidence about making it to university and dreaming about careers as engineers, pilots, lawyers, and medical doctors.

Making sense of poverty in everyday life

Transactional sex, which was once a survival strategy for women, has been transformed into death in the era of AIDS as women in a precarious economic situation cannot refuse sex when men insist on having it without condoms (Schoepf 1995; see also Farmer 1992). It is instructive to consider Solome's story in order to understand such a paradox (high risks related to survival) and the effect of poverty on the spread of HIV/AIDS. During my fieldwork, Solome (18) went for voluntary testing and counselling (VCT). The test showed that she was HIV-positive. From the conversation we had later, I learned that she was a member of the Anti-AIDS Club (involved in the fight against AIDS) at her school. She is a good-looking 12th grade student who was well aware of how HIV is transmitted and prevented. Her father had died. Her mother worked as a janitor for a government organization for a meagre salary. She was the oldest daughter and had five siblings, but the family did not have any additional sources of income. Solome's boyfriend was a truck driver. She knew that drivers of heavy trucks are at a 'high risk' of contracting HIV. But it was because she was going out with him that she was able to support her family. He visited her once in three months,

as a whole). One of the reasons for deciding to include them in the study was my hope that they would provide a middle-class perspectives on the topics discussed. It should also be noted that public education in Ethiopia is free, although hidden costs of the so-called 'free education' do not allow many poor children to go through the schooling.

and gave sufficient money and entertained her. It was because she was worried about possible infection that she went for HIV testing. She said:

I know that drivers are difficult to trust. So whenever I go out with him, I carry a condom. And I put it either on the cupboard or under the bed. If I asked him to use the condom, he would start a fight. He would complain that I suspected him of being unfaithful. As a result, I fear that we might get into a disagreement leading into a break up. So it is not something I can do openly. Even if he finds it [the condom] in the cupboard by some accident, it is possible that he would start a fight with me. And since I know that our separation would not only affect me but the whole family, I have gone to the extent of giving my whole life (sacrificing my life). [I then asked her if she would tell her boyfriend about it once she knew that she was HIV-positive]. "Never" was her answer. Whether I am HIV-positive or not, I won't stop my relationship with him. I want my family to live.

Tears welled up in her eyes while she recounted her story, which indicates that the systems of economic exchange influence high-risk sexual behaviour among poor people. For Solome the fear of losing her cash-paying partner was a crucial issue, prompting her not to put up a fight for safe sex (though she was well aware of the risks).⁹ Hence, women like Solome who are financially dependent on men or enter into sexual relationships for money and basic subsistence may face the dilemma of choosing between economic survival and unsafe sex. Solome opted for the most pressing economic needs for survival at the expense of safe sex (see also Ankomah 1999). The story is also a testimonial to the fact that in situations where social and economic conditions determine the risk of HIV infection, wishing to achieve behavioural change through education or cognitive exercise will have only a limited effect. Solome's story tells us that the risk of HIV infection does not necessarily depend on knowledge about how HIV is transmitted and prevented. It depends instead on the social and economic independence to decide. "Indeed, gender inequality and poverty are far more important contributors to HIV risk than is ignorance of modes of transmission or "cultural beliefs" about HIV" (Farmer 1999: xxv; see also Campbell 2003; Van den Borne 2005).

The story of Solome is just the tip of the iceberg in Dessie. During my fieldwork, there were many HIV-positive women and men living on the streets, and some of the women apparently engaged in unsafe sex for survival. How one could live in the streets while being HIV-positive was a question with which I was confronted but felt helpless to answer. As among the poor throughout the developing world, many of these people die of hunger, opportunistic infections such as tuberculosis and many other infectious diseases, some of which can be

⁹ Gender inequality (which is partly a manifestation of poverty) and other cultural barriers preventing women suggesting or initiating the use of condom should not also be overlooked (see Chapter Six).

easily cured in persons whose immune system is not weakened by HIV/AIDS.¹⁰ They cannot even get painkillers, let alone appropriate medications and anti-retroviral drugs. There were also numerous single mothers (with many children) on the streets who came from Assab and Eritrea (dislocated by war). They were not receiving enough support from the government or NGOs for survival. Since they were left to fend for themselves, many of them would eventually turn to commercial sex work and were likely to become infected with HIV. In another encounter, I attended the discussion organized by one of the NGOs working on HIV/AIDS in Dessie. The panellist (the man living with HIV/AIDS) attempted to persuade prostitutes to go for voluntary counselling and testing. A woman who claimed that she had spent most of her life in prostitution asked him:

You said that you are HIV-positive. Well, the government may provide you with good things. You are in good condition. You may always have a good meal. Till last night I was having sex without a condom. Surely I could be HIV-positive. What would the government do for me if I were to undergo testing and I was found to be positive and go public with it? Tell us what the different sections of the society or the government are doing for you and we will expose ourselves (reveal our infected status). Otherwise, once I know that I am HIV-positive, it won't be possible for me to continue prostitution. My mind won't accept that. Secondly, once people know that I am HIV-positive, no one will come near me. Then who is going to give me the 30 birr that I need to cover the rent? Who is going to buy me bread? I can't work knowing that I am HIV-positive. And If I stop working, I will definitely die. So I prefer staying in work. Let's get tested. But we might be HIV-positive. What does the government have to offer?¹¹

The message is clear; she is poor and preferred to eat today and die eventually. She would rather engage in prostitution and earn money to keep her body and soul together than to die of hunger. There are many similarities in the stories presented above, several of which seem to challenge commonly held beliefs about knowledge about HIV/AIDS and sexual practice. The narrators appeared knowledgeable about the ways HIV could be contracted and prevented, but unable to put that knowledge into practice because of circumstances beyond their

¹⁰ "It is noteworthy, moreover, that these same circumstances [poverty, hunger and opportunistic infections] govern not only who will be exposed to HIV infection, but also who is more likely to become ill with AIDS-spectrum diseases. Clearly an individual living in conditions characterized by poor nutrition, inadequate shelter, and ineffectual health care, all of which contribute to poor immune response, will be more vulnerable to develop opportunistic infections than someone who is not confronted by these kinds of circumstances" (Clatts 1995: 250-251; see also Nattrass 2004). For the most comprehensive report on opportunistic infections of HIV in Ethiopia, refer to Wolday (2003).

¹¹ One of the key informants told me the story of HIV-positive prostitute who opted to go to her home village to be taken care of by her family and die there. The Organization for Social Services for AIDS (OSSA) gave her transport money and she went to her home village in Gonder (northwest Ethiopia). When she arrived there, she discovered that people from her rural village (including her parents and siblings) faced a serious famine and had flocked to the towns in search of food and employment. She immediately returned to Dessie and resumed prostitution.

control.¹² The stories illustrate that the existing AIDS prevention messages (such as “use a condom”) are inadequate, particularly for those involved in transactional sex and other impoverished members of the society.

Let me present another heart-breaking story of Almaz (24-year-old street prostitute). She was born and raised up in Dessie. Her father had died of AIDS. Her mother was alive but blind. At the time of the interview, she was the mother of a three-month-old baby. She became pregnant when working as a prostitute, and she did not know who the father of the baby was. Initially, she started supporting herself and her family selling lemons and peanuts as a street vendor. She used to get about 2 Birr profit at the end of the day. When her father, who was a handicraftsman (weaver), fell ill, she started a better-paying job (prostitution).

My father was suffering from TB and I had been using the money I earned to buy him medicines. I tried to cure him with the money I earned from prostitution but he died. I now work in the streets near the Piazza. I used to work in bars. In a bar, you might pick up a client once in a while, as competition with other prostitutes is stiff. In a single bar there might be 15 or more women. People are often afraid to ask a girl out in a bar. But when you come out on the streets, it is dark and everybody, including married individuals, comes and asks you without any fear or hesitation. Later I gave it a try and engaged in business on the street and I have found it to be a better income-generating business. I am helping my child and my mother. I entered this business after interrupting school. I am engaged in it just because I do not want to see my mother being starved to death. I really hate this job. There are some problems. Some people ask you to do things for them – things which you really do not want to do. Personally I would prefer to work as a maid. But no one is willing to hire a girl who has a child like me as a maid. I am still looking for this sort of work. I would be very much happy to work as a maid.

I asked her whether she was willing to have sex without a condom if her clients gave her more money. She answered:

Yes, if they increase the amount of money they normally pay me, I am willing to have sex without a condom. You know why? I have a problem. I have a child; so because of this reason I agree to have sex without a condom.

Her argument is rational, and it appears that there is indeed an apparent easy attitude to unsafe sex rather than facing fatal hunger. [Have you ever been tested for HIV?] “My friends and I wonder what we would do if we were to have the virus and promised not to go for it”. When I went for the second phase fieldwork, I learned that she had tested positive, but carried on with her work. Her clients abused her physically and she had lost a couple of front teeth and her right eye was injured. She confided that she went out without a condom, and was paid

¹² I am not, however, claiming that all young people in Dessie were knowledgeable about HIV/AIDS as there were some who even did not know simple facts about HIV/AIDS transmission and prevention (see Chapter Six).

more. When I asked her why she was doing this (knowing her HIV status), she said that once she has become a 'victim' of the virus she does not care about the life of other people. It appeared that she must have felt that society did not care about her, and in return she involved herself in passing on the virus (implying that caring for PLWAs is one major area of intervention to stop the spread of HIV/AIDS). She, however, cared for her baby and reported that she stopped breastfeeding for fear of transmitting the virus. Her narrative evokes many of the issues discussed above. Her case also illustrates the vicious cycle of HIV/AIDS or its intergenerational impact. Her father died of AIDS and she was following his footsteps. Her story also compels us to question the importance of persuading people to go for VCT under circumstances where those tested positive are not in a position to take special care of themselves (in terms of nutrition and other precautions) or have access to anti-retroviral (ARV) drugs.

Ideally, voluntary counselling and testing is supposed to provide an effective means of preventing HIV transmission and be an important entry point for treatment of HIV-related illnesses, prevention of mother-to-child transmission, and psycho-social and legal support. Yet, all too often, VCT in Ethiopia has been introduced without such back-up support. Under such circumstances (coupled with the current trend of discrimination and stigmatization), it seems that persuading people to get tested for HIV would mean, as one informant expressed it, "Walking up to someone who waits with a fire with a handful of straw" (*esate yezo sitebekeh chede yezo ende mehede newe*). The story of Almaze partly confirms this, and underscores the need to feel each other's pain and sympathize with one another. Those who are infected need to care more for their society, and the society should extend care and give them hope in return.¹³ Unless and until a conducive socio-economic environment for people living with HIV/AIDS is ensured, all efforts to detect HIV cases and slow down its further spread will be in vain.¹⁴

¹³ The key informants reported a case of HIV-positive man who married a girl of 15 in a religious marriage (*tekilil*), knowing that he was HIV-positive and the police had taken the case to court. The man used to be supported by the OSSA. He then found a job and began earning an income. He also became more spiritual and was appointed a leader of the Sunday school in the church he attended. He became acquainted with the girl in the Sunday school and married her without telling her of his condition. Later, the girl also tested positive. They also told me a case where a woman living with the virus who married a man "free of it" and gave birth. They said that she died from shock shortly after she lost her child and the man died sometime later. I am not, however, claiming that all PLWAs are alike in Dessie as there are some who do really care for others.

¹⁴ In a related development, when street youths were asked what they would do if they were diagnosed HIV-positive, some explained that their reaction would be contingent upon the government's response to their predicament. Terefe (22-year-old male) expressed his rage against the government as follows: "I would go and seek assistance from the government. If I am assisted I would have no problem in exposing myself and teaching the public to be aware of the disease. But if I am ignored, I wouldn't feel any guilt in taking my revenge on as many people as I could by passing the virus onto them by any means I found suitable". Asked why he decided to take revenge on people, he said that he does not see any difference between the government and the people, for the people make the government.

The stories presented above indicate that those women engaged in transactional sex, particularly the impoverished ones, are at 'high risk' of HIV infection. Almost all the street youths and many school pupils visit such poor prostitutes for sex, and it should be noted that the street youths perceived prostitutes as a safer group than 'home girls' (ye bet lijoch) or students. Given such a misconception, many street youths and school pupils are probably infected with HIV/AIDS.

Grappling with identity and ending up HIV-positive: the case of Bedelu

The following story is the case of an HIV-positive man abandoned by his mother in the hospital mainly because of poverty. He said that his father died while his mother was pregnant with him. When she could not take care of him, she abandoned him in the hospital at the age of one year. The nurse who found the abandoned child took him to her family that consisted of about eight members. He grew up with them and finished high school but could not make it to the university. I asked him to recollect all the events around his abandonment and the circumstance that led to his HIV infection.

As I told you, I was one year old when I was taken into the family. Hence, I did not identify with my mother, my father, my sister or other family members. As I grew up, I heard about my real history not from that family but from the villagers. I was told in different ways about the fact that I do not really belong to that family. For example, when I quarrelled with a child with whom I played and bit him, his mother came out and unleashed a tirade of evil things to me. I still remember how they used to insult me. It was when I was between the ages of five and six that I knew exactly that I had not been born into that family. The mother of that child used to make her child stop crying by telling him that I was found abandoned and had no mother at all. That child and I soon forgot our conflict and began playing. Later on, when we quarrelled again, he insulted me using the words of his mother. This made me aggressive, bad tempered, and naughty. I began to believe that they were better off than I; they had their own family but I did not and I developed an inferiority complex. Aggrieved, I began to fight back and by being bad tempered and beating people, I gained a reputation in the village for being aggressive.

Therefore, I grew up being told that I was found abandoned and that I was fatherless, motherless and I was just a worthless creature. As a result, I became interested in my identity. You may grow up without asking yourself "Who am I? What am I? Where did I come from?" but it begins to grow in you later. The Habeshas [Ethiopians] say, "It is better to raise a puppy than to bring up another person's child". As there were such sayings, I was afraid that they would consider me the same way. However, it was difficult to inquire about my identity while I was living in the family that brought me up. So I decided to look for a means to leave the family and seek the answers to the questions "Who am I? Where did I come from?", since I could not raise these issues while still living with them. So what I first did was to find people who had begun getting money illegally (by stealing). I began approaching those guys who chewed chat, drank alcohol, and smoked cigarettes and hashish. They initially provided me with what I smoked, ate, and a space to sleep, clothes to wear and so on

and gradually taught me to accustom myself to their behaviour [stealing]. They assigned me to steal from people whom they considered easy targets and I became more and more experienced. I left the family and kept on indulging in illegal activities.

As soon as I learned that method of obtaining money, I had the chance to move from place to place and learn about my real identity. I go to many places to get money by cheating. I may stay in a town about 15 days. In the case of big cities that suit me, I will stay for one or two months. Wherever I go, I chew chat, smoke cigarettes, and drink alcoholic drinks as long as I have the money. If you have the money, there is no problem in getting women in our country and you can have sex with women who are in the age group from fairly young up to adulthood. Discovering my own identity was the biggest objective in my life. I have sisters and brothers but I do not know where they live. Therefore, I used to ask about them wherever I went. This life-style itself makes you sexually active. You are always in a car, sleep in a bar, and are mobile and all these activities allow you to have various experiences. You meet married women, merchants, female college students, bargirls and the like. If you have good money and you are well dressed, it will only take you a day to find a girlfriend in a city where you stay for 15 days. Most female college students are short of money, especially when they go back to their family for vacation. They get money only for transportation. They want to be entertained. I have a knowledge of their time-tables and I used to go from Tigray [northern Ethiopia], Gonder [northwestern Ethiopia] to Jimma [southern Ethiopia] and pick up students, as I know their vacation times. I knew many students [girls] in Mekele Business College, Gondar Medical Faculty, and in Jimma Health Institute. I may also stay in a relationship for a short time while they are at school. If they ask what I do; and who I am, I tell them that I am an itinerant merchant.

Once I had begun such a life, I did not have a purpose and started living aimlessly. I did not care about my life. I have known about AIDS for a long time. As I have the habit of reading, I have read a lot about it. However, when I move from place to place, drink alcoholic drinks, and smoke, I do not bother about using a condom with a woman I meet. Aware of my life-style, I knew that one day the virus would infect me. I have never used condoms. I engage in sexual relationships whenever I want and freely. I used to complain that a condom decreases sexual feeling.

Then, while he was in the town of Shamboo (western Ethiopia), he fell ill. Since this was an unexpected illness, he did not have enough ready money in his pocket, and the little cash he had was used to cover the rent and buy some food. He started growing weaker and weaker, and went to a nearby pharmacy, but he did not feel any better. Since he could not pay the hotel bill, and fearing they would be responsible for his death, the owners of the hotel brought in two daily labourers and had him thrown out in the street. He fainted, and did not know what happened after that. Samaritans who found him on the street took him by taxi and left him at Shamboo Hospital. When he woke up from a coma after 10 days, he realized that he was in a hospital supported by glucose. He stayed in the hospital for one month.

There was this doctor who used to talk to me for many hours. One day he came and asked me to give blood. I had no idea that it was about HIV/AIDS. I told the doctor that I could not move from my bed, that I couldn't go to the laboratory to give blood but if they came here, I said, there would be no problem I would give it (my blood) to them [he laughed]. One day a laboratory technician came and took my blood. At that time, I thought that he was taking my blood as they always did. I did not know that it was for an HIV test. Now that I know all about AIDS, I remember that they had taken my blood without counselling me and asking my permission. I will never forget the person who took my blood. Never! They came up with their finding after four days. In one of their hands they held a spiritual tract while in their other hand they were holding papers that were about HIV/AIDS. I was in room number 34. Then I became suspicious. The other thing that made me suspicious was the man who was standing with the doctors was the same man who had taken my blood. The papers they held in their hands, which were all about AIDS and faith, also aroused my suspicions. Since I enjoy reading very much, I asked them to give me what they were holding in their hands. But they told me to wait and listen to them. I was very sick; my weight had dropped from 52 to 32 kg. I was thinking how I would go back to my country [place of birth] and also that I had to change my life.

Long beforehand, the doctors and the nurses had been thinking about how I would go back to my homeland. After telling me about Jesus Christ, the matron, told me that my disease was not malaria, and that I had HIV in my blood.¹⁵ As any AIDS patient, what I did was take refuge in denial. I looked dreadful. So although my homeland is Gonder, I did not want to go back there. I did not want to be seen like this in the country in which I grew up. Nor did I want my 'family' to see me in this situation. Hence a sense of isolation took root. I developed a fear in my mind about how people would react when they see me like this. This made me think of going to a place where no one knows me. So I asked them to send me to Jimma [western Ethiopia].

Since he could not find a means of livelihood in Jimma, he went to Dessie and became a member of OSSA, an NGO that supports PLWAs and children orphaned by HIV/AIDS. OSSA started handing him 40 Birr per month (very meagre income to live on by any standards). The medical doctors encouraged him to participate in workshops and panel discussions related to HIV/AIDS so that he could receive a *per diem*.

I started to eat well and buy some things for myself after I started participating in workshops and seminars, and I realized that I should keep on doing this sort of thing till I could secure something permanent (a permanent source of income). When my health started to improve, I ate well, kept to myself, and got to know plenty of people. I found myself in a good shape in less than a year. I weighed 50 kg. I became rich [he burst into laughter]. I never thought that my life would change. But what matters is not what men say, but what God says. It is His will that should be done. It is because I wanted to survive that I declared my HIV status. I have now stopped

¹⁵ Speculating where he became infected, he said: "I think that may be I have contracted the virus from a woman I met in Bahir Dar [northwestern Ethiopia]. I know that her boyfriend and his former wife had died of AIDS. I knew about it from the beginning, when I started to go out with her."

talking in public and I will never go back to it even were I to find myself in deep trouble (again). Even those individuals who claim to have adequate information about HIV/AIDS use us as teaching material. Poetry is written, music is played, and dramas are written for us [PLWAs]. It is we who are dying but it is others who benefit. AIDS has become a means of livelihood (a source of income) for many people. People who never had houses of their own have built one. But they are begging in our name. All the songs, dramas, and poetry are created in our name....

In this lengthy narrative several important themes emerged. If economic resources were available, common sense suggests that parents would prefer not to desert their children. Therefore, the absence of a reliable income, coupled with the lack of additional support from the extended family or community, creates circumstances in which it is possibly conducive to abandon one's child (Tadele 2000, 2005). Hence, his single mother abandoned him mainly because of poverty. Poverty-induced abandonment forced him to be a criminal and an itinerant person in search of identity, eventually resulting in HIV infection. Undeniably, poverty deprives people of freedom and dignity. He admitted that he joined OSSA and agreed to speak publicly about having AIDS in order to earn an income and survive (and not necessarily out of the desire to educate others). And he regretted doing so. As elsewhere, speaking publicly about having AIDS in Dessie subjects individuals to discrimination and stigma. He, however, preferred stigma and discrimination to dying of hunger.¹⁶ He also noted how AIDS in Ethiopia (as elsewhere) has become an 'industry' that is benefiting those in power rather than the real victims (see Obbo 1995; Setel 1999; Moyer 2003). He expressed anger, disillusionment, and disappointment in ongoing intervention programmes on HIV/AIDS (see Chapter Eight for further discussion of interventions). He also argued how women's sexuality in Ethiopia is strongly linked to material rewards, which is partly a manifestation of poverty and partly a reflection of public discourse (refer to Chapter Three).

Consistent with the earlier stories of Solome and others, he was well informed about HIV/AIDS or knew at least the necessity of using condoms, but he did not put his knowledge into practice. He even admitted having unsafe sex with a woman whose boyfriend and former wife had died of AIDS. Pertinently, he made strong associations between substance abuse and unsafe sex.

There is no doubt that you will be exposed to AIDS if you are the kind of guy who smokes, drinks liquor, and uses drugs. You will ask out a girl you would not have dared to ask under normal circumstances. What should be noted is that even back

¹⁶ There are reported cases of people who have produced forged medical certificates that confirmed seropositivity just to receive the meagre assistance from NGOs. Such people were persuaded to undergo testing again and found to be negative after having received assistance for a long time. For instance, there was a man in Addis Ababa who was HIV-positive, and was assisted by an NGO known as Dawn of Hope (established by PLWAs) till he died. When he died, his referral paper (medical certificate that confirms seropositivity) was with one of his friends. This friend used the paper and claimed to be HIV-positive to receive aid.

then I knew all about HIV/AIDS but I was addicted to these substances and they induced me to engage in undesirable behaviour. Starting from chewing chat, you hang out with them [women], caressing each other, and then you drink liquor, have sex, and finally regret all the things you have done (develop a feeling of remorse).

He portrayed that good intentions to practise safe sex could be compromised by the effects of *chat* and alcohol. This strong association between substance abuse, porno films, and HIV infection was a theme that frequently came up in the discussions with school pupils, street youths, and key informants. The young men even suggested that the government ban all drinking places as well as the production and distribution of alcohol, regardless of the economic effects, because alcohol lures men into having unprotected sex (see Tadele 2000, 2003)

Conclusion

What I have tried to illustrate in this chapter is the complexity of HIV/AIDS transmission, the mechanisms by which poverty puts young people at risk from HIV infection, and how poverty can shape young people's everyday lives, their future, their sexuality, and HIV/AIDS transmission. I trust that this chapter gives an insight into the many difficult ways by which young people try to survive, and makes it clear why the issue of HIV/AIDS has become so difficult to address.

It is clear from the foregoing discussion that perception of worries, problems and perceptions of future life change in accordance with the section of society to which the young people belong. For street youths, the question of 'daily bread' (visual and immediate) was the major preoccupation and HIV/AIDS, as a problem comes in behind several other important and pressing problems in their daily lives. In a nutshell, with no adequate basic necessities (food, shelter, and clothing); with no education, training, and job opportunities, fear of HIV/AIDS becomes a 'luxury'. This, however, does not mean that they never thought about HIV/AIDS. It was there on their minds but subconsciously, and did influence their sexual practices and decisions. Whether they liked it or not HIV/AIDS had occasionally forced them to put on condoms when they met prostitutes not willing to have sex without them (see Chapter Six). HIV/AIDS was the most important concern for the majority of school pupils attending public schools, followed by the problem of unemployment, their future life, and a generally worsening economic crisis. The school pupils from relatively affluent families ranked HIV/AIDS and other social ills in the society as their major worries and concern to the extent of saying that some of them wanted to pursue a medical career in order to find a solution to HIV/AIDS. But most of the worries and concerns they expressed did not affect them personally.

It appears that young people in (Ethiopia) Dessie are entangled in several problems. Those in power and the general public seem to have failed to understand their situation. In public discourse, young people are perceived to be a morally and spiritually ruined generation. Young people are generally blamed for acquiring and spreading HIV/AIDS because of their undesirable behaviour. Such blame, however, has done nothing to stop the spread of HIV/AIDS that thrives in environments of poverty, hopelessness, and frustration (Moyer 2003). Street youths in particular are addressed by different derogatory names and perceived as a threat to society (see Chapter Three). On the other hand, many of the street youths and even the school pupils expressed a certain degree of bitterness towards the government and the general public for failing to listen to and address their problems.

This study showed an intricate link between HIV/AIDS and poverty, emphasizing the urgency of expanding the economic support programme, particularly the income-generating activities for orphans, street adolescents, out-of-school youths, and other persons living with HIV/AIDS, as called for in the national HIV/AIDS Policy (FDRE 1998). In other words, HIV/AIDS prevention could find a response if governmental and non-governmental organizations engaged in educating people about HIV/AIDS also took the time to address the socio-economic problems of young people such as creating employment or income-generating activities and community safety nets. Both Solome and Almaz have taught us the mechanisms by which they have been exposed to HIV infection. It follows that sustained socio-economic development is essential to any effective response to the epidemic. How a very poor country could achieve such sustainable development essential to an effective response to HIV/AIDS under conditions where the epidemic is destroying the capacities essential for the response is a question begging for an answer. Recognizing the strong relationship between HIV/AIDS and poverty and taking the necessary steps could be a step forward (instead of exerting all energy on cognitive models).¹⁷

Cogently, despite such a strong link between poverty and HIV/AIDS, most of the research conducted on HIV/AIDS in Ethiopia is from an epidemiological and public health perspective with obvious emphasis on behavioural frequencies thereby neglecting the socio-economic context of sex, sexuality, and HIV/AIDS. This intricate impact of poverty on the spread of HIV/AIDS needs more ethno-

¹⁷ Having said this, while socio-economic situation of young people to a large extent influences their sexual behaviour and the spread of HIV/AIDS, it must also be acknowledged that there are other complex forces at work. Thus, drawing connections between poverty and AIDS should not prevent us taking into account many other factors contributing to its spread. Lack of culture-sensitive interventions or inappropriate educational programmes are also to blame for the spread of HIV/AIDS infection (see Chapter Eight). It seems necessary to take the interplay between human agency and structural factors into account, as this gives space for empowerment of individuals and communities (Brummelhuis and Herdt 1995).

graphically grounded in-depth research. Moreover, in towns like Dessie where there are many (rural) migrants, it seems essential to explore the effects of poverty on mobility, and how migration in turn influences sexual norms, values, and the risk to HIV/AIDS infection.

The next chapter contains an examination of ongoing interventions, and obstacles and controversies involved in designing culturally, socially appropriate and acceptable sexuality/AIDS interventions.

‘Boring’: Perceptions of HIV/AIDS interventions

How do young people look upon intervention programmes?

What we now hear about HIV/AIDS is very repetitive and boring. Now and then, we are told how AIDS is transmitted. But everybody knows this. Even my mother, a very old woman, knows it. Today no one would bother to listen to the way AIDS is transmitted or prevented. I do not want to hear the same things over and over again. They should have revised the education programme and made some changes from time to time (they should start saying something new about it), and if they have nothing else to tell us, they should tell these things to the rural people living in remote areas instead and not bore us so much. Secondly, we have to look at the same faces at every meeting and workshop. And as to what approaches might be followed, I think information on HIV/AIDS should be presented with entertainment (music, drama and other forms of entertainment) if it is to attract the attention of young people (eyazenanu mastemare). I don't think that pamphlets on HIV/AIDS can achieve much because the young are not in the habit of reading things (Kedir, 18-year-old highschool student).

There is nothing practical. It [HIV/AIDS] has become a means of livelihood (a source of income) for many people. People, who never had houses of their own before, have built one. But they are begging in our name. All the songs, dramas, and poetry are created in our name. I feel sad whenever I hear about HIV/AIDS. I know that no change can be effected with these kinds of interventions. The NGOs, government organizations, clubs, associations, and individuals who claim that they are working on HIV/AIDS are simply playing around, nothing serious. The money is being spent but nothing fruitful has been done. The government especially is not doing anything. The government itself wouldn't say that enough work has been done in the fight against AIDS. It is not yet enough. It is being forgotten. More efforts need

to be exerted in the future. If politics is doing well, politicians may start engaging in the fight against HIV/AIDS. But if it is not doing well, no one will give it a second thought. I am against anything called a workshop. It is no good. When an NGO prepares a workshop, it calls upon the individuals it knows. This is in order to provide them with the handsome per diem. It is not to create awareness. You see the same individuals taking part in various workshops (HIV-positive informant).

As highlighted elsewhere (particularly in Chapters Two and Seven), the major argument of the thesis remains that the likelihood of averting the spread of HIV/AIDS depends largely on addressing the socio-economic problems of young people. With this in mind, in the preceding chapter an attempt was made to show how socio-economic problems, particularly poverty and joblessness, affected the sexuality of young people and the spread of HIV/AIDS, and the need to address them if major gains are to be made in the fight against HIV/AIDS. However, success in the struggle against poverty and joblessness may be by no means easy in the foreseeable future. In view of this, advocating socio-economic development alone as a means of winning the battle against HIV/AIDS appears to be an unreasonable expectation. Along with long-term efforts to bring about socio-economic development, in the short term, culture-sensitive interventions should be introduced. In this chapter, efforts will be made to uncover obstacles to ongoing HIV/AIDS prevention programmes and the controversies surrounding them, and how young people receive and evaluate their significance. The chapter presents the voices of young people as they articulate their needs as to what, how, where, and who should communicate HIV/AIDS prevention messages.

Drawing on the preceding chapter, it is argued that the spread of HIV/AIDS is attributed not only to poverty but also to ineffective prevention strategies. The chapter highlights that young people are exposed to vague, conflicting, and inconsistent HIV/AIDS messages, thereby creating confusion about the epidemic. Lack of coordinated efforts and commitment, and problems related to resources and resource management have impeded the ongoing interventions. The chapter seeks to highlight such barriers and constraints and argues that the problems surrounding HIV/AIDS interventions bristle with existing obstacles that have already retarded other development projects in the country. I discuss the implications of the findings for the design of culturally sensitive interventions, and point to a number of initiatives that would maximize the likelihood of success. It seems reasonable that carefully designed and culturally appropriate educational interventions sensitive to the needs of young people may reduce the spread of HIV/AIDS infection when such messages are provided with the necessary social and material support. The question that needs an answer is: What works best?

HIV/AIDS prevention in Ethiopia

The first two HIV seropositive persons and the first two AIDS cases were identified in Ethiopia in 1984 and 1986 respectively (Eshete and Sahlu 1996). Between February 1986–November 1990 a total of only 636 AIDS cases were reported to the Ministry of Health (Negasa *et al.* 1990).¹ The National Task Force on the Prevention and Control of HIV/ AIDS was established in 1985. In 1987, the Ministry of Health (MOH) established the Department of AIDS Control to direct and coordinate issues related to HIV/AIDS prevention (Zewdie *et al.* 1990; Gebre 1997; Kloos and Haile Mariam 2000). Disseminating information to the general public, undertaking surveillance and strengthening laboratory and diagnostic facilities were mandates given to the Department (Zewdie *et al.* 1990; Gebre 1997; Admasu 2000; Petros 2002).

Promoting inter-sector collaboration between non-governmental organizations (NGOs), churches and other community-based organizations to complement the efforts being made by the government (in particular MOH) was emphasized as a strategy to mitigate the spread of HIV/AIDS. Hence, various NGOs were urged to incorporate an HIV/AIDS programme component in their existing development programmes. Furthermore, new NGOs fully committed to the provision of care and support for persons and families infected and affected by HIV/AIDS emerged. The Organization for Social Services for AIDS (OSSA) is the first and largest national NGO working in the area of care and VCT (voluntary counselling and testing) that should be mentioned.² Existing print and electronic media are also urged to disseminate brief information about HIV/AIDS.

By and large, AIDS prevention has taken the form of disseminating brief messages broadcast via TV and radio informing or urging people to adopt the ABC prevention paradigm. Printed materials, such as brochures and posters, have been distributed on the occasion of World AIDS Day and other public events. As argued below, these materials were found to be too general and did not convey

¹ Though this figure is only the tip of the iceberg because of under-reporting of cases, it indicates that the progression of the HIV/AIDS epidemic was slow till around 1990. This early period had provided the country a window of opportunity for implementing appropriate interventions. However, the new government that took over the leadership role in the middle of 1991 largely ignored HIV/AIDS prevention. The report prepared by a number of Ethiopians and published in 1990 states “It is evident that AIDS is preventable. In Ethiopia, the next decade and beyond will be the telling years of the effectiveness of the NACP” [National AIDS Control Program]. “With emerging strategies for the future and coordinated management (government, intergovernmental and NGOs) AIDS will not be insurmountable” (Hadgu *et al.* 1990: 98). This, however, remained political rhetoric, and Ethiopia now has one of the largest HIV-infected populations in Africa.

² As of March 2003, there were about 104 NGOs in Ethiopia involved in various aspect of HIV/AIDS: education and training, information, education, and communication (IEC) materials development, project funding, care and support for people living with HIV/AIDS and AIDS orphans, provision of counselling services and capacity building (CRDA-Christian Relief and Development Association 2003).

messages suitable for and appropriate to youths and specific communities. Moreover, focusing on electronic or print media messages in a society where 85 percent of the population lives in rural areas without access to such media seems an unproductive approach. The print media is also not a good option in the Ethiopian case where most of the people are illiterate and the culture of reading not developed. Newspapers and magazines are also expensive and beyond the reach of many young people. As discussed below, messages transmitted through electronic or print media lacked clarity, and to date (to my knowledge), there have been no empirical studies that have evaluated the outcome of these mass media campaigns.

Undeniably, a number of workshops, seminars, and conferences were held (and are still being held) on HIV/AIDS prevention in different parts of the country (particularly in towns). Most of the workshops and conferences, however, have focused on the epidemiology of HIV/AIDS, and the care of and support for people living with HIV/AIDS (PLWAs) (Admassu 2000). As indicated by the opening quote, workshops and conferences in the Dessie area, and perhaps in the Ethiopia more generally, were in danger of being repetitive and self-serving.

Although attempts were made to institute AIDS prevention and control programmes in the early periods of the epidemic, they lacked continuity and coordination in the absence of a national HIV/AIDS policy, institutional capacity, and political will (see also Kloos and Haile Mariam 2000). Inadequate attention was paid to HIV/AIDS prevention because of poverty, recurrent drought and famine, war, political instability and the lack of a full understanding of the magnitude and seriousness of HIV/AIDS on the part of political leaders (see Chapter Two). All these natural and manmade disasters have incapacitated societal response to AIDS, and the efforts undertaken to curb the spread of HIV/AIDS have often veered onto the wrong tracks or were stalled. The Marxist regime that was in power for 17 years was unstable in power, and until its collapse in 1991 was preoccupied with fighting a war. The ousting of the Derg and the change over to the Transitional Government caused further delays and even discontinuities in programmes. The new government did not put a high priority on HIV/AIDS. For instance, the Department of AIDS Control of the Ministry of Health was dissolved as part of the formation of the federated state in 1992 and reduced to a section with only three staff members to coordinate the entire HIV/AIDS prevention activities in the country. Prevention efforts focused on identification and targeting of the so-called 'high-risk groups' (commercial sex-workers, members of the army, and truck drivers). Such intervention efforts, denuded of broad community awareness, advocacy, and participation, were inadequate to stop the spread of HIV/AIDS. In the absence of effective political

activism and community-based advocacy, the general public did not recognize the HIV/AIDS threat adequately.

Even the current national HIV/AIDS Prevention and Control Office (HAPCO) was initially poorly organized and disadvantaged in terms of staff and facilities (Degefe *et al.* 2002). There was also a severe lack of coordination between intervention programmes undertaken by different organizations at different times (see the discussion below). The long-awaited Ethiopian HIV/AIDS policy was issued in August 1998 (FDRE 1998). The policy was comprehensive (RAWOO 2004) but was only gradually being implemented during subsequent years (FDRE 2002).

Against this backdrop, and in the light of the discussions raised in the previous chapters, several questions remain unanswered: Why did efforts to disseminate information and education about HIV/AIDS often have little or no beneficial effect? What are the sources from which young people acquire their knowledge, values, and attitudes about sexuality and HIV/AIDS? How do NGOs and governmental organizations communicate information about HIV/AIDS prevention and transmission to young people and how do young people understand it? How can intervention messages be made culturally sensitive to the expectations of local young people? Although conclusive answers will certainly prove difficult to find, the discourse surrounding such an issue is likely to prove most fruitful.

Perceptions of the ABC prevention paradigm

I must reiterate that sporadic attempts had been made to disseminate information and education about HIV/AIDS since the late 1980s. As stated in Chapter One, an Ethiopian official from the recently formed HIV/AIDS Prevention and Control Office, or HAPCO, admitted that “Success in the fight against the virus had been minimal” (IRIN 2003). Indeed, the fact that the incidence and prevalence rates did not decline reveals little success in the fight against AIDS, a situation similar to practically almost in all countries in Sub-Saharan Africa. Considering that adolescents and young adults are the most highly infected segment of the population, there is a need to explore young men’s perceptions of the strategies used for combating the spread of HIV/AIDS, and their views concerning the most effective, culturally appropriate, and acceptable methods for formulating and delivering messages. It is particularly worth reflecting on the type of prevention campaigns or the ABC prevention paradigm to which the youth have been exposed.

When asked if they thought the current campaign against HIV/AIDS was effective, almost all the young people involved in the study agreed that it was not

effective at all. They noted that what was preached in the mass media presented conflicting views. After a ‘terrible’ show had been presented on the horrifying aspects of HIV/AIDS and after overly scaring people, they argued, another one is presented showing a beautiful girl with her breasts and her body half bare. They noted that the media broadcast the same stuff (the same words and same sentences about AIDS) over and over again and had only managed to portray HIV as an everyday problem and less of a risk. They maintained that the media have even worked so well to familiarize it that people no longer fear it. The dramas about HIV/AIDS on TV are equally full of unwanted and unnecessary pornographic material and may arouse sexual desire instead of suppressing it, they maintained. Some of them concluded that it would be better to concentrate only on the bad aspects of HIV/AIDS in order to scare people.

The young people involved in the study also criticized the well-publicized ABCs of HIV/AIDS prevention paradigm locally known as *sostu ye me higo* [literally three principles of M – *metaqeb* (abstain), *mewsen* (be faithful), and *meteqem* (use condom). They said that the definition of abstinence (*metaQeb*) is not clear and does not specify for how long one can abstain from sex.

For example, abstinence should not be that which applies in a monastic life. For me abstinence is when a person abstains from sex temporarily, such as until he completes high school or his college education and marries. This is not what we see among the youth in reality. When I think of abstinence, putting myself in the shoes of many young people, I feel that the message that says, “Abstain from sex” does not work. Abstinence requires a number of conditions such as the availability of places in which we spend our leisure time, play non-dangerous sports, games, read books, enjoy club activities, job or training opportunities and so on. I believe that these things help young people to introduce behavioural change and remain abstinent from sex (Kiros, 19-year-old student).

Although abstinence is in the forefront of the campaign against HIV/AIDS, young people considered it something impractical.

The other problem extracted from the information given to the young people was related to another message referred to as “Be faithful”. The message reads: *ande le ande mewsen* (be faithful to one partner) but to many young people it was not clear what it really meant. They questioned: *Is it about staying with one friend at one particular time or forever?* Some school students reported that they are practising ‘one-to-one’ as they have only one girlfriend, unlike before when they used to have more than one sexual partner at the same time. The school students said that if they have one girlfriend for this year and another for next year, they are confined to one-to-one relationship as they thought that it is about having one sexual partner at a time. They commented that it is difficult to imagine that a girl or a boy from a junior high school will last with only one boyfriend or girlfriend, and what has started in a junior high school does not

proceed to a loyal relationship and finally to marriage. Pursuing the matter, they noted that because of their age and the external influences around them the young people find it difficult to limit themselves to only one friend throughout their life. They commented that it is difficult to achieve loyalty between partners, and the information released did not consider all these realities on the ground.

This demonstrates that two of the three ABCs widely publicized in HIV prevention campaigns via radio, TV, and posters seemed to be ineffective in influencing youth in general and for street youths in particular. Most young people, particularly the latter group, tend to be unaware of or oblivious to the benefits of abstinence in the face of their gloomy future because of their low social status which prevents them from marrying and establishing monogamous relationships (see Chapter Four).

There were also shortcomings in the contents of the information passed on to the young people regarding the use of condoms. One of the three 'vital messages' simply reads: "Use a condom" (*metequem*). The young people, however, commented that it does not clearly elaborate on the proper method of using a condom, how it can be damaged, what things can downgrade the quality of the condom, and its expiry date. These and other necessary information are usually omitted, and they admitted that they lack the necessary skills to use condoms properly. They also argued that using condoms is not a safe thing. Most of them reported that they did not use condoms consistently, and the reasons for non-use ranged from aversion to using condoms to purchasing problems and reduced satisfaction. Nor should it be forgotten that broader contextual factors and gender relations largely influence consistent condom use (see Chapters Six and Seven).

Moreover, some young people expressed confusion arising from the meaning of the terms 'HIV-positive' and 'HIV-negative'. One high-school boy indicated that he knew a man who underwent an HIV test. "*When his results came out he was HIV-positive. He went to his sexual partner with open hands and a broad smile and told her the 'good news' and they celebrated together. He had understood being HIV-positive as a positive thing, namely, being free from the virus and HIV-negative as a negative thing (having the virus).*"³ He commented that plenty of people suffer from similar confusion and suggested more needs to be done to make the public familiar with the correct meanings of these terminologies. I had heard this story in various versions on several different occasions, and if true, reflects the lack of proper pre- and post-test counselling.

Taken as whole, messages such as abstain, be faithful, use a condom, and HIV-positive and -negative may obscure more than they illuminate for many

³ This and other similar stories from young people reflect misperceptions and confusions related to HIV/AIDS in some cases and in other cases exaggerations of truths. It also shows "the elasticity of the human mind to be creative with the information that it receives" (Hart 1995: 151).

youths, although HIV/AIDS educators have often operated using pretty simple definitions. These terms provide a deeper meaning and contain many subtle messages than they convey through literal translation, and seemed to have been translated without linguistic and conceptual equivalence and cultural appropriateness. It seems that educators had failed to communicate effectively, and there is a need for dialogue concerning such messages and to make them more explicit.⁴ This requires drawing on the words, phrases, codes, symbols, narratives, metaphors, and slang, which young people normally use in daily language to refer to issues, related with HIV/AIDS prevention. This re-emphasizes the need for young people to participate actively in the wording, design, and conveying of messages.

Similarly, as the opening quotation illustrates, the young people seemed to be fed up with repetitive messages about HIV/AIDS. I attended a number of rallies organized to increase awareness of HIV/AIDS during the 2001 and 2002 World AIDS Day events and on other occasions in Dessie. The teaching about AIDS was given side by side with music, short dramatic sketches, and other entertaining activities. This was done to spare young people the boredom that they might otherwise have felt if taught only about AIDS. However, most of the young people were more attracted to the music and dancing than paying attention to the messages about HIV/AIDS. When I asked some of the school pupils why they paid less attention, they complained that the educators talked about what they already knew and expected nothing new. They said that the messages transmitted were repetitive and obvious: about the most common ways HIV is transmitted and prevented.

Although the critical opinion common to all young people of ongoing interventions could be part of their general frustration and negative attitude towards those in authority, the key informants also expressed the same dismay and pessimism with regard to their experience of intervention programmes to halt the spread of HIV/AIDS. They argued that from 1986 to 1991 most people did not talk about HIV/AIDS in Ethiopia, partly because many people did not accept its existence; everybody was silent and in a state of denial. Since then information has been made available through the radio, TV, and fliers to which many young people may not have access, and those involved in HIV/AIDS prevention have not begun to provide continuous and intensive education about HIV/AIDS. They maintained that information and education are two very different things, and the government and NGOs involved in HIV/AIDS education should not aspire to see behavioural change merely as a result of providing information. They argued that most of the teaching is done in towns, and the clubs and NGOs that are operating

⁴ This is not to say that all educational messages were not clear, but to indicate some of the gaps in the information disseminated.

in Dessie have not even gone out to the nearest rural communities such as Gerado to teach about HIV/AIDS. This led them to comment that it is high time to ask how information on HIV/AIDS should be presented. They maintained that what physicians and other educators teach at present is what is written abroad, which they bring and read to large audiences. But what prevails abroad is quite different from Ethiopia. However, no one has given it a serious thought to what extent the situation abroad could effect a change in Ethiopia. They [physicians and other educators] simply bring in these voluminous books and read them to large audiences, without any further explication. Even when they do teach, they use English words. This is very difficult for local people to understand. It would be better if people were not taught at all rather than confusing them, they argued.

The key informants cogently argued that the IEC materials were mostly prepared by central government and non-government agencies based in Addis Ababa, and did not seem to fit the languages and social values of a particular area. For instance, the pictures that appear on posters put up everywhere in the country showed ways in which HIV is transmitted including: needle, syringe, a pregnant woman, a man and a woman in bed and so forth. This led them to state that the posters were not designed by someone who had studied the sharp devices mostly used in rural society such as razor blades and knives. They commented that those responsible for HIV/AIDS prevention did not involve readers at the grass-roots level before producing the IEC materials. They were mostly from the central office in Addis Ababa and prepared by people who were not familiar with the real situation in local communities elsewhere. Pertinently, some of the posters were produced according to foreign cultural standards and were not accepted in local communities.⁵ This implies that HIV/AIDS prevention programmes have employed generalized messages and a top-down approach, which is a replica of many development projects as well.

Both the young people and the key informants maintained that since there was no coordination, the way the HIV/AIDS information was presented and made available seemed inconsistent, confusing, and conflicting. Educators from different organizations talked about different aspects of HIV/AIDS. The information one individual provided on the topic contradicted the information provided by another. During the interviews, many young people told us that they had read something in a newspaper, but had also heard something different on the radio or from schoolteachers or in neighbourhoods, and asked us which version was true. For instance, I heard about teachers who told the students different stories about the protective capacity of condoms. Some said that it can

⁵ For instance, farmers (ten men and five women) in northwest Ethiopia were presented with three different posters related with HIV transmission and prevention, and none of them understood the intended messages of the posters. The posters posted in public places were taken home to decorate the walls (Gebre 1997).

protect up to 97 percent, others put the figure at 50 percent, while others made it 45 percent. The young people considered such inconsistent information confusing and it tempted them into doubting the real existence of the much-talked HIV/AIDS. This suggests that the quality of training and supervision of educators was inadequate. Educators need to be well informed with updated information on HIV infection, AIDS, condoms and condom use, and risky and non-risky sexual practices. Equally important, most NGOs or governmental organizations need to evaluate the impact of their IEC programmes (Kloos *et al.* 2004). Furthermore, young target groups need to be involved in message development, in pilot testing IEC materials and in making changes continually.

In the questionnaire, when school students were asked whether they thought the current HIV/AIDS education programmes targeting youth were effective or not 41 percent responded “Yes” and the other 59 percent “No”. When asked what approaches they thought should be followed to convey educational messages about HIV/AIDS that would attract their attention and bring about a change in behaviour, both school and street youths came up with a number of suggestions:

- ❖ People living with HIV/AIDS should be involved in teaching the public to be aware of the disease by disclosing their HIV/AIDS status. This approach was strongly emphasized by both school students and the street youths at virtually every interview/FGD I conducted, and in almost every informal conversation I had about HIV/AIDS prevention.
- ❖ Educational messages on HIV/AIDS should be presented in the form of narration and novel readings (*be tereca*). Most of them preferred dramas, theatre, art, and films to didactic academic approaches. Dramas and shows that feature characters living with HIV/AIDS or narration and literary works on HIV/AIDS were perceived to be more effective in capturing people’s ears.
- ❖ Strengthening Anti-AIDS Clubs both in schools and out of schools.
- ❖ Group discussions such as the one they were engaged in (the FGDs) and peer education by those who had sufficient and reliable knowledge about HIV/AIDS should be strengthened.⁶ Most of them stressed the need for increased face-to-face education about HIV prevention. The street youths in particular commented that education programmes being conducted in the country, using television and radio, were not very effective, as they did not have access to such media.
- ❖ Messages in the media about HIV/AIDS such as ‘Value your life’ (*le hiwoteh waga sete*), they argued, have bored them and the general public, and attractive messages must be transmitted.⁷

⁶ Most of the young people liked the interactive nature of focus group discussions we conducted, commenting that it gave them the opportunity to explore sexuality and HIV/AIDS with their peers. As indicated in Chapter One, most of them (but not all) showed an enthusiasm and concern for the issues raised, and that there were many debates. Most of the FGDs were held in three or even four sessions and attendance was capacity most of the time. The best example of their interest and commitment to taking part in the discussions was one high school student who travelled to his rural home village every Friday evening to bring food for the week, but cancelled his weekly journey on Friday for the sake of the second session scheduled on Saturday (he left immediately after the last session).

⁷ ‘Value your life’ (*le hiwoteh waga sete*) is the most often heard message conveyed to alert people to protect themselves from HIV/AIDS infection in Ethiopia. Ethiopian Radio invariably broadcasts this short message every now and then just before the news. It is also written on many big billboards.

- ❖ Intensive and continuing education should be given in schools, and sex education, including HIV/AIDS, should be included in the school curriculum.
- ❖ Parents should communicate more openly with their children about HIV. They should teach children about various means of HIV transmission and prevention. The media should play a key role in promoting this sort of programme.
- ❖ The most influential community organizations, especially *iddir* and *kebele* leaders should be involved in HIV/AIDS education.⁸

Developing culture-sensitive interventions seems to be a formidable task that involves reconciling diverse preferences, and more research remains to be done about how best to convey information to young people in an attractive way. Among participants with diverse backgrounds, there will always be some disagreement. But the outcome of the entire discussion suggested more convergence than discordance: most of the young people strongly emphasized the importance of peer education and other types of face-to-face education as the best way of addressing the problem (see Paiva 1995 and UNAIDS 1999). Almost all of the informants (from schools and among the street youths) repeatedly claimed that people living with HIV/AIDS should be involved in teaching them and the general public in order to bring about behavioural change (see also Tadele 2000).

The suggestion, however, was simultaneously both simple and complex. Some of the key informants working for NGOs thought that persuading HIV-positive people to teach in public would not make any difference these days. They claimed that HIV-positive people have already played their role quite successfully and their impact on bringing about behavioural change would be limited. A few years ago, they claimed, many people used to perceive HIV/AIDS as a fake propaganda disease, and it was during that time that the government and NGOs literally forced HIV-positive people to come out and declare their infected status so that people would come to their senses and accept that HIV/AIDS was no mere propaganda. But this is now no longer the case. People now are witnessing the death of family members, relatives, and close friends or at the very least a distant acquaintance as a result of AIDS, and they need no other proof for its being real than that. They maintained that the only thing left for HIV-positive people to do is to share their life experiences so that other people would learn from their mistakes and hopes.

But this is not what is being done these days. Instead, unfortunately they prefer to go into technical details and meddle in things they do not know much about, and they are misinforming the public. They are not professionals and should not go into technical details of which they know so little, if anything at all, they said. They argued that HIV-positive people claim in public that they know when, how, and from whom they got the virus, while in reality they may

⁸ *Iddir* is a traditional association that provides financial and logistic support on the death of the member or the relative of the member. The potential role of *iddir* and *kebele* in HIV/AIDS prevention were examined by Pankhurst and Haile Mariam (2000); Kloos *et al.* (2003).

know nothing about that. They also sometimes portray the disease as a very superficial thing, trying to minimize its importance. The key informants stated that this approach has another drawback, because when a HIV-positive person comes back to his rented house after his day's work to expose his status to as many people as possible, he finds he has already been kicked out of his house. Therefore, some of the key informants concluded that the approach which uses HIV-positive people to teach the public has to be abandoned for good because it is beginning to have more and more negative repercussions than benefits.

I interviewed a number of people living with HIV/AIDS, and they asserted that they are involved in teaching the public in schools, at public gatherings, and in churches; receiving more attention from an audience than the medical doctors or any other professionals involved in teaching. The question now is where does the truth lie? To me it seems that when people look at an AIDS patient on stage portraying himself/herself as a 'victim', the situation creates a bad impression about HIV/AIDS and reinforces its real existence and the need to change sexual behaviour. Therefore, it is not the teaching method or the message that these people convey that matters most, but their appearance on stage. Similarly, the impact of symptom-free HIV-infected persons on stage is an effective way of personalizing the problem and gives a human face to the disease, thus bringing HIV/AIDS close to everyone's life (Roy and Cain 2001; Bolton 1995). Pertinently, in circumstances where seropositivity is perceived as a death sentence, involving PLWAs may provide an image of productive and actively engaged persons living a happy life with HIV/AIDS (Roy and Cain 2001). As some of the key informants argued, letting people living with HIV/AIDS teach about the disease just because they are HIV positive, while they do not know anything about HIV/AIDS, has its own disadvantages. The case study presented in Chapter Six shows how some people living with HIV/AIDS are ignorant about even the basic facts about HIV/AIDS prevention and transmission, and dictates the need to provide intensive training and health education, and involve them in teaching young people and the public at large (see Chapter Nine).⁹

In the questionnaire, school students were asked the following question: "If you and your friends were to receive educational information about sexuality and HIV/AIDS, how would you like this information to be presented [mark only the two most important methods]"; 60 percent indicated dramas, musicals and other literary entertainment shows and by people living with HIV/AIDS; 20 percent opted for dramas, musicals and other literary entertainment shows and groups rather than individual targeting; 10 percent chose dramas, musicals and other

⁹ Since I did not come across any women living with HIV/AIDS who were involved in HIV/AIDS education in Dessie, it seems essential to emphasize the importance of providing a supportive and rewarding environment to motivate them to do so. This strategy could also serve as part of empowering and financially supporting them (particularly those once impoverished).

literary entertainment shows and individually rather than targeting groups, and another 10 percent indicated by people living with HIV/AIDS and in groups rather than individually targeting. The results of the questionnaire reflect that most young people preferred to receive education via dramas, musicals and other literary entertainment shows and by people living with HIV/AIDS to any other options given. They were also asked to indicate one best or most important channel to transmit information that they thought might be listened to by all young people; 50 percent said face-to-face presentation; 40 percent radio and television; and the other 10 percent opted for print media, suggesting that face-to face presentation by peers is the channel most preferred to any other options given. These results show the convergence of qualitative and quantitative information about preferred modes of message delivery.

Obstacles and challenges surrounding intervention programmes

Absence of sex education in schools

Most young people have questions about sex, but in the Ethiopian context, the answers are not always accessible or complete. Most of the participants explained that they did not obtain information about sexuality from their parents, a situation that prevails throughout Ethiopia (Afework *et al.* 1997). They argued that parents may not have the knowledge and moreover be uncomfortable talking to their children about it, and that the children may not be comfortable asking their parents for advice or information. They also noted that the parents believe doing so would be encouraging their children to think more about sex and enter into it at a very early age.

What my family, for instance, may tell me about AIDS is "Hey boy, please take care! There is a merciless disease out there. Otherwise, you will die" This cannot change my sexual behaviour. The picture that we have of sex is a different one and won't be changed by what our families tell us. It cannot help us lead a consciously safer way of life (Grum, 19, student).

Another schoolboy seconded this view:

When they hear about HIV/AIDS prevention on a TV, parents try to warn you, "Please, take care." There are no parents who are duly concerned about this problem and teach their children properly. In our family, my mother tells us that if a thin person shakes our hands, we have to rush to our home and wash our hands with soap in case the thin person contaminates us with HIV (Adebabaye, 16, male).

The main preoccupation of parents with their children's sexuality seems only disease avoidance. It seems that parents did not accord proper emphasis to providing information on how to make sex safer and the required skills of responsible decision-making on sexuality issues. Silence surrounding sexuality

was also common not only between parents and children but also between partners in a relationship or marriage. Young people involved in the study reported that they preferred to “getting down to business” to talking about it.

Therefore, the parents’ and to some extent policy makers’ discourse on sex in Dessie and in all of Ethiopia seems to be that children are not supposed to know about their sexuality. Through this blanket of silence ignorance about sexuality is maintained, and many young people expressed confusion and misperceptions related to masturbation, homosexuality, oral/anal sex, and various sexual positions (see Chapter Five). There is a need to recognize that young people are inquisitive and sexually active, and it may not be possible to protect them from sex through keeping them ignorant. Against this backdrop, providing sex education in school appears necessary. Sex education, however, has not been incorporated as part of the school curriculum in Ethiopia. I put the following question to one of the key informants involved in HIV/AIDS prevention: “What do you think of the plan to start sex education and distribute condoms in schools?” He responded:

Once we proposed the distribution of condoms in schools, but some people rejected it and we weren’t able to do much. The public accused us of spoiling their children by providing condoms, and teaching them about sex. As a result, we have not been able to make much progress, but I think, the benefit outweighs the harm. It is better if they have sexual intercourse using a condom than without it. This, of course, may encourage them to have sex thinking that they are safe. But how many young people actually abstain from sex? No one is abstaining from sex. Most children in this area begin having sex starting from grades 7 and 8. Hence, to minimize the dangers of unsafe sex, sex education should be provided. Distributing condoms would save such a non-abstaining society. We do not just simply encourage sex and we accept it as a culture. Distribution of condoms and sex education are, I think, the effective means of combating the disease.

Kedir is an 18-year-old student and gave typical comments when asked about his views on sex education and condom distribution.

Sex education isn’t given in school now. But I think it would have been very good if it were. Students will grow up with the knowledge of what sex is about, when it should be done and how, what will follow if they start sexual relations while they are still in school and many other such things. [When asked his opinion about condoms being distributed in schools, he replied]: I think it might be good. But getting a condom is not a problem; those who want them can get condoms in every shop (suq).

In the questionnaire, 85 percent agreed and 15 percent disagreed with the question “Should sex education be given in school?” Sex education in school is a very controversial issue for parents and policy makers, but most students seemed in favour of it, highlighting the need to incorporate it into the school curriculum. Schools seem appropriate places to teach young people about HIV prevention (Gallant and Maticka-Tyndale 2004), and a comprehensive education programme

that includes sexuality, STDs/AIDS, drugs, and family-life education should be integrated as part of the curriculum of educational institutions at different levels. There is a need to start early with general issues about sexuality and move gradually into specific details when children reach grades 7 and 8, a time that most students become sexually active. Many lessons, however, remain to be learned about implementing sex education in ways most likely to protect young people from HIV infection. Exploring the needs of young people and possibly asking their parents and other stakeholders what they think should be taught in sex education, and at what age it should be taught is an area that requires further investigation. It should also be noted that although there is a compelling need for comprehensive school-based sexuality and HIV prevention education, school-based programmes cannot reach all youths. Street and other out-of-school youths in particular need to be reached with context-specific information that schools provide to all others.

Whereas 40 percent of school pupils expressed agreement and the other 60 percent disagreed with the question “Should condoms be distributed in the school?” Those who disagreed reasoned that the school is a place where children and young people go in search of knowledge, and teaching about sex and distributing condoms would only be telling the students to have sex whenever they get the opportunity. Not only young people but also some key informants involved in HIV/AIDS prevention strongly opposed the distribution of condoms in school. Some of them even opposed the promotion of condoms to the general public outside schools at all, arguing that condom use promotes promiscuity (see Chapter Six).

Sources from which the participants said they hear about issues of sexuality, safe sex, love, marriage and related issues include: TV and radio, friends (peers), the school mini-media, pornographic films and newspapers or love/erotic magazines. Pornographic films in particular were mentioned as the main source of information (see Chapter Five)

Lack of coordination

“One hand cannot make the sound of clapping on its own”; “Spider webs bound together can tie a lion”; “Fifty lemons are a burden for one person but a gift for 50 people”. These are some of the Ethiopian proverbs that emphasize the importance of cooperation, collaboration, and sharing in carrying out tasks. HIV/AIDS interventions have never been well coordinated in Ethiopia and they are still far from being properly run in tandem. There is a severe lack of coordination between interventions undertaken by different organizations (governmental or non-governmental) and Anti-Aids clubs in Dessie. The Disaster Prevention and Preparedness Commission (DPPC) is the government organ supposed to co-

ordinate and supervise NGOs working on HIV/AIDS and other development activities, but standardized methods for guiding activities do not seem to be in place. As a result, most organizations were not engaged in continued and productive activities or programmes. In the absence of well-coordinated and continuous interventions, it appeared that most of the money was spent in vain.

The head of one of the NGOs dealing with people living with HIV/AIDS (PLWAs) and children orphaned by AIDS argued that there are about 18 NGOs and Anti-Aids clubs working on HIV/AIDS in and around Dessie but none of them was willing to work with the organization he runs. Highlighting the lack of coordination, other key informants argued that people who had received training in HIV/AIDS previously were seen taking the same training again. There was also a duplication of efforts. For instance, they argued that OSSA, the Ethiopian Orthodox Church, and the Ethiopian Evangelical Church, Mekaneyesus, gave training to religious leaders (Christians and Muslims alike), and one single person received the same training four or five times. They likewise commented that who should be trained, why they are trained, and what support they need afterwards were not taken into account.

Limited management and insufficient financial resources

Most of the key informants argued that many of the interventions were only being put into operation because there was money from the World Bank or other sources to be spent on HIV/AIDS, which required that the allocated money spent on projects had to be accounted for before the end of the fiscal year or before the end of the projects. Various organizations found themselves in possession of large amounts of unspent funds and were asked to report back on how they spent these funds. The key informant who headed one of the branch NGOs in Dessie argued:

The same thing happens to us here in our organization. We sometimes find ourselves in possession of large amounts of funds and are asked to report back on how we spent these funds. But that should not have been the way. Projects should not be hurriedly devised because there are funds that should be used up and reports that need to be compiled and sent back, but rather the funds should have come for specific projects after they have been carefully devised and studied. Resources should have been mobilized once projects had been devised, goals set, and priorities identified. Strategies, policies, and plans should all be revised so as to help in the attempt to realize set goals and priority areas.

He went on to argue that funds have been allocated in a certain *kebele* in Dessie for the care and support of children orphaned by HIV/AIDS, and, in the complete absence of such children, these funds were used to support orphaned children in general, no matter what the cause. And where such children were found in abundance the funds were consumed by workshops and seminars that

provided handsome *per diems*. Sometimes the bulk of the budget has been set aside for the support and care of people living with the HIV/AIDS in a hospital that has no such patients even on a list, whereas in places where such patients were present in big numbers, much of the money went into workshops with questionable outcomes.

*So from all this perspective and commenting as an individual, I do not think we are doing the right things or are on the right track, including here in our organization. And I might as well say that in this respect nothing much has been done at all to curb the spread of HIV/AIDS and prevent it from spreading any further. And this may one day, as one priest has reportedly warned in one of our workshops, be taken as a crime against the nation and the public at large, just like the Red Terror (key shiber)! (laughs).*¹⁰

The key informants pertinently commented that these days setting up an NGO or working for an NGO have become lucrative ventures, and that those who run NGOs are concerned only about their survival or personal advantage for which they divert the budget allocated to community development or HIV/AIDS prevention (See also Obbo 1995; Setel 1999; Moyer 2003 for similar accounts in Uganda and Tanzania).¹¹

The discussion implies that the management capacities, accountability, and transparency of organizations working on HIV/AIDS need to be enhanced. Otherwise, the money available may be lost in haphazard training and other questionable activities. Donors should ascertain that the organizations do have the capacity and integrity to work with the money and contribute to the best and newest practices in HIV/AIDS prevention. Providing training to prepare those involved for their responsibilities, and establishing accountability and transparency seems another area of intervention. Importing expensive experts while there are locals who could play the same or a better role in a culture-sensitive way is another drawback that should be rectified.

Paradoxically, while there was evidence of abundance and mismanagement in some cases, there was also scarcity in other cases. Some key informants mentioned the meagre budget allotted to HIV/AIDS prevention as one of the most serious problems they encountered. Except for the recent financial support from the World Bank, they argued that the government funding that had been allocated over the years to fight HIV in Ethiopia was not enough. When I asked the head of

¹⁰ The Red Terror is the name given to the mass murders committed by Mengistu's Marxist regime (Derg) in the 1970s and it is estimated that tens of thousands of students, intellectuals, and politicians perceived to be government opponents were murdered. Except for Mengistu and few other officials who escaped, most of the Derg officials suspected for participating in the Red Terror have been languishing in prison for the last 14 years awaiting trial.

¹¹ It should, however, be noted that not all NGOs are corrupt as there are trustworthy NGOs that are acknowledged for their good deeds.

one of the NGOs in Dessie about the problems that his and other similar organizations are facing, he replied:

We have many problems but the main problem is financial constraints. Most of the people living with HIV/AIDS look miserable. This could be attributed to lack of food and other essential support. Many of them are simply depressed. Some are upset just because they have the virus in their blood. We should be able to teach them that they can co-exist peacefully with the virus. To do this, however, we do not even have enough chairs. We teach them in this hall [small room] by grouping them into different sections. We have five or six groups. To facilitate this, we need chairs and tables. As you can see, the hall is very small, and empty.

Financial constraints (and apparently poor support by schools and parents) seem to have crippled the Anti-AIDS clubs that could have played a crucial role in the fight against HIV/AIDS. Most of the Anti-AIDS clubs I visited did not have a financial capacity adequate to improve their activities and give students a proficient training. They had different problems, including lack of office space and office facilities where they could meet and organize programmes, plus a dearth of guides, manuals, stationary facilities and the like. Furthermore, even though AIDS has existed almost 20 years in the country, Anti-AIDS clubs emerged very recently. Most of the existing clubs in Dessie have been formed within the last three years (see also Kloos *et al.* 2003).

Lack of political will

Political leadership is critical to evincing a strong response to HIV/AIDS. It is reported that some non-Western countries such as Uganda, Senegal, Thailand, and Brazil have succeeded in reducing the rate of HIV infection; although they have used different intervention strategies, the strong government commitment that brought together different stakeholders in the fight against AIDS was the common denominator in all these countries (Campbell 2003). These countries demonstrated how commitment on the part of the leaders and the general public can provide a supportive environment and framework for action. As stated above, the early HIV/AIDS prevention programmes lacked strong government support, and this is still at a far from satisfactory level.¹² The key informants noted that there is little participation from the side of government leaders and professionals in Ethiopia. There are few people in higher positions who actively participate in efforts undertaken to curb the further spread of HIV/AIDS. And this absence of leaders and professionals in the preventive interventions is one factor that has

¹² The fact that the Ethiopian government did not send its representative to an expert meeting on social science and HIV/AIDS organized by Netherlands Development Assistance Research Council (RAWOO) held from 18-20 March 2004 partly substantiates my argument. RAWOO covered all travel expenses to the Netherlands and invited three participants (from the academic community, NGOs, and government) from five African countries; Ethiopia did not send a government representative.

decreased the impact and effectiveness of interventions¹³. When I commented that the government claims that the silence surrounding HIV/AIDS had been broken and asked if there was real commitment to their cause on the part of government and educators, the key informants argued that breaking the silence in its proper sense and meaning does not mean only those people with the virus exposing themselves to the public as carriers. One of the key informants had this to say:

Breaking the silence in its proper sense and meaning seeks to end the indifference of government to the problem of HIV/AIDS. In the Ethiopian case, breaking the silence has been translated to mean "If you have contracted HIV, cry out loud in public and do likewise if you have been orphaned because of AIDS". But breaking the silence is not this. Breaking the silence means that all people should participate actively in intervention efforts without any feelings of indifference and without distancing themselves from such efforts. It means not perceiving the problem as "other people's business".

It is rumoured that many well-known public figures (politicians, sportsmen, artists, academics) have died of AIDS but none of them disclosed the cause of their death to the public. It seems that those who are in the position to get involved and turn the tide are still dwelling in a veiled world, blinding themselves to the danger. Much work remains to be done in tackling the denial and by extension, discrimination problems at every level to demonstrate that the fight against HIV/AIDS is the responsibility of everyone in the country as well as that of the government.

In conclusion, there is a series of multi-level obstacles and challenges surrounding HIV/AIDS prevention in Dessie or for that matter throughout Ethiopia, and understanding these complex problems has a direct bearing on how interventions can be improved.¹⁴ Given the still inadequate interventions (coupled with poverty and other related issues discussed in previous chapters), it is not surprising that Ethiopia has one of the largest infected populations in Africa. These same obstacles, challenges, and mistakes have retarded the whole complex of development projects initiated by the government with financial support from Western countries.¹⁵ In this context, "AIDS demonstrates how economics and

¹³ The Prime Minister of Ethiopia had never been heard to mention HIV/AIDS publicly until September 2001, reflecting that he did not give the problem the urgency that it demands (Degefe *et al.* 2002).

¹⁴ Although the illustrative examples used here were generated in Dessie and Ethiopia in general, the expert meeting from five African countries that I attended recently informed me that these same problems have affected HIV/AIDS prevention across Africa (see RAWOO Expert Meeting, March 18-20).

¹⁵ It should, however, be noted that the Western donors through big financial institutions such as IMF and World Bank push their own development agenda with little input from the beneficiaries (the structural adjustments programme is a case in point). There is no equal partnership in place and most of the development projects are donor driven. The language of development policy (including HIV/AIDS prevention) has become a Western approach with little concern for its appropriateness to local conditions (Campbell 2003). Funding agencies are not willing to recognize that HIV/AIDS

politics cannot be separated from disease; indeed, these forces shape our response in powerful ways. In the years ahead we will, no doubt, learn a great deal more about AIDS and how to control it. We will also learn a great deal about the nature of our society from the manner in which we address the disease” (Brandt 1988: 168 in Farmer 1992: 191).

Conclusion

What are some of the silent themes that have emerged from this chapter? Since it is devoted to reflecting on the efficacy of HIV/AIDS interventions, many of the issues raised above are discussed extensively in Chapter Nine, and I shall be brief here.

First and foremost, messages transmitted to prevent HIV/AIDS were not clearly communicated to young people, and in some cases have resulted in confusion. The ABC prevention paradigm is criticized for being too narrow as an HIV/AIDS prevention strategy. Young people in Dessie and perhaps elsewhere in Ethiopia were not even reached by these narrow messages that do not take structural issues into account. It seems that many of the organizations involved in HIV/AIDS prevention did not pay enough attention to devising effective communication methods and strategies. Not to put too fine a point on it, all leaflets, brochures, radio or face-to-face messages and other IEC materials should be prepared in a language young people can understand, and a key issue is that they themselves should be involved in designing IEC materials (see Chapter Nine).

Contrary to the public discourse about sexual openness in Dessie (see Chapter Two), the majority of households (except for a few elite families) did not discuss sexuality and HIV/AIDS with their children. I was told that there were families that equate talking about sex with actually having sex. When they hear children talking about sex, they assume that they actually would do what they are talking about. They become furious and say, for example, “*You unruly rabble! So you have even started talking about this!*” Many parents in Dessie and more generally in Ethiopia prohibit their children to watch TV programmes that involve sexuality.¹⁶ It appears that there is an urgent need to equip parents with information about sexuality, and instill in them the importance of open and frank communication about sex with their children (Campbell and MacPhail, 2002). Most of

intervention that worked in one country or with some groups within a country may not work in another country or with different groups (Moyer 2003). Nevertheless, the national government should take the lion’s share of the blame for the failure to control the spread of HIV/AIDS.

¹⁶ There is only one government-owned TV channel in Ethiopia, but lately TV Africa was introduced. I heard that TV Africa stopped its transmission because of the complaints from the officials and the general public for airing films that are related to sexuality.

today's parents grew up before there was HIV/AIDS, and talking about sex was more taboo than it is today. As a result, they lack the experience and knowledge to talk about sex with their children, even if they are willing to do so. It is important to provide parents with the information and skills they need to have an effective dialogue with their children. Since children under 15 years of age constitute 46 percent of the population in Ethiopia (CSA 2000), parents could play a significant role in shaping children (tomorrow's men and women) from an early age, thereby contributing to the overall prevention efforts.

Not only are parents and children silent, this study has revealed that there was no discussion about sex in boy-girl relationships, and perhaps even in marriage. Young people tended to say, "We just simply get down to business". This situation may result in unwanted, unanticipated, or regretted sex (Mitchell and Wellings 2002). "Promoting a free atmosphere to talk about sex and sexual experiences in general, without a necessary reference to HIV or other sexually transmitted diseases, must be an important ingredient of HIV/AIDS prevention campaigns" (Campenhoudt *et al.* 1997: 17). Research elsewhere has shown that opportunities to communicate openly about sex, with sexual partners, peers, and parents or other significant adults are more likely to increase safe sex among teenagers (Aggleton and Campbell 2000, in Campbell and MacPhail 2002; Cambell 2003; Piot 2000). Srivastava (2003: 8-10), however contests that "... [T]he secrecy versus openness debate might cover a more complex terrain than usually explored". He sees the secrecy surrounding sexuality as a virtue and criticizes NGO discourse that states: "Sexuality embodies some kind of truth, and that its discovery is the path to light and away from darkness".

"More than a decade of action to fight HIV/AIDS has shown that, while international political, financial and technical support is important, the key to lowering incidence and mitigating impact is a nationally-driven and sustainable agenda. National governments must assume ownership of the HIV/AIDS problem. The responsibility for devising, implementing and evaluating country-level strategies against the pandemic rests with each country" (RAWOO 2002: 15). It appears that contrary to the claims of some reports (Shine 2001), there is relatively little commitment on the part of the government and NGOs working on HIV/AIDS prevention in Ethiopia. The overall responsibility for HIV/AIDS prevention has been given to one of the weakest (severely under-resourced, especially in terms of human capacity) ministries (Ministry of Health) in the country, and the promotion of a multi-sector response to the epidemic as specified in the HIV/AIDS Policy has not yet been accomplished. The multi-sector approach is necessary because HIV/AIDS cuts across a range of sectors (health, education, agriculture, industry, gender, youth, justice and finance) (RAWOO 2002). Given this, other ministries and institutions must engage them-

selves constructively in the important work of preventing HIV infection. Different organizations involved in HIV/AIDS prevention should respect each other's work and establish a national coordinating body, an honest broker that brings different sectors/stakeholders together to learn from one another.¹⁷

Moreover, even the most committed leadership may not be able to make a difference without the participation of various sectors of society (Campbell 2003). Interventions are likely to be more effective when local wisdom and cultural practices are utilized and respected. Political commitment, therefore, requires ensuring the participation of community-based organizations (*idders*: traditional associations that provide financial and logistical support for the bereaved; *equbs*: rotating traditional credit associations; and community elders/leaders, religious leaders, PLWAs, the private sector (business community – including those who run hotels and bars, night-clubs, pornographic film houses, *chat* houses), civil society organizations, schools, academia, and donor agencies in generating culture-sensitive messages, planning, and the implementation of HIV/AIDS prevention strategies (see Kloos *et al.* 2003 for elaborate discussion of the contribution of community-based organizations in HIV/AIDS prevention).¹⁸

More importantly, an enabling environment or channel whereby young people can provide input into local and national debates concerning HIV/AIDS prevention, sex education, condom distribution, and other national agendas like the problem of unemployment, education and similar social development policies must also be created (Campbell 2003). Thus, although the government is expected to play the key leadership role, the crux of the matter is that everybody has to consider the problem of HIV/AIDS as his/her own problem. No one can escape from the economic and social impacts of HIV/AIDS, though they may avoid infection by the virus. For example, it is reported that more than 50 percent of hospital beds in the country is occupied by AIDS patients (Kloos *et al.* 2003), a figure which must have increased these days. Hence, the fact that each and every available bed is occupied by AIDS patients, coupled with the fact that the patients occupying a bed for a long time, shows that there will not be any bed available for an individual who is HIV-negative but who is still sick because of some other cause. These unacceptably high bed occupancy rates are a concern to the government, and efforts are being made to care for AIDS patients increasingly at home (Kloos *et al.* 2003). When we think of HIV/AIDS, we should not

¹⁷ Getting different stakeholders together and running programmes/projects is not an easy task. Campbell (2003) describes how such efforts have failed to achieve their intended goal in South Africa.

¹⁸ Campbell (2003: 195) points out "The potential for local participation to have positive health benefits depends very heavily on the extent to which local attempts by marginalized groups are supported and enabled by the efforts of more powerful constituencies at the regional, national and international levels, and the development of health systems and organizational infrastructure to co-ordinate joint efforts."

only think of an HIV-positive individual who is emaciated with bulging eyes and protruding teeth and who is losing their hair. HIV/AIDS knocks at every door and no one remains unaffected, and there is a need to comprehend its social and economic impact, and consider it everybody's problem (even if one does not have the virus in his/her blood). In some places the prospects for young people to survive are declining as teachers and other leaders die of AIDS. Only acting decisively now to control HIV can ensure that today's young people will have a future as adults.

Taken together, there is a need to accelerate focused and effective HIV/AIDS prevention programmes guided by long-term vision, genuine commitment, and above all national commitment to stop the spread of HIV/AIDS. Those involved in HIV/AIDS prevention should do so "By a sense of moral outrage at the needless waste of human life" and not "by business interests" (Cambell 2003: 159).¹⁹ Urging young people (or rather browbeating them) to change their behaviour without providing culture-sensitive information and enabling their socio-economic environment is tantamount to the blaming the victim. Hence, inclusive, vigorous and culturally sensitive interventions that address prevention, care, and support and empowerment should be launched at once if HIV/AIDS is to be averted (Farmer 1992).²⁰ I end this chapter with a quote from UNAIDS director Peter Piot (2000: 2178):

Successful national programs appear to be characterized by at least seven features: the impact of all actors coming together under one powerful strategic plan; visibility and openness about the epidemic, including involving people with AIDS as a way of reducing stigma and shame; addressing core vulnerabilities through social policies;

¹⁹ As pointed out by the opening quote, AIDS has become a big industry and lucrative business to some actors at the expense of the victims. Although there were some committed NGOs and government organizations, most programmes were ineffective, under-staffed, and without real commitment. This was a unanimous comment I received from my key informants (see Moyer 2003 for similar discussion in Tanzania).

²⁰ I recognize the challenges of trying to implement such vigorous programmes in resource-poor setting, but it may be achievable given the resources are effectively mobilized and efficiently used and the population is aware and involved as a partner, not as subjects, in programmes. Many (certainly not all) of the obstacles and constraints discussed above are amenable to improvement even in a resource-poor setting. In any case, dealing with poverty and launching multi-level HIV/AIDS prevention and treatment is not an easy task (see Nattrass 2004).

recognizing the synergy between prevention and care; targeting efforts to those who are most vulnerable to infection; focusing on young people; and, last but not least, encouraging and supporting strong community participation in the response.

This quotation and what I have tried to illustrate in this chapter and the preceding chapters suggest that HIV/AIDS prevention is a complex task that requires extraordinary responses to reverse the tide (Cambell 2003; Piot 2000). In the next and last chapter, the Conclusion, will look at issues emerged from the entire thesis.

Conclusion: Bleak prospects

We appreciate your travelling all this way in order to hear what we have to say. This interview should not be wasted. If you are interviewing us only for the purpose of saying that this is what the people of Dessie say, it will be useless. The result of this interview should bring a solution to our problems (Aminu, 65-year-old man).

You told us that you are a university instructor. We have taken note of that. We have tried to be as informative as possible. As Aminu said, the information you have gathered should help you create ways, which bring the government and the public together in an effort towards saving the younger generation from its own mistakes. We hope that you will come up with solutions that are advantageous to both the government and the public. We hope this is the will of God (Basha, 63-year-old man).

I am of the same opinion. We have spoken our minds. We thank you for interviewing us. We spoke in all the meetings. If you use this for public purposes, may God bless you (Bekelech, 62-year-old woman).

Farmer (1992: 253) argues: "... [D]escribing suffering, no matter how touchingly, is not a sufficient scholarly response to the explanatory challenges posed by the world pandemic of HIV disease Anthropology is uniquely equipped to investigate a new disorder, but the anthropological study of AIDS should be more than a search for "cultural meaning", that perennial object of cognitive and symbolic inquiry". Bolton (1995: 306) also asks questions: "Unless research informs policy, is it worth doing?" and in Bolton's eyes merely documenting HIV/AIDS or sexual cultures is unethical.

When an interview or FGD was over, I always gave informants the chance to say whatever they wanted to say. The quotations which introduce this chapter were taken from the comments made by three elderly people at the end of an

interview. They pleaded with me to find ways to make sense of the data and be able to respond to AIDS in environments of hardship. Their words carry a strong message for researchers who engage only in theoretical research. The quotes convey at least two messages: First, they show the burden of HIV/AIDS and how old people in Dessie were worried about it. Second, they inform the researchers that theoretical research without policy implications is a luxury in a poor country like Ethiopia. It seems that although I am expected to produce a report that can stand the criticism of academic peers, I am also responsible for conducting research that may benefit the communities studied. Since I interviewed them, my thoughts frequently return to their heartbreaking appeals, and I have been pondering with their plea and how I could conclude this descriptive ethnographic study with practical policy suggestions. As indicated in Chapter One, many people working for different organizations assisted me in the research, in the expectation that it would contribute to a solution to their problems. I wonder how many of those who went out of their way to assist me would have done so had they known that it would make little or no difference. I will return to this question after presenting the key findings of the study.

This study set out to investigate the following four overarching research questions: a) How do young people understand and express sexuality and HIV/AIDS? b) How are poverty and other structural factors linked to HIV/AIDS infection and other processes affecting the sexuality of young people? c) How do young people and key informants receive, interpret, and evaluate ongoing interventions? d) What can be done? Let me now revisit these four questions.

How do young people understand and express sexuality and HIV/AIDS in their daily lives?

The empirical chapter (Chapter Three) began by investigating the relationship between love and money and how young people negotiate relationships. Literature on African sexuality stresses the link between sex and the exchange of cash and gifts (Standing 1992; Schoepf 1995; Nnko and Pool 1995).¹ Much has been written about the 'Sugar Daddy' practice in African countries where young women sleep with older men in exchange for material benefits. In Uganda such young women are jokingly referred to as 'dentists', and the process of getting money is called 'detoothing' (see Campbell 2003). As shown in Chapter Three, the relationship between love and money was indeed very much in the forefront of the minds of the young people in this study. The young men claimed that the

¹ See also Ankomah 1999; Kinsman *et al.* 2000; Nyanzi *et al.* 2000; Van der Geest 2001; Romberg 2001; Mill and Anarfi 2002; Price and Hawkins 2002; Gibson 2004; Nyamnjoh 2004; Van den Borne 2005.

only thing women were interested in was money, and the young women for their part said that men are interested only in sex. Both young men and women tended to construct members of the opposite sex as goal-oriented – devoid of love. The stereotyping of men as subjects of sexual desire and women as objects of money complicates men-women relationships and causes mistrust between the sexes (see Chapters Three and Four). Women in particular were presented as manipulative, and the boys equated women's bodies with 'gold-mining'.

Because of their precarious economic situation, street youths reported that they had never had a loving relationship, but they could only buy sex from prostitutes. For them the link between love, sex, and money appeared simple and straightforward. If money is short, love and sex are also scarce. The impact of such exchanges of gifts or cash on sexual relationships requires further investigation. At the outset, it seems that such transactional love or sex coupled with the masculine behaviour of men may cripple the ability of women to negotiate for safe sex as it entitles male sexual rights to women's bodies (Kaufman and Stavrou 2004). With this established, the interrelationship of the economics of everyday life and sexuality should be taken into account in designing HIV/AIDS preventions. At the same time, however, I argue that loving relationships (without extrinsic benefits) do exist as much as relationships based on transaction.

Chapter Three suggests that mediation by peers is a common way of initiating a relationship. Plummer (1996) argues that, "Sexuality is massively prone to contingent context and metaphorical muddle. Human beings have devised a myriad of metaphors to talk about, think about, write about and perform human sexualities." Young people in Dessie equated sex with war and the one who mediated a relationship was given the designation master-minder/strategist of war (*awagi*). The notion of a relationship as a kind of warfare is elaborated in the way the young men described their strategies to win the love of a girl and ultimately to have sex. The strategy of using mediators reveals how relationships between the sexes among young people first go through the collective social interaction of three or more people, then one-on-one dating, and eventually leading to sex, a love affair, or marriage. This approach seems to be popular in other parts of Africa as well. Nyanzi *et al.* (2000) reported that Ugandan school pupils rely on mediators commonly known as 'dealers', 'catalysts', or 'go-betweens'. However, the mediators in the Ugandan case appeared to be 'professional male brokers' with special rhetorical skills to convince girls, and to demand the payment when the deal succeeds. This contrasts with the situation in Dessie where the mediators (*awagiwoch*-plural of *awagi*) are usually girls, and

they do not explicitly ask for any reward or payment.² The main aim of *awagi* in Dessie is to convince the girl so that she would not be all alone in the affair. The reward is, therefore, a kind of companionship. Although initiating a relationship is the responsibility of boys, it was discovered that girls have developed strategies (often non-verbal ways) to initiate relationships themselves without violating the norms of femininity.

As elucidated in Chapter Four, because of their precarious economic situation and other changes related to urbanization, modernization, and consumer culture, marriage has become expensive and unattainable for many young people. Setel (1999) also notes that entering into marriage has become a difficult prospect for young males in northern Tanzania, but for those concerned about AIDS, it was one they considered seriously. He describes that the inability to purchase a plot of land in town, lack of access to land in the village, and a lack of proper housing or money to build, and a lack of resources for accumulating bride wealth are some of the problems young people face when they intend to get married. Because of similar problems related to marriage and weddings, almost all school students in Dessie viewed premarital sex as inevitable, while at the same time demanding the virginity of girls at the time of marriage.

Though the family is the primary socializing unit that influences the lives of its members, non-familial institutions, including religion, education, and the state are influential in shaping belief systems, including sexual behaviour (Lucas 2001), the depth of religious belief particularly influences teenage sexual behaviour. Studies report that those young people who observe religious customs and teachings are less likely to engage in premarital sex than their less devout peers (Reiss 1967; Moore and Rosenthal 1993). As pointed out in Chapter Four, religion is an important aspect of social, economic, political, and cultural life in Dessie and more generally in Ethiopia. Now the question is: What does belonging or not belonging to a religion signify in terms of sexual behaviour? As reported by young men and women, religion and religiosity did not restrain young people from premarital sex and in fact many of them exploited going to church or the mosque as an escape route from strict parental control. Hence, the relationship between religion, religiosity, and sexuality among youths in Dessie seemed different and contradicted common-sense assumptions and the existing literature (Reiss 1967; DeLamater and MacCorquodale 1979a, cited in Laumann *et al.* 1994; Moore and Rosendal 1993; Paul *et al.* 2000; Rostosky and Wright

² Though it did not come up in the discussions with young men and women, one key informant in Dessie commented that *awagiwoch* are not only women but also men. He said that there are young men who receive some favours and supply girls to rich men. He jokingly stated that some of them supply girls after testing them out themselves.

2003).³ These studies argue that religiosity is associated with the delay of adolescent coital debut. Such apparent tension between religiosity and sexuality in Dessie may reflect the challenge that religious institutions are facing in dealing with sexuality in general and young people's sexuality in particular. Churches or mosques appear to have failed to provide sermons or health education that can attract the younger generation, in which they might have inculcated religious values and norms. In other words, both churches and mosques seem to have not yet fully begun to meet the spiritual needs of today's younger generation beyond telling them to fast, pray, and observe other religious duties. This is not to say that there are no young religious people who observe religious sexual values and norms or examples of counter-normative behaviour. This is a case study that has focused mainly on sexually active young people, and their views may not represent all of their generation. I should emphasize that there are many young devout Christians and Muslims who respect their respective religions stance on sexuality and abstain from sex till marriage. The fact that an increasing number of young people these days seal their marriage with church weddings (*qurban* marriage among Orthodox Christians, which commands strict faithfulness and life-long partnership with little chance of divorce) is an important indicator in the area of religion, religiosity, and sexuality.

Many young people had misconceptions about masturbation, oral sex and other sexual practices (Chapter Five). Most of them perceived masturbation as harmful and wanted us to verify or disprove what they had heard. The sources of their knowledge appeared to be peers and hearsay. It is, however, my impression that masturbation might be more prevalent than the youths admitted, even though their rhetoric was clearly anti-masturbation. Although there is a need to respect the stance of religious institutions on masturbation, other NGOs and governmental organizations involved in HIV/AIDS prevention also need to teach young people safe and healthy practices and attitudes. Masturbation can also be used to exercise with condoms before experimenting with partnered sex. It provides an opportunity to experience sexual feelings and what care should be taken to avoid breakage of condoms (Taylor and Lourea 1992).

For many young people involved in the study, a 'normal sexual citizen' is the one who refrains from anal/oral sex, homosexuality, and 'unusual' sexual positions. In other words, a normal sexual citizen is a heterosexual who sticks to the conventional sexual positions and practices. They also perceived oral and

³ The findings from this study are in agreement with recent survey conducted in Nigeria among 'born again' (members of Pentecostal church) youth. The study concludes that "The sexual behaviour of the study group did not appear to have been influenced by their religious attestations" (Olasode 2004: 12; see also Romberg 2001). The study also argues that silence and secrecy surrounding sexuality is more serious in religious settings, and thus lack of counselling and other youth-focused services explains the apparent mismatch between religiosity and sexuality.

anal sex as the most risky in terms of HIV transmission and outlined several other ‘harmful’ effects. Their views on different sexual practices and orientations (Chapter Five) can be interpreted from different perspectives. Because of a noticeable silence surrounding sexuality, the first explanation could be that they were not informed about these practices and expressed genuine misperceptions. The second is that sex is surrounded by taboos, morals, and restrictions, and most informants did not communicate what they know exactly or what they practised or did not practise. The third could be a misperception for some and denial for others. In all explanations, narratives given by informants “do not in fact take us towards the Sexual Truth: towards a full, absolute, real grasping of our essential, inner sexual nature. ... [Instead], *sexual stories can be seen as issues to be investigated in their own right*” (Plummer 1995: 5, emphasis original).

Chapter Five also revealed that most young people were maintaining multiple sexual partnerships, which some of them attributed to their age. They admitted maintaining one woman for love and others for sex. Similar practices (keeping one girl as a lover and others only for sex) were reported among youths in South Africa. Wood and Jewkes (2001: 321) argue, “Multiple sexual partners, by all accounts virtually universal among boys, was said to be an important defining feature of ‘being a man’. The usual male practice was said to be to have a ‘5-60’ (five-sixty), ‘named after the Mercedes-Benz, the top range of cars’, and described as ‘the one you really love and want to be with all the time’ and, in addition to this, several partners ‘just for sex’ (‘cherries’ or one-night stands).” Multiple-partner sex could also be an expression of masculinity and self-esteem when poverty does not allow them to fulfil customary masculine social roles and expectations (Silberschmidt 2001, 2004). In any case, strategies directed at young people to protect them from HIV/AIDS infection require a more thorough understanding of such sexual practices.

Sexual violence such as gang rape, manipulation, coercion, assault, and verbal threats were found to be common features of young people’s sexual relationships (see Chapters Two, Three, and Five). As shown in Chapter Three, the boys displayed their ability to inflict and contain violence by pretending, for example, to rescue a young woman from a male threat they might have set up themselves. The girls seem to have accepted such macho ideology and the implied threat of violence if they did not succumb. When the young women were asked about the problems which young people, especially girls of their age, face in their daily lives, they stressed that girls have difficulty in going to school and returning home safely as many young boys harass them or sometimes threaten or abuse them physically when they do not accept their offers of ‘friendship’. Similar findings were reported by another study on sexuality in Addis Ababa (see Lucas 2001). Such violent and aggressive behaviour is not only part of masculine

behaviour but also a ramification of high youth unemployment and 'streetism'. Young school-leavers or street youths without the means to further their education or employment opportunities have no options other than hanging around on the streets and harassing school girls and other women. Such widespread sexual violence and harassment of girls by boys causes concern in a society highly affected by HIV/AIDS. It jeopardizes the relevance of abstinence as HIV/AIDS prevention strategy. Therefore, "HIV/AIDS sex education must address the sexual harassment of girls as a serious problem, but in a way that challenges rather than reproduces stereotypes of boys as sexual aggressors and girls as passive objects" (Pattman 2004: 16).

Imbalances in gender power that prevent young women from negotiating relationships, particularly safe sexual encounters, have been documented even in developed countries with liberal democratic systems (Holland *et al.* 1992). Holland *et al.* (1991) report that many of their informants (young women) in Manchester and London had experienced sexual initiation through coercion and force. The distinction between male violence, coercion, and rape and 'normal' heterosexual sex are blurred since the social definition of masculinity in Western culture also portrays men as needing sex. Pertinently, violence against wives is widely tolerated in Ethiopia, and perceived as a domestic affair by the police, and the boys' actions seem part of the broader context. Furthermore, Ankomah (1999) writing about Ghana argues that since men monopolize most of the scarce resources (education, jobs, incomes) and consider themselves the physically stronger gender, their sexual prowess could become more pronounced in developing countries. This means that men are able to demand and almost always succeed in obtaining sexual favours.

Questions such as what exactly HIV/AIDS is and what it represents to young people, what their perception of it is, where it originated, and how it spread produced both conflicting and overlapping discourses, narratives, and metaphors. As a reflection of the impact of lay and scientific beliefs, local explanations or narratives surrounding the alleged origin of HIV/AIDS boil down to four points: a *ferengi* (foreign, mainly American) conspiracy; punishment sent by God; a disease which has been around for a long time under a different name (*amenmin*); and of primate origin. Some young people maintained that Americans sent AIDS to Ethiopia and the rest of Africa to eliminate black people. They thought that *ferengis* did this to reduce the ever-expanding population of Africa. The conspiracy theory that blames America for creating and sending the HIV virus and inventing the condom as a population control strategy is popular across Sub-Saharan Africa (see Setel 1999; Spronk 1999). Farmer (1992) has depicted how Haitians blame, accuse, and see AIDS as the result of American conspiracy. Black people in South Africa also regard safe-sex messages and the use of

condoms as a conspiracy on the part of whites to reduce the size of the black population (Preston-White 1995). This narrative emphasizes the unfair international relations, conflict, greed, inequality, poverty, and hatred that exist between races of First and Third World countries. The blame of the South Africans and Haitians is understandable because of their traumatic history of victimization and colonization. Ethiopia has never been colonized in the strict sense of the term, and the young people's suspicious stance towards whites came as a surprise. The situation corroborates the words of Farmer (1992: 78): "Wherever AIDS strikes, it seems, accusation is never far behind". Many people in Ethiopia (as elsewhere) seem to be critical of US foreign policy and politics, and the paranoia of young people also appears to be a reflection of the wider US foreign policy discourse. In any case, such blame may play an important and often destructive role in the social response to HIV/AIDS (Farmer 1992).

The narrative of a God-sent plague emphasizes sexual modesty (the main message of AIDS education) and constitutes a valuable version of the 'truth' (Mogensen 1997). This narrative discourages casual and multi-partner sex. In this sense, it reflects the dominant narrative of 'sexual promiscuity' or 'accepted risk factor' and the need to change sexual behaviour. This discourse, however, assumes that people are in control of their sexuality and ignores the complex socio-economic circumstances, which surround sexual encounters (Obbo 1995). The narrative also emphasizes sexual moral decadence as a cause of HIV/AIDS and calls for an individual change in the direction of Christianity and Islam to stop the spread of HIV/AIDS.

In short, no agreement was reached as to what HIV/AIDS was, what caused it, and what might prevent it. These different explanations do not seem to oppose each other, and some informants advocated two or more narratives equally without seeming to contradict themselves. *"We sometimes think that it used to exist as amenmin, well it came from the white men (ferengi); we believe sometimes that it is a curse from God and can only be reversed when God takes mercy on us"* (Gebre, 20-year-old street male). HIV/AIDS is a difficult and ambiguous disease and its illusive nature and varied symptomatology prompted young people to give multiple (often contradictory) meanings. HIV/AIDS is, therefore, ambiguous to clinicians, people living with HIV/AIDS, and others who have become acquainted with it in their social networks (Setel 1999). Such conflicting and overlapping discourses about the origin of HIV/AIDS have contributed to diverse and confusing responses and furthermore in little coordination of ongoing HIV/AIDS interventions in the country (see Chapters Six and Eight). The fact remains that all narratives and metaphors influence young people's behaviour towards the disease and should therefore be considered in the wording and the

design of prevention messages targeted at them, importantly without falling into the trap of moralistic stereotypes.

It is interesting to note that young people in Dessie (including people living with HIV/AIDS) did not raise the issue of witchcraft and sorcery as a cause of HIV/AIDS. This is in contrast to most findings from other countries. For instance, Farmer (1992), Setel (1999), and Van den Borne (2005) discussed how people attribute HIV/AIDS to witchcraft/sorcery in Haiti, Tanzania, and Malawi respectively. On the other hand, Haitian narratives did not incorporate HIV/AIDS as a disease sent by God, but rather as “part of the Americans’ plan to enslave Haiti” (Farmer 1992: 230). Within Africa, the Tonga of Zambia did not believe that Americans or Europeans sent AIDS to kill black people. They thought instead that HIV/AIDS is *kahungo*- a disease that affects someone who has failed to follow the prescribed rules for the seclusion of a woman who miscarried (Mogensen 1997).

Most young people confessed that they did not know how condoms work and what precautions should be taken in using them to make them effective (Chapter Six). Those who had experienced sex with and without a condom said that a condom reduces sexual satisfaction and takes away spontaneity. Although FGEA and Anti-AIDS clubs gave away condoms for free, many young people felt too embarrassed to collect them. Buying condoms from shops was a big challenge to many (young or adults), and they sent kids to buy these for them. They also gave vent to a range of myths and misconceptions about condoms. Their reluctance was reinforced by the fact that some institutions and HIV/AIDS activists in general and religious leaders in particular advocated that young people should be chaste until they are married and denounced condom use and their distribution. The question, however, is how many young people can choose and maintain such a life-style in the face of abject poverty and hopelessness.

To prevent misunderstandings, I want to emphasize that I am not against efforts to encourage sexual abstinence; whenever possible, young people should be encouraged to abstain from sex or to maintain faithful relationships. I am also aware that advocating abstinence and a faithful relationship will not provoke the outrage that safe sex messages may generate. Those involved in HIV/AIDS prevention need to recognize, however, what young people are really doing instead of dwelling on how the ideal world should be. Most of the chapters clearly showed that many young people in general and street youths in particular were sexually active and that they were placing themselves and their partners at risk of infection with HIV and other sexually transmitted pathogens. As shown above, most young people were not only sexually active, but also engaged in multiple-partner sex and group rape. In the light of this, focusing on the abstinence message may not be a productive approach. Pertinently, it is naïve to

expect young people living on the streets not to indulge in sex (to escape loneliness and the daily grind of frustration). It is still unrealistic to expect other out-of-school youth or school students to abstain from sex in the absence of recreation facilities and employment and education opportunities. Culture-sensitive sexuality and HIV/AIDS interventions need to take prevailing sexual practices into account, and young people must be provided with the skills and support they need to protect themselves from HIV/AIDS infection (see Mulatu *et al.* 2000). I should also emphasize that unless young people are provided with free or affordable and good quality condoms, the necessary skills and motivation to use them properly and consistently, simply advertising condoms may be obviated as part of the solution.

How are poverty and other structural factors linked to young people's sexuality and HIV/AIDS?

In Chapter Seven, I have attempted to show how sexuality and HIV/AIDS in Dessie and in Ethiopia more generally are strongly interconnected with the political economy of the country (see also Chapter Two). I have tried to distance myself from epidemiologists and other social scientists who have limited themselves to human agency and invoked the 'African sexuality thesis' to explain the HIV/AIDS epidemic. Instead, I have explored the social, political, and economic contexts in which sexual activity among young people takes place and the ways in which such activities are explained and justified. Without understanding the social, economic, and political processes that have created the conditions within which young people live, it seems very difficult to understand the current situation of HIV/AIDS in Ethiopia. Structural factors also provide the context and influence the way young people articulate their concerns and visions, and the ethnographic data that are presented in different chapters are reflections of such structural events (see also Lucas 2001).

All options for the prevention of HIV/AIDS were found problematic among young people in Dessie obstructed by poverty and other structural factors beyond their control. Abstinence is impractical in the face of a bleak future and because of their age. A perception of love is intertwined with the consumer culture, and participants could not maintain one-to-one faithful relationships or enter into marriage as their precarious economic situation and social isolation were an insuperable barrier to this (see Chapters Three and Four). They did not use condoms properly and consistently partly because they did not see the importance of protecting themselves in the face of a hopeless future and partly because of a number of myths and misconceptions associated with condoms (see Chapters Six and Seven). Street youths in Dessie did not mention HIV/AIDS as a priority

in their list of daily concerns and worries (Chapter Seven). They were preoccupied instead with how to obtain their daily food. HIV/AIDS as a problem competed with their worries about their future lives (training and job opportunities) in the hierarchy even among school pupils attending government schools. Solome, Almaz, and Bedelu were all infected as the result of the systematic effects of poverty and not because of lack of knowledge or information about HIV/AIDS (Chapter Seven). Societal response to HIV/AIDS has also been crippled by poverty, drought and subsequent famine, and political instability (see Chapters Two and Eight). This indicates that an individual's capacity to engage in consistent risk reduction of HIV/AIDS infections depends on a number of complex, large-scale, socio-economic forces far beyond information provided about HIV/AIDS transmission or prevention.

The study showed that young people are left in a vacuum and feel useless to their society. They are largely forgotten by the government and the society at large, and are deprived of opportunities that a nation should provide. They seemed to have lost interest in life and its ways, stifled by circumstances beyond their control. I met many young people who were struggling for their daily bread, trying to find shelter, and dealing with other survival issues that most young people from the West could not begin to imagine at such an early age. I visited several Anti-AIDS and amateur journalists' clubs, and saw many school-leavers congregating there just to pass their time. It was depressing to see many street youths, school-leavers and dropouts, and some students (during their free time) just concentrating on the streets or in small houses and gossiping day-in day-out while chewing *chat*. Where else could they go or what else could they do? Most school-age boys seemed to have lost hope of improving their lives through education, as there are little or no training and job opportunities when they finish school. As a result, some young people (students and particularly street youths) argued that they were not happy with their lives and did not care if they caught HIV. Many young people in Dessie engage in risky sexual behaviour when they realize that they have no opportunities to work and live a meaningful life. Lack of training and job opportunities by which they could improve their lives seem to have contributed to the spread of HIV/AIDS by making young people turn their faces to sex and substance abuse in despair as a source of happiness and meaning in their lives.

I must reiterate that though both school students and street youths seemed apathetic, the latter were at particular risk of HIV infection. They did not have access to mainstream prevention messages, and had more misconceptions than school students. Instead of answering our questions most of them were eager to have questions answered (Chapters One and Six). They did not have the social, economic, and cultural capital to negotiate in an increasingly competitive life

successfully. My opening quote to Chapter Seven illustrates how government and society have ignored them and how they are left to fend for themselves at an early age. In their own society, they seem to have been marginalized as ‘strangers’. They did not have an opportunity to hear from parents and other adults that they are loved, valued, and are important as individuals. They have internalized feelings of neglect and worthlessness, and their lives are characterized by low self-esteem and frequent exposure to substance abuse, poverty, and violence. To many of them neither the present nor the future offer any promise. Clearly, great efforts will be needed to address such social and economic conditions, instead of dwelling only on cognitive models.

In other words, interventions such as ABC may not achieve the desired outcome without addressing structural factors. “Individual, psychological intervention approaches will not promote optimum changes in behaviour when structural and environmental constraints are not addressed” (Sweat and Denison 1995, in Setel 1999: 245-246). In the long run, reintegrating young people in general and street youths in particular into society, or at least meeting basic food, employment, and shelter needs to render them receptive to health education, appears to be essential to HIV/AIDS prevention. Even if a vaccine or effective treatment were available, there is a need to realize that AIDS is going to remain for a long time as a disease of the poor and marginalized (like malaria and TB), and efforts to stop its spread should be part of socio-economic development efforts.

The findings reaffirm the growing literature on poverty and HIV/AIDS in different parts of the world (Farmer 1992, 1995, 1999; Campbell 2003).⁴ Campbell for instance, maintains that “The forces shaping sexual behaviour and sexual health are far more complex than individual rational decisions based on simple factual knowledge about health risks, and the availability of medical services” (2003: 7). In her study on *Sex, sexuality and the meaning of AIDS in Addis Ababa*, Lucas (2001: 144) argues “... [N]o matter how immediate or tantamount AIDS seems to outsiders, it is one of many problems in African societies where the more immediate concerns of food, shelter, peace, and stability compete with the government’s and people’s energies”. Lucas goes on to contend that young Ethiopian people perceived poverty, frustrated educational and economic prospects, crime, and idleness as pressing problems, but “HIV was rarely spontaneously mentioned as an immediate priority in [the] young people’s inventory of concerns” (Lucas 2001: 172). Farmer (anthropologist and physician) is perhaps best known for his political and economic approach (including history and culture) to the study of AIDS and other infectious diseases in Haiti (for example, 1992, 1995, 1999). He states, “AIDS is indeed a disorder of poor people, and

⁴ See also Schoepf 1995; Setel 1999; Lucas 2001; Silberschmidt 2001, 2004; Fenton 2004.

becoming so..." (1992: 242), and: "The forces underpinning the spread of HIV to rural Haiti are economic and political as they are cultural, and poverty seems to underlie all of them" (Farmer 1995: 23).

In his study of AIDS in Tanzania Setel (1999: 143) notes, "The behaviours that spread the epidemic are the product of large-scale forces as much as they are of individual choice and character." He argues "Worsening conditions of landlessness and urban poverty translated into conditions of deadly risk in the AIDS era and were exacerbated by north-south relations mediated through structural adjustment" (Sanders and Sambo in Setel 1999: 146). He convincingly argues the need to understand AIDS in broader perspective and "...frame prevention as an issue of social justice and human development" (Setel 1999: 249). His focus lies more on representations of AIDS using social, economic, cultural, and demographic contexts. He pays particular attention to how demographic (overpopulation in Chaga) factors and economic necessity have acted as push and pull factors thereby forcing men to migrate to Moshi, Dar-es-Salaam and other towns in search of a livelihood. He argues that these men left their wives behind and visited them irregularly thereby exposing both sexes to AIDS. Setel's informants emphasized lost cultural values and individual behaviour and character such as an excess of *tamma* (desire for consumption) and *tabia* (bad moral character) as contributing factors for the spread of AIDS.

My informants (including religious leaders), however, emphasized the role of poverty in the spread of AIDS though reference was made to moralistic discourses (see Chapters Six and Seven). The other difference between my argument and that of Setel is that he maintains that education and other modern institutions in Africa have somehow emancipated the local people from poverty. AIDS in Africa has preponderantly affected the educated-urban elite class (medical professionals, teachers, managers), plus truck drivers and other mobile men and women. He argues that those who have moved to urban areas, benefited from modern education, and experienced vertical social mobility became the primary victims of AIDS in Kilimanjaro. This is one of the reasons that Setel described AIDS as 'a plague of paradoxes'. I argue that at the beginning of the epidemic, HIV/AIDS indeed largely affected the urban, rich and educated elites who had the opportunity to travel, but nowadays it predominantly affects the poor and other marginalized groups (see Chapter Seven).⁵ While my study is limited to the current situation, throughout his book, Setel has historicized the problem of sexuality and STDs in much greater depth, often referring to pre-colonial, colonial, and post-colonial periods of Tanzania.

⁵ I must take the argument further and state that Ethiopia or Africa as a whole for that matter is marginalized, and this situation has created the social, economic, and political conditions allowing the HIV/AIDS to thrive throughout the country or the region.

How do young people and key informants receive, interpret and evaluate ongoing interventions?

Young people in Dessie expressed the idea that messages transmitted to prevent HIV/AIDS were ‘boring’ and contradictory (Chapter Eight). That ‘HIV/AIDS fatigue’ could be attributed to messages overloaded with warnings such as “Rush into sex – Rush into AIDS” (Chapter One). By and large, HIV/AIDS messages are not sex positive and may actually stigmatize sex. While teaching them how they could protect themselves against HIV infection, there is a need to talk not only about the dangers but also the pleasures related to sex, thereby attracting them to listen to prevention messages (see Taylor and Lourea 1992; Paiva 1995; Bolton 1995). Although sex positive interventions will provoke outrage in some quarters, and offending some groups of the society is an unfortunately part and parcel of HIV/AIDS interventions, there is a need to strike a delicate balance between the sex-positive approach and the shame and taboo syndromes so long in place, and to convince major stakeholders such as parents and local leaders to come on board. It is wise to anticipate possible public and political/religious reactions to such controversial initiatives, and there is a need to build ground-work and support ahead; otherwise there is a possibility of losing local political support.⁶

The critical opinion of young people who oppose ongoing interventions as discussed in Chapter Eight also seems to have emanated from a lack of their involvement in leadership positions as advocates, peer researchers, partners, peer teachers, and role models in prevention efforts. They are addressed only as a vulnerable group and not as partners in HIV/AIDS interventions. HIV/AIDS prevention, therefore, requires the participation of the young people at whom prevention programmes are targeted. This requires creating a conducive environment for Anti-AIDS Clubs and other organizations created, led, and operated by young people. The Anti-AIDS and Reproductive Health Clubs in Dessie have proved useful in teaching about AIDS through peer education, and need to be promoted more assiduously. One drawback, however, is that peer educators seem to have dwelled on providing simple facts about HIV/AIDS using didactic teaching methods, and there is a need to train and encourage them to teach about the broader issues of sexuality (beyond biomedical explanations of HIV transmission and prevention) using the participatory approach.

⁶ Brummelhuis and Herdt (1995: xv) argue: “Anthropologists have to acknowledge that in many cultures, a sudden introduction of sexual openness might have adverse effects, and even damage long-term efforts to make culturally appropriate interventions. Initiating sex-positive attitudes or practices in an environment where sexuality was hitherto repressed will provoke, and anthropologists must anticipate such, unintended consequences”.

Involving young people and strengthening Anti-Aids clubs converges with the preference of young people in Dessie for more appealing and trustworthy prevention messages to be delivered face-to-face by their peers and people living with HIV/AIDS (Chapter Eight). The fact that most young people in FGDs expressed their satisfaction with and interest in such discussions implies that face-to-face interactive education by peers could be more appealing to them than the printed or electronic media, to which, moreover, most young people and street youths in particular have no access. In addition, relationships in Dessie are usually mediated through peers (*awagiwoch* – plural form), thereby highlighting the persuasive power and influence of peers in sexual decision-making and other aspects of life. It may be possible to use master-minders of the war (*awagiwoch*) to discuss concerns about HIV/AIDS infection, and prevention or safe sex strategies with their ‘fighters’ from both sexes.

Preference for face-to-face education and peer education as acceptable and effective ways of delivering information in particular is consistent with promising results achieved elsewhere in Africa and worldwide. For instance, in Central and Southern Africa, peer education has increased condom use (Vaz, Gloyd, and Trindade 1996; Laukamm-Josten *et al.* 2000; Wolf Tawk, and Bond 2000 all cited in Campbell and Macphail 2002).⁷ The underlying assumption in peer education is that the norms of their peers somehow influence behaviour; this is especially true of young people, and well-liked and respected peers may be able to encourage others to adopt attitudes that promote safer forms of behaviour rather than the high-risk behaviours usually associated with peer norms (Serovich and Greene 1997, cited in MacPhail and Campbell 2001). Undeniably, more individual and small group education provides opportunities for debate, clarification, and more personal interaction (Mill and Anarfi 2002).

Chapter Eight showed the prevalence of silence about sexuality. Most of the school and street girls in the study, for instance, pleaded with us to teach them about the menstrual cycle and how it can be used to prevent pregnancy by having sex only during the safe periods. The silence around sexuality also prompted young people to watch pornographic films (Chapter Five). Reiss suggests that one of the appeals of erotic films is that they show in public what most people keep private. The appeal of pornography rests in this public exposure of sexuality, and “If sexuality were not private, such films would have much less appeal” (Reiss 1986: 33). This highlights the need to provide young people with broader sex education about different sexual practices and counselling about relationships between the sexes, over and above issues related to HIV/AIDS transmission and

⁷ Campbell (2003), however, expressed mixed feelings, pointing out that some peer education programmes have had disappointing outcomes. She calls for more nuanced research to understand the process and mechanisms underlying success or failure of peer education programmes.

prevention (Paiva 1995). Well-designed and tailored school-based sex and HIV/AIDS education may reduce unwanted pregnancies and their unintended consequences, and help young people to make informed and responsible decisions (see Kinsman *et al.* 1999; Gallant and Maticka-Tyndale 2004).⁸

Therefore, in addition to improving the socio-economic situation of young people, the prospect of preventing the spread of HIV/AIDS requires a more contextual understanding of their sexuality. Young people's concerns, fears, perceived pleasures, dangers, and desires related to sexuality should be taken into account when designing HIV/AIDS interventions. Absinia Anti-AIDS club in Dessie, for example, publishes a magazine by the name of Qendil (traditional form of illumination such as candles). The issues covered in the magazine did not appeal to the young people. It seems wise to have a column or to devote a newspaper or magazine entirely to dealing with young people's concerns about, love, relationships, sex, and HIV/AIDS. Like "Straight Talk" or "Young Talk" in Uganda (Bakari 2000), such a magazine should encourage young people to write anonymous messages flowing from their concerns, fears, and ambiguities related to sexuality and HIV/AIDS in order to design interventions based on local meanings, experiences, and concerns about sexuality and broader structural factors in which such local practices and meanings are embedded. Importantly, the major platform for Ethiopian youths to voice their concerns and to discuss and bring these to the attention of the young people and the public at large is the Ethiopian Teenagers' Forum sponsored by UNICEF and held at the Africa Hall in Addis Ababa twice every year (UNICEF 2003). As a representative body of schoolchildren drawn from primary and high schools as well as HIV/AIDS orphans and street children from different backgrounds, this forum could serve as a model for other towns, although sponsorship by local NGOs or Ethiopian organizations or individuals would confer greater flexibility on programmes to address local needs.

Almost all of the school students and street youths involved in the study also repeatedly expressed their preference to be given information or education about HIV/AIDS by people living with HIV/AIDS (PLWAs), though this was opposed by some key informants (see Chapter Eight). To substantiate my argument, let me reflect on the statements of two young adult school pupils:

I prefer to hear from AIDS patients themselves or from people living with the virus. And I think people (especially the young people) would listen better if such people were to tell openly how they contracted HIV and how it destroyed all their plans in their lives (Kedir, 18-year-old male student).

⁸ When I talk about sex education in schools, I should also stress that strategies must be devised to reach street and other out-of-school youths with information and education that suits their life-style.

I do not think that the information the media disseminates about AIDS is sufficient. However, the patients themselves could teach better than the media. That is, it is good if they make themselves available physically, stand on a stage, and give their testimony of what they know about the disease. I believe that there will be a change if AIDS education is given through drama and by the patients themselves in places where people gather such as funeral ceremonies, iddirs, churches, mosques, and schools (Semaw, 22-year-old male student).

Young people in the study said that when HIV-infected persons provide education about the severe consequences of the disease, it touches their hearts and reinforces their wish to change their sexual behaviour. They considered it an effective way to personalize the problem and ‘give a human face to HIV/AIDS’ (see also Mulatu *et al.* 2000; Roy and Cain 2001). Writing about Tanzania, Setel (1999: 219) reports “AIDS educators and audiences often expressed the opinion that prevention messages would be innately more compelling if delivered by someone living with the disease.” It also accords with a well-known Ethiopian saying *Man yarda yekebere man yenager yenebere* (Those who have been to the funeral should be the ones to break the bad news and those who bore witness should speak). Some of the PLWAs involved in teaching the public in Dessie complained that they are being used as teaching material, without their being provided with the necessities of life. People living with HIV/AIDS need to be provided with the necessary training, health care, and a socially and economically supportive environment, to involve them in teaching young people and the public at large.

Another common preference that emerged from the discussion was the young people’s emphasis that education about HIV/AIDS should be provided in the guise of entertainment such as theatre and musicals. Various studies in Africa have recommended using theatre in teaching about HIV/AIDS. In her study of the Tonga of Zambia, Mogensen (1997: 438; see also Schoepf 1995) argues:

The advantage of theatre as a medium is the possibility for the audience to identify themselves with what is played out. Theatre can engage and hold the interest of a large number of people. ... The audience may be involved by either being asked to suggest solutions to problems raised on stage, or spectators may be invited to replace an actor and lead the play in the direction, which seems most appropriate to him or her... Health education should not simply be a transfer of knowledge (that people already know by heart). Rather it should involve people in discussions about this knowledge

To convey key issues underlying the spread of HIV/AIDS, sexuality, and intimacy in a culturally appropriate way, there is a need to shift from Western languages and science to local and traditional communication and socialization processes such as indigenous theatre, drama, story-telling, songs, poems, sayings, metaphors, and proverbs (RAWOO 2002). Dramas may serve as a good strategy

to demystify the condom, connecting its use with love and pleasure instead of categorically instructing young people to “Use condoms”.

In order to furnish additional perspectives and add context to the young people’s narratives on how they receive and evaluate ongoing interventions, I also interviewed people involved in HIV/AIDS prevention. Echoing the voices of the young people, these key informants expressed a deep frustration and disappointment with ongoing interventions. They attributed the ‘HIV/AIDS fatigue’ among young people to the lack of pilot testing and evaluation of ongoing interventions. Since the commencement of interventions in Ethiopia in the late 1980s, no major and systematic analysis of the accomplishments, deficiencies, and failures of preventive programmes has been tried, although one study has recently been carried out on Anti-AIDS clubs (Eshetu 2003).⁹ Similarly, little rigorous research has been conducted in Ethiopia on the development of health education messages and programmes in HIV/AIDS prevention among different social and ethnic groups. This highlights the need to know which strategies work best and are cost-effective on the basis of pilot testing, continually evaluating and updating and involving young people themselves in the design and implementation of the interventions (Pinkerton *et al.* 2002; Piot 2000). There is an urgent need for studies that assess the effectiveness of HIV/AIDS prevention efforts and inform policy and the development of best strategies (cf. Kinsman *et al.* 2001).

The key informants also noted the lack of participation of community-based organizations (iddirs, equbs and others), NGOs, schools, religious institutions, business organizations, and various sectors of society in combating the spread of HIV/AIDS. These institutions are not taken as integral partners in developing, delivering, and evaluating HIV/AIDS prevention messages. They particularly emphasized the importance of ensuring the more active participation of religious leaders in the preventive, care, and support efforts as people are more likely to listen carefully to their religious leaders. Importantly, religious institutions do have an established infrastructure and the ability to reach large numbers throughout the country, highlighting the need to exploit their power and influence in HIV/AIDS prevention.

Because of its size, the Ethiopian Orthodox Church, for instance, has a vast network that reaches down to parish level throughout the country. As discussed above, churches and mosques seem to have failed in shaping the sexual behaviour of young people. The government and NGOs should provide them with training and a supportive environment to allow them to be involved in the issues of reproductive health and HIV/AIDS. Although there is a need to respect the

⁹ Not only are evaluative studies generally weak and neglected in Africa, they are also subject to predetermined political or religious agendas, which affect the outcome of evaluative research or what happens after evaluation (Kinsman *et al.* 2001; Kinsman s.d; Parkhurst 2002).

stance of religious institutions on sexuality, they need to be convinced to convey sermons and HIV/AIDS education messages, which approximate young people's reality. I believe that there are young people with a two-edged sword (educated and religious) who could be used as role models, teachers, and agents of change. The Mahebere Kidusan of the Ethiopian Orthodox Church is a typical example. It is an association that embraces young educated people throughout the country (students and graduates from institutions of higher learning attending Sunday schools in their respective parishes). These are young, energetic people who could convey religious teaching and HIV/AIDS education to other young people by blending worldly and spiritual concerns in a way that would attract them. Since they are successful in school and devout religious believers at the same time, they can also serve as role models. There is a need to enlist similar youth religious movements (if any) from the Islamic, Protestant and other religious communities to develop collaborative programmes with Anti-AIDS clubs, and church Sunday schools and similar parallel structures in the Islamic community.

The key informants also stated that ongoing interventions have never been coordinated. The Ministry of Health and local and international NGOs have been undertaking interventions aimed at preventing the spread of HIV/AIDS since the mid-1980s. These efforts, however, have been inadequate and poorly coordinated, with the upshot that they have had little impact. As discussed in Chapter Eight, coordination seems essential to be able to roll back the epidemic. We should therefore take the advice of an eloquent person living with HIV/AIDS in waging organized war on many fronts. He said:

Take for example what happens during a war. The soldiers won't achieve victory if they do not give each other cover. They have to help one another and strengthen their stand by supplementing each other's defects. And we likewise need to cooperate and help each other (if we are to defeat this enemy) we need to cover each other's back.

There is a need for NGOs and public and private sector institutions to work together more vigorously on prevention, treatment, and care strategies. As shown in Chapter Eight, young people in Dessie and more generally in Ethiopia are exposed to different, often contradictory messages from their families, faith-based institutions, the media, health institutions, and AIDS activists, each trying to impart their own value-laden messages on them, often throwing them into confusion. Increasing the overall impact of a campaign can best be achieved through coordinated efforts, and different actors must respect each other and tell young people about other actors' perspectives – unity in diversity. All concerned stakeholders should come together and find common ground while maintaining diversity. Ethiopians often say that *Der biaber Anbessa yaser* (literally: “spider webs bound together can tie a lion”). Let us foster unity in diversity, both in

rhetoric and action, and bind the lion (HIV/AIDS) tightly before it devours the nation's most precious resource – the young people. How it will be possible to build on the potential for collaboration between different institutions with different dogmatic, organizational, and professional cultures competing for funding and other resources requires further study.

It is often said that the West managed to reverse the HIV/AIDS tide as the result of the high level of government and public commitment and well-developed healthcare facilities. As pointed out in Chapter Eight, a high level of political commitment is also given as a reason for the 'success' of non-Western countries such as Brazil, Thailand, and Uganda (RAWOO 2002; Campbell 2003). The key informants, however, pointed out that the Ethiopian government's response to HIV/AIDS has been relatively low key, particularly during the early phase of the epidemic, when the opportunities to stem its spread were greatest. Even some higher government representatives have admitted a lack of adequate political commitment. As recently as May 2003, the Head of the government's HIV/AIDS Prevention and Control Office (HAPCO) said, "... Except for a few advertisements on state-run television and radio, the government has done little to create awareness about the disease. Most Ethiopians have heard of HIV/AIDS, but there are many misconceptions and safe behaviours are not practiced. Stigma and discrimination are widespread and damaging care and support" (Associated Press 2003).

A supportive policy environment with clear guidelines is crucial to prevent the spread of HIV/AIDS and to provide care and support to those living with HIV/AIDS. Discussions with key informants also revealed that the HIV/AIDS pandemic in Ethiopia can be attributed partly to a weak policy response, especially during the early years of the anti-HIV/AIDS campaign. Moreover, the breaking down of impeding factors such as denial, the social stigma of HIV/AIDS, and the cultural silence or non-disclosure of infection will also require the advocacy and active participation of all levels of the administration, civil society, private organizations, and community leaders. This highlights the need for each government ministry, NGO, and private organization to produce an HIV/AIDS intervention strategy within the context of its own task and working environment, as outlined in the 1998 AIDS Policy and detailed in subsequent strategy statements.

The key informants also noted that HIV/AIDS is becoming a big 'industry', and embezzlement and corruption are spreading fast like the epidemic itself as more funding is becoming available. Ethiopia is one of the countries in line to receive large grants from the Global Fund for HIV/AIDS, TB, and malaria control, from President Bush's Emergency Plan for AIDS Relief and other donors. Although this is good news, pouring large sums of money into poorly

managed programmes in the absence of adequate infrastructure and efficient, transparent, and accountable financial dispersal mechanisms cannot turn the tide (see also Moyer 2003, for similar analysis in Tanzania).¹⁰ Committed, transparent, and democratic leadership at different levels is necessary if funds are to be effectively mobilized and used efficiently. Therefore, any effort to prevent the spread of HIV/AIDS also needs democratization. In the absence of good governance (democracy) and transparency, those who are involved in corruption are not accountable. Democratization and political commitment also require allowing community radio stations to air local information about sexuality, HIV/AIDS and other matters in individual communities. Many non-governmental organizations pay large sums of money to government-owned radio and TV stations to transmit brief messages about HIV/AIDS (personal communication with a man who directs a local NGO in Addis Ababa). This indicates the existence of a barrier to a favourable environment for NGOs, civil society, and other grass-roots organizations being able to work effectively in preventing the spread of HIV/AIDS.

Overall, political commitment can lead to creating an environment and framework conducive to action. In the Ethiopian situation, where the private media, civil society and other population-based groups are not strong in the absence of a necessary democratic experience, it is rather difficult to achieve success through community-based programmes without strong government backing. The government in Ethiopia has traditionally been the major provider of health and social services and otherwise exercised great power and influence in people's lives. By force or consent, the government seems capable of mobilizing support for a course of action to which it is committed. There are numerous NGOs involved in HIV/AIDS prevention, but most of them have limited their programmes to simply disseminating preventive information, often duplicating efforts by other organizations. The government exercises power over NGO activities, gives them directions, and withdraws their operating permits if they do not comply. But although NGOs are not free from government interference, they are not offered proper support and guidance by the government. It may be concluded from the above discussion that success in creating an empowering environment for young people, designing culture-sensitive interventions, and facilitating access to sources of information, and coordination and broad range participation depends primarily on political commitment to guide, facilitate, and support viable efforts by all segments of society. How we can ensure that the

¹⁰ I must note that money that comes from international donors tends to influence national policies, thereby crippling the development of locally driven consensus building, planning, and implementation. Besides this, without a local and national budget, donor-dependent funding cannot be effective in developing sustainable HIV/AIDS prevention programmes. This highlights the need for a change in the philosophy and politics of budgeting, which currently regards social services and social problems not as central focus but as residual issues.

government is committed to fighting HIV/AIDS, while occupied with other political and economic priorities more strongly tied to the nation's existence, is a question that needs further investigation. Perhaps pressure from donors may go only half way in drawing the attention of the government, in view of the fact that local and national initiatives have a more sustaining impact than externally supported ones.

What can be done?

The urgency or immensity of a practical social problem does not entail the assurance of its solution (Merton 1949 in Setel 1999: 236).

Bleak prospects

Although I have highlighted a number of policy issues as articulated by young people and the key informants, I am aware of what can be done in concrete terms remains unanswered. As I pointed out at the beginning of this chapter, I believe that the research we conduct should contribute to ameliorating the problems of communities studied. However, HIV/AIDS prevention cannot be accomplished by a magic bullet or quick fixes, particularly not in a country as poor as Ethiopia. This study highlights that the problem of HIV/AIDS is a more structural difficulty than a matter of individual choice or behaviour. The solution, therefore, is structural transformation, which is impossible to achieve, at least in the near future. "It is not impossible to imagine a world without AIDS, but it is nearly impossible to imagine a world where the existing conditions related to poverty and inequality, conditions that make it possible for AIDS to thrive, have been eradicated" (Moyer 2003: 296).

I decided to entitle this study "Bleak prospects" as everybody involved in the research (including myself) has felt more frustrated than hopeful. Young people were desperate about their economic inability to win love or get married and avoid HIV infection. The young men were frustrated by the anticipation of possible sexual incompetence and voiced double standards expecting that their wives would not have had any experience with sex. They were frustrated with their appalling poverty and bleak future. They were fond of visiting pornographic films that show different, unconventional sexual practices, while strongly denouncing them as abnormal, harmful, alien, and indecent. They seemed frustrated in their attempt to reconcile their desire to explore their sexuality and religious and moral restrictions. They held onto a number of myths and misconceptions, and expressed frustration about the protective capacity of condoms to prevent HIV/AIDS infection. They expressed their disappointment and bleak prospects about messages transmitted to protect them from HIV infection. The

key informants involved in the study also expressed their frustration with and the grim prospects of ongoing interventions.

When I set out to do this research it was, in part with the intention of finding better ways of addressing HIV/AIDS. I had a strong motivation to provide practical suggestions for policy makers to improve HIV/AIDS prevention, but at the end of the day I was left frustrated. Instead of offering controversial and impractical recommendations, I decided to admit defeat and offer this ethnographic open-ended study so that those involved in HIV/AIDS prevention can make use of it. I still trust that by examining young people's views on and experiences of sexuality and HIV/AIDS in the context of poverty, this study has provided insights into the role and interrelations of underlying structural, social, and cultural factors in the context of HIV/AIDS transmission and prevention. My research has not generated 'ground-breaking' findings, but it may contribute to a fuller understanding of the problem of sexuality and HIV/AIDS in Ethiopia in particular and Sub-Saharan Africa in general. Preventing the spread of HIV demands a contextual understanding of young people's sexuality, and I hope that the study has in some degree achieved this end. The study also represents the voices of one the most neglected and marginalized groups, male street youths, in a way that respects their dignity. I, however, remain frustrated because I have not fulfilled one of my objectives and have not responded to the heartbreaking pleas made by the older people in the opening quotes to this chapter.

Glossary of local terms¹

<i>amarəña</i>	official language of Ethiopia.
<i>amānmən</i>	slimming disease/ disease which slims
<i>arāqe</i>	strong local alcohol liquor
<i>ajjəre</i>	Oh! that, the usual
<i>and lä and mäwwäsän</i>	one-to-one faithful relationship
<i>arera</i>	bushy area
<i>astäqqiw</i>	the back stabber/the betrayer
<i>awagi</i> (pl. <i>awagiwo</i> ČČ)	literally someone who gets the ‘war’ going- metaphor used for mediators
<i>awre</i>	wild animal
<i>awraris</i>	rhinoceros
<i>balabat</i>	local notables; a descendant of a distinguished family
<i>bärānda</i>	veranda
<i>bläge</i>	impolite/ intrusive/bumptious
<i>bergo</i> (-woČČ)	hotel room(s)
<i>bərr</i>	Ethiopian currency
<i>bušti</i>	metaphor for <i>a</i> gay person
<i>Č’at</i>	<i>Catha edulis</i> / mild narcotic
<i>Č’ärČs</i>	metaphor for sex
<i>däddäbu</i>	the idiot
<i>dälala</i>	broker
<i>dəmoz</i>	salary
<i>dəmozäz gabČa</i>	temporary <i>marriage</i> , paid labour marriage
<i>därg</i>	literally ‘committee’ it is used in reference to the military government that ruled Ethiopia between 1974 and 1991
<i>dässians</i>	people from Dessie
<i>dičfärānsial</i>	axle - the name of the spare part of a car equated with the part of the body from the waist to the lower thighs
<i>duye</i>	hoodlum
<i>əms</i>	vagina
<i>əqub</i>	rotating credit association
<i>əqa əqa Č’awäta</i>	childhood play
<i>əqa</i>	literally-object, metaphor used for penis
<i>ərkata</i>	(sexual) satisfaction (ejaculation)
<i>ərasen markat</i>	solo sex
<i>ənzəlalənet</i>	carelessness
<i>əst’ifanos</i>	Saint Stephen
<i>əyazənanu mastämar</i>	education with entertainment

¹ In spelling Ethiopian words or personal names in English, we may find many variants. Ethiopians can choose from various preferred forms of transliteration. Wello for instance could be spelled as Wallo or Wollo and Dessie could be Dase or Desse.

<i>ənjära</i> <i>əddər</i>	flat pancakes which are a major staple food in the country traditional association that provides financial and logistic support on the death of the member or the relative of the member
<i>färānj(o ČČ)</i> <i>färi</i> <i>fäəiqəir mas Čcheresšh</i> <i>fəlat səwot'a</i>	foreigner(s), mainly white people cowardly literally a place to consummate love or to have sexual intercourse readiness for sex
<i>gägāmaw</i> <i>gäeräed</i> <i>gəbrä sädom</i> <i>gurāña</i>	the ignorant/uncultured house maid/servant homosexuality boastful
<i>habäša</i> <i>haram</i> <i>hat'yat</i> <i>həywät</i>	informal name for Ethiopians what is forbidden, sin sin life
<i>jənjäna</i>	persuasion
<i>kalsi</i> <i>kəflä-hagär</i> <i>kəlas</i>	sock province (English loan, Class) room (usually rented in the small service quarter)
<i>kāj wädä af</i> <i>kinet lä abyot</i> <i>kəinzæram</i> <i>k'ot' assər</i> <i>kurtu</i>	hand-to-mouth revolutionary music bands over-sexed - usually applied for men marriage preceded by provision of labour local plastic bag
<i>lä həywätəh waga səet</i> <i>listro</i> <i>ləqq</i>	'value your life' shoe-shine boy (sex) unsafe or unrestrained
<i>mahæber qədusan</i> <i>majərat mä Č.</i> <i>mä Č 'ämalä</i> <i>mädhaealem</i> <i>meqsäfət</i> <i>mähandis</i> <i>mānahäriya</i> <i>mättaqäb</i> <i>mätt'äqäm</i> <i>mäwwäsän</i> <i>mərqana</i> chewing <i>chat</i> <i>mudäña</i> <i>musafaris</i>	"Association of Saints" thug messy and unhygienic Holy Saviour catastrophe engineer bus station Abstain Use condom Be faithful good/blissful state of mind or feeling high that follows
<i>nəgus</i>	moody students attending Islamic education king

<i>nät'äla</i> scarf <i>newər</i>	light cotton toga usually used as a dress over the skirt or as a objectionable, indecent, or contemptible
<i>qäbäle</i>	lowest administrative unit, the basic administrative division of a town, neighbourhood association
<i>qändil</i> <i>qäšəm</i> <i>qešəmu</i> <i>qey šəbər</i>	traditional form of illumination such as candles unsophisticated, green the weak/ignorant/half-baked literally Red Terror- mass murder committed by Mengistu's Marxist regime (<i>Derg</i>) in the 1970s
<i>qolet'</i> <i>qula</i> <i>qurban</i> <i>qusəl/quslät</i>	testicle penis Holy Communion wound/ skin rupture/lesion
<i>ras</i>	literally 'head' - the highest traditional title below that of king, conferred on heads of ruling families, provincial governors, and high officials
<i>robit gäbäya</i>	Wednesday market
<i>sat'an</i> <i>säño gäbäya</i> <i>sälen</i> <i>sämanyä</i> <i>särg</i> <i>särga Čən 90</i> <i>säqät'ašeqät' suqo ČČ</i> <i>šəmagəle(-wo ČČ)</i>	closet Monday market local mat made of palm leaves literally 80, civil contract marriage wedding our wedding 90 groceries and retail shops literally old people, men who propose marriage to the girl's family on behalf of another man; go-between
<i>səmmet</i> <i>səmənt qut'ər</i> <i>sega</i> <i>solat</i> <i>sostu yä mä həgo ČČ</i>	feeling, sexual urge number 8 masturbation Islamic prayer literally three principles of M - <i>metaqeb</i> (abstain), <i>mewsen</i> (be faithful) and <i>meteqem</i> (use condom) local name for ABC prevention paradigm
<i>suq</i>	shop
<i>t'ef</i> <i>täj beto ČČ</i> <i>t'äla beto ČČ</i> <i>t'äläfa</i> <i>t'əklil</i> <i>təräka .</i> <i>tet'ä nqär</i> <i>t'eza</i> <i>təloš</i> <i>ts'äbäl</i>	the local grain used for baking injera traditional honey-wine/mead houses traditional beer houses or a house where local beer is served. abduction religious marriage among Orthodox Christians narration go to hell dew wedding gifts holy water
<i>velo</i>	wedding dress
<i>warsa</i>	levirate marriage

<i>wälläyewočč</i>	people from Wello
<i>wäyallawočč</i>	assistants to taxi drivers or fare-collectors
<i>wəswäsa/wətwäta</i>	(peer) pressure
<i>wäräda</i>	district
<i>wät'at t'urätäñočč</i>	young pensioners
<i>yäbätač</i>	an inferior
<i>yäbet läjočč</i>	literally home children, used to refer to women who are not prostitutes
<i>yäbäsäbäsä</i>	<i>rotten</i> bean
<i>yät'äfaw təwləd</i>	lost generation.
<i>Yāmahəts'an männagat</i>	womb disorders
<i>yāmayrābaw</i>	the worthless
<i>yāanjät mähät'at'äs</i>	disruption of the intestine
<i>yä ənnat abbat</i>	literally father's and mother's, conventional sexual position
<i>zämānay</i>	modern
<i>zəmmut</i>	fornication/ adultery, having sex out of wedlock

Acronyms

ABC	Abstain, Be faithful and use Condom
AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral
BBC	British Broadcasting Corporation
CODESRIA	Council for Development of Social Science Research in Africa
CRDA	Christian Relief and Development Association
CSA	Central Statistical Authority
DHS	Demographic and Health Survey
DV	Diversity Visa
EECMY	Ethiopian Evangelical Church, Mekane Yesus
EOC	Ethiopian Orthodox Church
EPRDF	Ethiopian People's Revolutionary Democratic Force
ESLCE	Ethiopian School Leaving Certificate Examination
CYAO	Children and Youth Affairs Organization
FGEA	Family Guidance Association of Ethiopia
FDRE	Federal Democratic Republic of Ethiopia
FGDS	Focus Group Discussions
GDP	Gross Domestic Product
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immuno-deficiency Virus
IEC	Information Education and Communication
IMF	International Monetary Fund
IV	Intravenous
IRIN	United Nations Integrated Regional Information Networks
KAPB	Knowledge, Attitude, Practice and Behaviour
MOH	Ministry of Health
OSSA	Organization for Social Services for AIDS
NACP	National AIDS Control Programme
NGOs	Non-Governmental Organizations
NIMH	National Institute of Mental Health
PLWAs	People Living with HIV/AIDS
RAWOO	Netherlands Development Assistance Research Council
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
WHO	World Health Organization
VCR	Video Cassette Recorder
VCT	Voluntary Counselling and Testing

Appendix A: Questionnaire

The purpose of this questionnaire was to elicit responses from a larger group of young people about issues to do with sexuality and HIV/AIDS that generated heated debate and divergent views during focus group discussion. I focused on very general questions as I thought that intimate questions about sexuality might not produce meaningful answers. An attempt was made to analyse the data while in the field and the key informants (school- teachers, young people running Anti-AIDS Clubs, and other people from the government and NGOs working on sexuality and HIV/AIDS) were given the chance to comment on the results obtained from students

Questionnaire¹

Age

Sex

Religion

Grade level

Name of the school

Questionnaire No.

1. Where do you live?

In Dessie

Outside of Dessie

2. Do you live with your parents?

Yes

No

3. If your answer is no, with whom are you living now?

With relatives

Independently (renting a room)

With friends

Others (specify)

4. What are your worries and concerns in your daily life (mention only two in order of importance)?

The problem of unemployment/future life after completing school

Fear of getting infected by HIV/AIDS

Fear of failure in exams

Fear of failure of relationship

Dependence of most young people on *chat*, cigarette and alcohol

Physical abuse and harassment

Shortage of entertainment/recreational facilities

Others (specify)

¹ It should be noted that these questionnaires were translated into Amharic (local language) and pilot tested.

5. Which religious group confirms better to sexual values and norms of the society?
 Orthodox Christians
 Muslims
 Protestants
 Catholics
 Others (specify)
6. There is a lot of discussion about religion, religiosity and sexuality of young people in this country, and some people say that religion does not have any effect on the sexual behaviour of young people because, for the most part, religious and unreligious are all the same when it comes to their sexual behaviour.
 Agree
 Disagree
7. Sex education should be given and condoms be distributed in school
 Agree
 Disagree
8. What are the circumstances that stimulate you and your peers for first time and subsequent sexual intercourse (if more than one answer, please tick the most common two in order of importance)?
 Peer pressure
 Watching porno movies
 Taking alcohol
 Taking *chat*
 Others (specify)
9. What are some of the places where boys and girls meet and start relationships/sexual intercourse (if it is more than one answer, please indicate only two most frequent places in order of importance)?
 Schools
 Church/mosque
Chat house
 Porno houses
 Bushes/thickets
 Neighbourhoods
 Hotels, cafeterias/shops
 Wedding ceremonies
 Wait keeping
 Night clubs/parties
 Streets
 Others (specify)
10. What are the criteria you would use to trust a partner (if you have a partner or when you will have one in the future- give only one answer)?
 Women/men cannot be trusted at all
 When he or she is very caring
 If he or she is religious
 When he or she is free from substance abuse
 Others (specify)

11. What makes a girl to say 'yes' to a relationship to the point of having sex (if more than one answer only the two most important ones in order of importance)?
 The boy's/man's financial situation
 Love
 Physical beauty/outward appearance
 Peer pressure
 Force/intimidation
 Good manners and conduct
 Fame and popularity of boys/men
 Others (specify)
12. There is a lot of discussion about the way sexual morals and norms are changing in this country, and some people say that if the two partners agree they can have sex the way they please: vaginal, oral or anal.
 Agree
 Disagree
13. Some young people say that masturbation (*sega*) is one way of ensuring one's safety from HIV so that young people should adopt as an alternative sexual practice
 Agree
 Disagree
14. Do you think it is all right for either or both parties in a marriage to have had previous sexual experience?
 It is all right for men
 It is all right for women
 It is all right for both
 It is not all right for both
15. Of the following ABCs of AIDS prevention, which one do you think that young people of your age prefer to practise?
 Abstinence
 Being faithful
 Condom use
16. Do you think that most young people of your age use condom?
 Yes
 No
17. How effective do you think is the current HIV/AIDS education targeting youth?
 Effective
 Not effective
18. Do you think you and your friends have a reasonable amount of accurate knowledge or information about sexuality and HIV/AIDS?
 Yes
 No
19. If you and your friends were to receive educational information about sexuality and HIV/AIDS, how would you like this information presented (if more than one answer, please indicate only two in order of importance)?
 In dramas, musicals and other literary entertainment shows

Organized and presented by young people
In groups rather than being individually targeting
Individually rather than targeting in groups
Dramas and shows that feature characters with HIV/AIDS
Others (specify)

20. What are the best channels to transmit information that you think young people will listen to? (if more than one answer, please indicate in order of importance)?

Print media
Electronic media
Face-to-face presentation
Others (specify)

Appendix B: Selected survey results²*Table 1* Age of respondents

Age	Frequency	Percent
15	49	17.9
16	41	15.0
17	57	20.8
18	47	17.2
19	27	9.9
20	35	12.8
21	8	2.9
23	1	.4
24	3	.7
Total	274	100

Table 2 Religious background of respondents

Religion	Frequency	Percent
Valid		
Orthodox	172	62.8
Muslim	78	28.5
Protestant	16	5.8
Catholic	2	.7
Others	1	.4
Total	269	98.2
Missing	5	1.8
Total	274	100

Table 3 Educational level of respondents

Grade (level)	Frequency	Percent
7	2	.7
8	1	.4
9	77	28.1
10	83	30.3
11	38	9.9
12	80	29.2
14	1	.4
Total	273	99.6
Missing	1	.4
Total	274	100

² Percentage numbers do not add up to 100% because of rounding off decimals.

Table 4 Name of school attended by respondents

Name of school	Frequency	Percent
W/o Siheen (public school)	83	30.3
Hote (public school)	67	21.2
Catholic (private school)	56	16.8
Hope Enterprise (owned by an NGO)	68	24.8
Total	274	100

Table 5 Place of residence of respondents

Place of residence	Frequency	Percent
In Dessie	258	94.2
Outside of Dessie	16	5.8
Total	274	100

Table 6 Those who live and do not live with their parents

Live with parents	Frequency	Percent
Yes	208	75.9
No	66	24.1
Total	274	100

Table 7 If not with parents, with whom do they live?

	Frequency	Percent
With relatives	23	34.8
Renting a room	37	56.0
With friends	6	9.1
Total	66	100

Table 8 Is it right for marriage partners to have had previous sexual experience?

	Frequency	Percent
Right for men	25	9.1
Wrong for both	249	90.9
Total	274	100

Table 9 Of the ABCs of AIDS prevention, which one is preferable to practice?

	Frequency	Percent
Abstinence	185	67.5
Being faithful	44	16.1
Using condom	45	16.4
Total	274	100

Table 10 Religion has no effect on sexuality

	Frequency	Percent
Agree	55	20.1
Disagree	218	79.6
Total	273	99.6
Missing	1	.4
Total	274	100

Table 11 Religious group better conforming to sexual values

	Frequency	Percent
Orthodox	130	47.4
Muslims	70	25.5
Protestants	47	17.2
Catholics	8	2.9
Others	17	6.2
Total	272	99.3
Missing	2	.7
Total	274	100

Table 12 If the two partners agree they can have sex the way they please

	Frequency	Percent
Agree	75	27.4
Disagree	199	72.6
Total	274	100

Table 13 Masturbation should be adopted as an alternative sexual practice to ensure safety from HIV/AIDS

	Frequency	Percent
Agree	72	26.3
Disagree	199	72.6
Total	271	98.9
Missing	3	1.1
Total	274	100

Table 14 Homosexual practices hardly occur among young people in Dessie

	Frequency	Percent
Agree	122	44.5
Disagree	150	54.7
Total	272	99.2
Missing	2	.8
Total	274	100

Table 15 Young people have reasonable information about sexuality and HIV/AIDS

	Frequency	Percent
Agree	102	37.2
Disagree	172	62.8
Total	274	100

Table 16 Do young people use condoms?

	Frequency	Percent
Yes	100	36.5
No	174	63.5
Total	274	100

Table 17 Is the current HIV/AIDS education targeting youth effective?

	Frequency	Percent
Effective	113	41.2
Not Effective	161	58.8
Total	274	100

Table 18 What are the best channels to reach young people?

	Frequency	Percent
Print media	27	10.0
Radio and TV	110	40.0
Face to face presentation	137	50.0
Total	274	100

Table 19 Sex education should be given in school

	Frequency	Percent
Agree	232	84.7
Disagree	41	15.0
Total	273	99.6
Missing	1	.4
Total	274	100

Table 20 Condoms should be distributed in school

	Frequency	Percent
Agree	110	40.1
Disagree	163	59.5
Total	273	99.6
Missing	1	.4
Total	274	100

Table 21 What makes a girl say “Yes” to the relationship?

	Frequency	Percent
Money and fame	69	25.18
Money and intimidation	55	20.07
Money and peer pressure	41	14.96
Love and good manners	41	14.96
Money and love	27	9.85
Money and physical beauty	27	9.85
Money and good manners	14	5.1
Total	274	100

Table 22 The two most likely places where boys and girls meet to engage in a relationship or sex

	Frequency	Percent
School and wedding ceremonies	64	23.35
School and hotels	58	21.16
Bush and hotels	55	20.07
Pornography house and hotels	49	17.88
School and others*	48	17.51
Total	274	100

* Churches , mosques, *chat* houses, wakes, nightclubs etc.

Table 23 Circumstances that stimulate most young people to have sex

	Frequency	Percent
Drinking alcohol, smoking, chat and watching porno movies	161	58.76
Peer pressure	113	41.24
Total	100	

Table 24 Most important criterion for trusting a partner

	Frequency	Percent
Not using addictive substances and if she is religious	186	67.88
If she is caring	88	32.11
Total	274	100

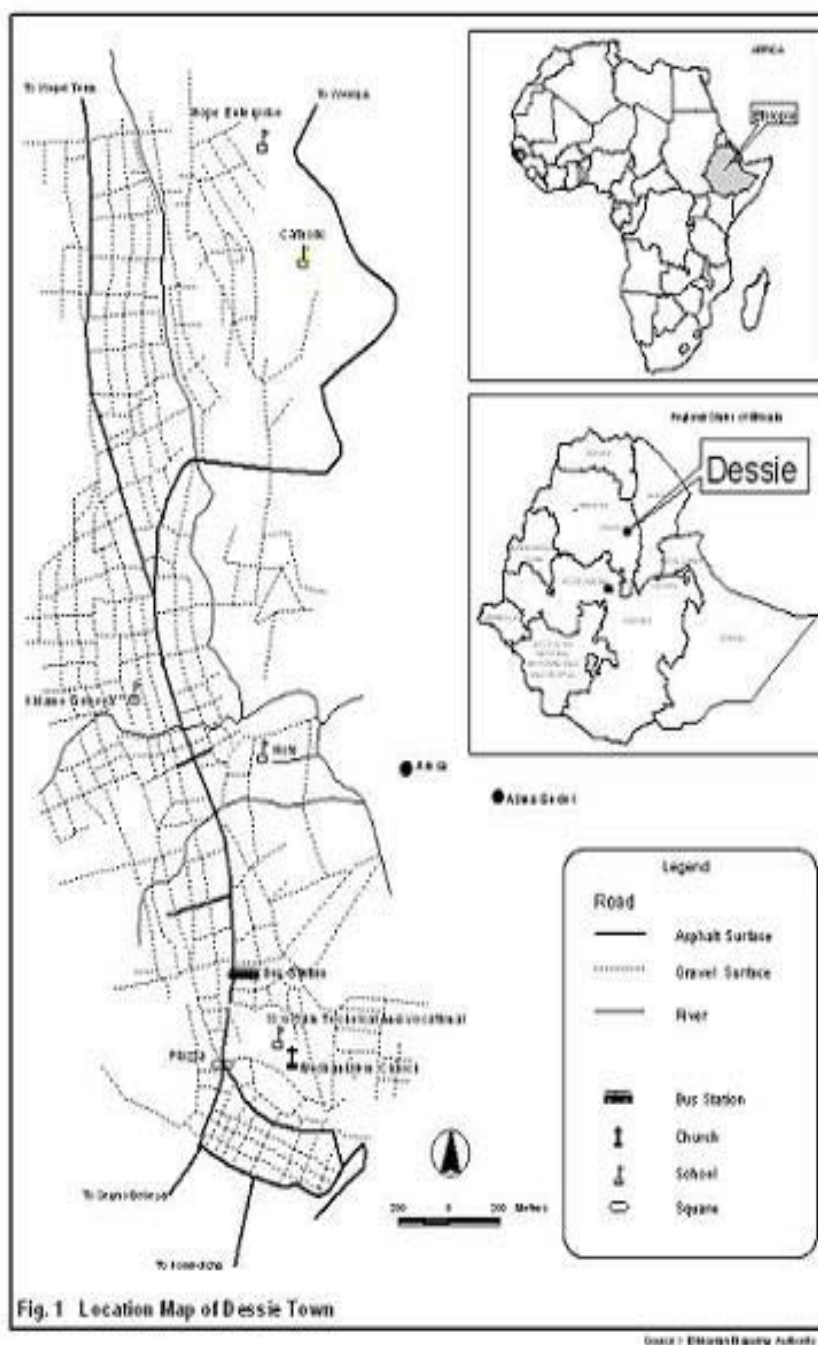
Table 25 The two greatest worries or concerns

	Frequency	Percent
Problem of unemployment and fear of getting infected with HIV/AIDS	216	78.83
Fear of failure in relationships and dependence on addictive substances	30	10.94
Fear of physical/emotional abuse and lack of entertainment facilities	28	10.21
Total	274	100

Table 26 How do young people like information to be presented?

	Frequency	Percent
Entertainment shows and by people living with HIV/AIDS	165	60.21
Entertainment shows and in groups rather than individual targeting	55	20.07
Entertainment shows and individually Rather than targeting groups	27	9.85
By people living with HIV/AIDS and in groups rather than individually targeting	27	9.85
Total	274	100

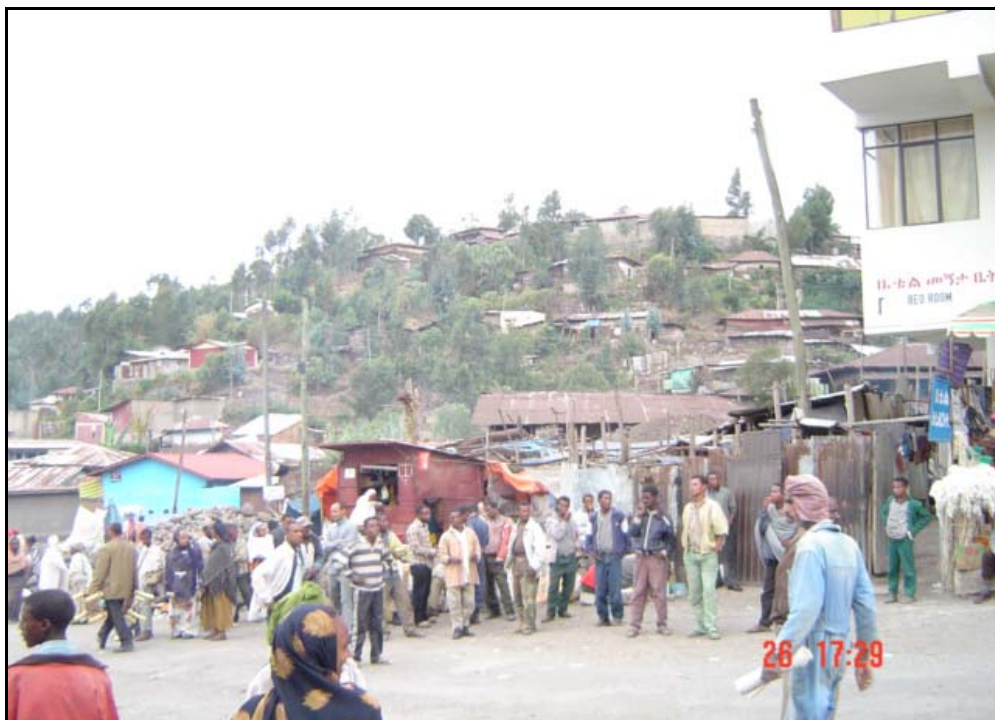
Appendix C: Map of the study area



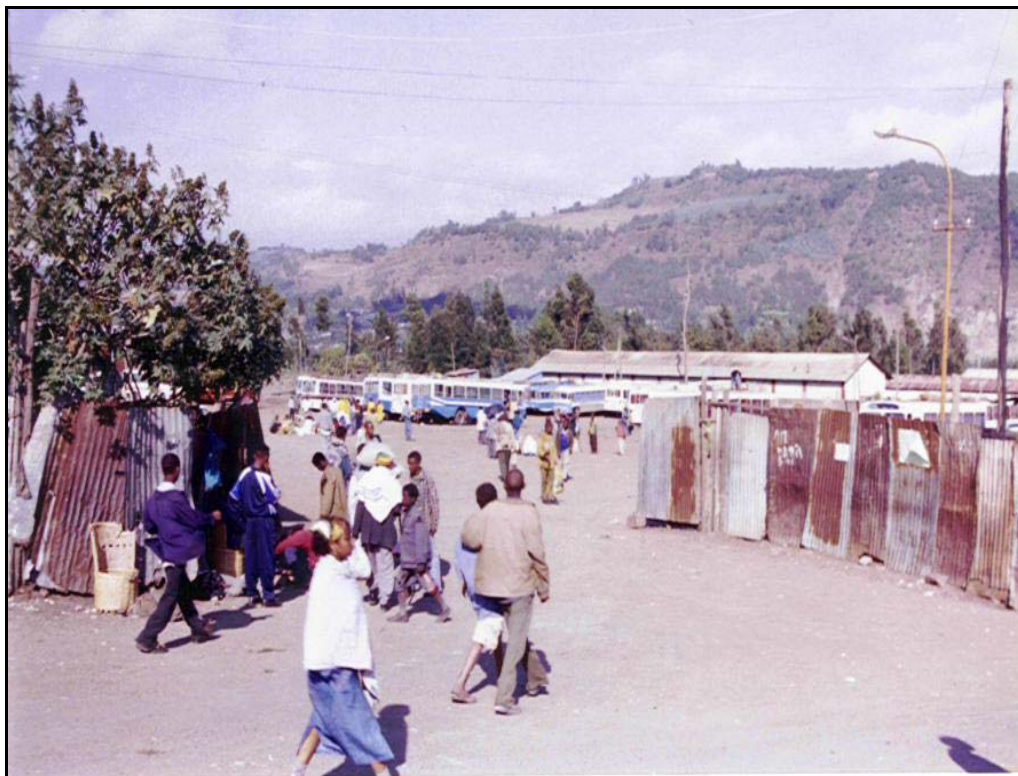
Appendix D: Photographs



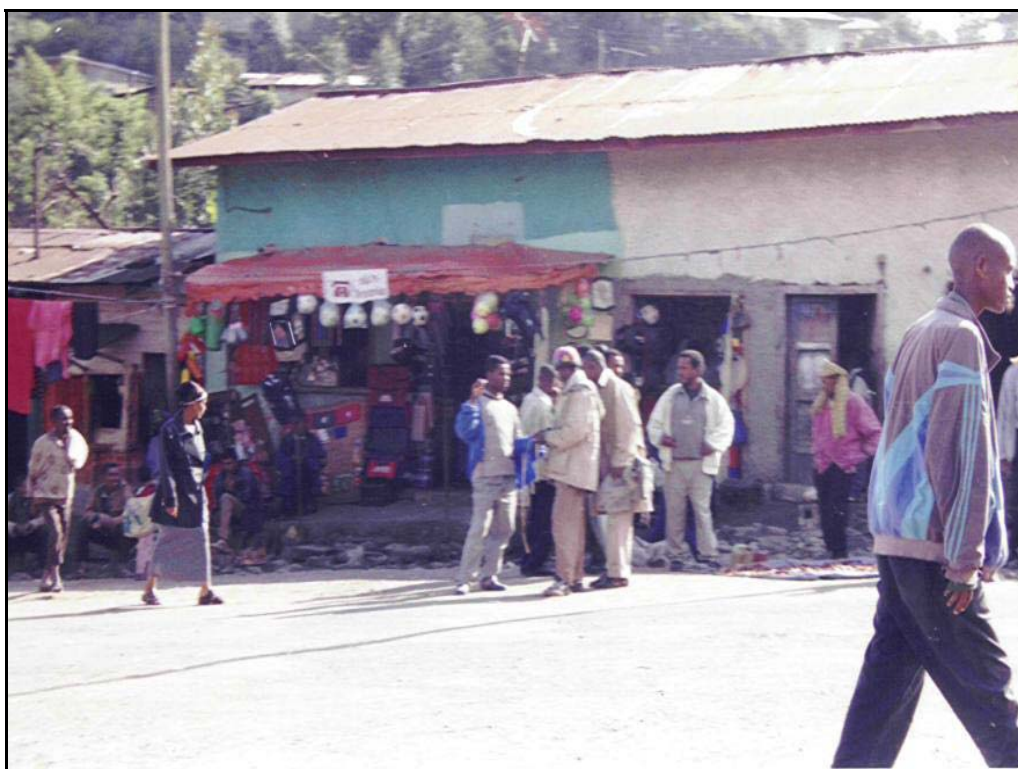
Picture 1: Street boys and some other people hanging around bus station



Picture 2: Street boys and some other people around bus station



Picture 3: Front view of bus station- the place where most of the street boys were recruited



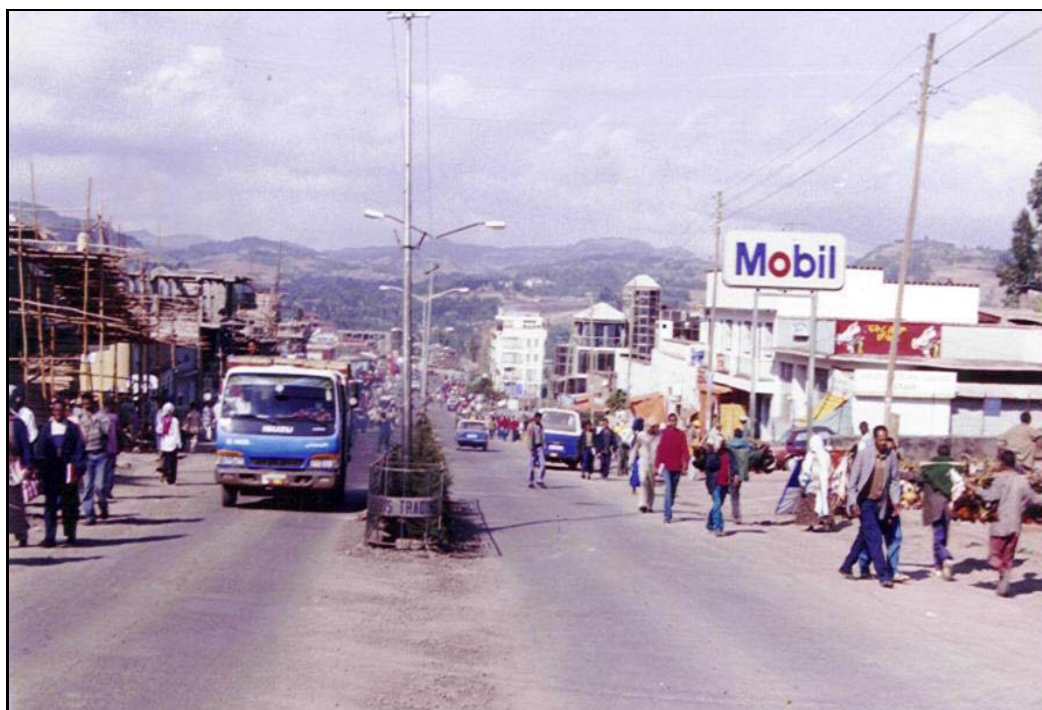
Picture 4: Shop (*suq*) near bus station, which sells everything from local produce to imported goods



Picture 5: Hote High School students leaving the school to make way for the next shift at noon



Picture 6: Second shift students walking to Hote High School at noon



Picture 7: Main Street that runs towards Addis from the north. Most of hotels, cafeterias and other business activities are concentrated on this road. It is also the only road in town where people can get a taxi service



Picture 8: Piazza Square where most shoe-shine boys were recruited



Picture 9: Getahun Fiseha Hotel – one of the hotels in Dessie where young prostitutes congregate

References

- ADMASU, A. (2000), Coping with the challenge of AIDS: The experience of persons living with HIV/AIDS in Addis Ababa. *Northeast African Studies*, 7 (Special Issue 2): 81-100.
- AFEWORK, K.W. *et al.* (1997), Preparation of rural adolescent girls for adulthood in Fitch District, Ethiopia. *Curare*, 11 (Special Issue): 105-112.
- AHLBERG, M.B. (1991), Women, sexuality and the changing social order. The impact of government policies on reproductive behaviour in Kenya. Philadelphia: Gordon and Breach.
- AI, M.A. (1997), A history of Dase Town (1941-1991). MA thesis, Department of History, Addis Ababa University.
- ALTMAN, D. (1995), Politics of sexualities: Meanings and identities in the time of AIDS. In: Parker, R.G. and Gagnon, J.H. (eds), *Conceiving sexuality. Approaches to sex research in a postmodern world*. New York: Routledge, pp. 97-106.
- ANKOMAH, A. (1999), Sex, love, money and AIDS: The dynamics of premarital sexual relationships in Ghana. *Sexualities*, 2 (3): 291-308.
- ASTATKE, H. *et al.* (2000), Use of Jessor's theoretical framework of adolescent risk behaviour in Ethiopia: Implications for HIV/AIDS prevention. *Northeast African Studies*, 7 (1): 63-84.
- AYALEW, T. & BERHANE, Y. (2000) Child prostitution: Magnitude and related problems. *Ethiopian Medical Journal*, 38(3): 153-163.
- BARNETT, T. & WHITESIDE, A. (2002), *AIDS in the twenty-first century: Disease and globalization*. New York: Palgrave Macmillan.
- BELETE, F. *et al.* (1990), Social mobilization and condom promotion among sex-workers in Nazareth, Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 219-224.
- BEYENE, Y. (1992), Medical disclosure and refugees telling bad news to Ethiopian patients. *Western Journal of Medicine*, 3: 328-332.
- BIBEAU, G. & PEDERSEN, D. (2002), A return to scientific racism in medical social sciences: A case study of sexuality and the AIDS epidemic in Africa. In: Nichter, M. and Lock, M. (eds), *New horizons in medical anthropology: Essays in honour of Charles Leslie*. London: Routledge, pp. 141-171.
- BISRAT, F. & PICKERING, J. (1992), KAP study in Harar town high school students on family planning (abstract). *Ethiopian Journal of Health Development*, 6(2): 47.
- BLEEK, W. (1976), Sexual relationships and birth control in Ghana. A case study of a rural town. PhD dissertation, University of Amsterdam.
- BOLTON, R. (1995), Rethinking anthropology: The study of AIDS. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 285-313.
- BOOYSEN, F. L. R. & ARNTZ, T. (2003), The methodology of HIV/AIDS impact studies: A review of current practices. *Social Science and Medicine*, 56 (12): 2391-2405.
- BORNE, F. VAN DEN (2005), Trying to survive in times of poverty and AIDS. Women and multiple partner sex in Malawi. Amsterdam: Het Spinhuis.
- BROWNE, J. & MINICHIELLO, V. (1994), The condom: Why more people don't put it on. *Sociology of Health and Illness*, 16: 229-251.
- BRUMMELHUIS, H. & HERDT, G. (1995), Introduction. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. x-xxiii.

- CALDWELL, J. *et al.* (1989), Disaster in an alternative civilization. The social dimension of AIDS in sub-Saharan Africa. *Population and Development Review*, 15(2): 185-234.
- CAMPBELL, C. (2003), 'Letting them die': Why HIV/AIDS prevention programmes fail. Indiana: Indiana University Press.
- CAMPBELL, C. & MACPHAIL, C. (2002), Peer education, gender and the development of critical consciousness: Participatory HIV prevention by South African youth. *Social Science and Medicine*, 55 (2): 331-345.
- CAMPENHOUDT, L.V. *et al.* (eds) (1997), Sexual interactions and HIV risk: New conceptual perspectives in European research. London: Taylor & Francis.
- CSA (1999), The 1994 Population and Housing Census of Ethiopia: Results at Country Level. Vol. 2, Analytical report. Addis Ababa: CSA.
- CSA & ORC MARCO (2001), Ethiopia Demographic and Health Survey 2000. Addis Ababa: Central Statistical Authority/Calverton, Massachusetts", USA.
- CHAKA, G. (1994), The Church and sexuality with special emphasis on Africa. Paper presented to workshop on "AIDS, a challenge for the churches", Sodere, Ethiopia.
- CLATTS, M.C. (1995), Disembodied acts: On the perverse use of sexual categories in the study of high-risk behaviour. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 241-255.
- CONVERSE, P.J. *et al.* (2003), Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora. *Ethiopian Journal of Health Development*, 17 (Special Issue): 33-85.
- CRDA (2003), Members Activity Data. Addis Ababa: CRDA.
- CRUISE, C.M. (1995), Coming to terms with an epidemic. An anthropological study of young people's beliefs about HIV/AIDS in West Gojjam, Ethiopia. Unpublished report. Addis Ababa: CBM.
- CYAO (1995), Ethiopian youth: Basic challenges and opportunities. Addis Ababa: CYAO.
- DEAR, C. (1994), Learning to survive an epidemic: The influence of HIV/AIDS information on young Ethiopians. Unpublished research paper, University of Edinburgh.
- DEGEFE, B. *et al.* (2002), Second annual report on the Ethiopian economy, Vol II: 2000/2001. Addis Ababa: Ethiopian Economic Association.
- DESTA, S. *et al.* (1990), Prevalence of STD and STD related risk factors in sex workers of Addis Ababa. *Ethiopian Journal of Health Development*, 4(2): 149-153.
- DUURSEN, N. VAN (1998), Beyond control: Sexual experiences in Bombay, India. MA Thesis, University of Amsterdam.
- EECMY (1999), HIV/AIDS/STDs prevention and control program-training manual on HIV/AIDS/STDs prevention and control. Addis Ababa: EECMY.
- EERDEWIJK, A. VAN (2004), The sexuality of girls in Dakar: Seeking pleasure between discourses on danger. Paper presented at the conference on "Pleasure and danger revisited: Sexualities in the 21st century", University of Cardiff, UK.
- ESEHETU, F. *et al.* (1997), The attitudes of students, parents and teachers towards the promotion of and provision of condoms for adolescents in Addis Ababa. *Ethiopian Journal of Health Development*, 11(1): 7-16.
- ESEHETU, H. (2003), National Assessment of Anti-AIDS Clubs in Ethiopia. Two volumes. UNICEF, HAPCO, and Ethiopian Public Health Association, Addis Ababa.
- ESEHETU, H. *et al.* (1993), High-risk behavior and the use of condoms in Nazareth town, Ethiopia (abstract). *Ethiopian Journal of Health Development*, 7(2): 131.
- ESEHETU, H. & SAHLU, T. (1996), The progression of HIV/AIDS in Ethiopia. *Ethiopian Journal of Health Development*, 10(3): 179-190.
- FANTAHUN, M. & CHALA, F. (1996), Sexual behaviour and knowledge and attitude towards HIV/AIDS among out of school youth in Bahir Dar Town, Northwest Ethiopia. *Ethiopian Medical Journal*, 34: 233-242.
- FANTAHUN, M. *et al.* (1995), Knowledge, attitude and practice of family planning among senior high school students in North Gonder. *Ethiopian Medical Journal*, 33: 21-29.
- FARMER, P. (1992), *AIDS and accusation: Haiti and the geography of blame*. Los Angeles: University of California Press.

- FARMER, P. (1995), Culture, poverty and the dynamics of HIV transmission in rural Haiti. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 3-28.
- FARMER, P. (1999), *Infections and inequalities: The modern plagues*. Los Angeles: University of California Press.
- FDRE (1998), Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia. Addis Ababa.
- FDRE, Ministry of Finance and Economic Development (2002), Sustainable Development and Poverty Reduction (Strategy Paper for Promoting Development and Poverty Reduction). Addis Ababa.
- FEDERAL NEGARIT GAZETA (2004), Vagrancy Control Proclamation, 27th January, No. 19. Addis Ababa.
- FENTON, L. (2004), Preventing HIV/AIDS through poverty reduction: The only sustainable solution? *Lancet*, 364: 1186-1187.
- GAGNON, J. H. & PARKER, R.G. (1995), Conceiving sexualities. In: Parker R.G. and Gagnon, J. H. (eds), *Conceiving sexuality: Approaches to sex research in a postmodern world*. New York: Routledge, pp. 3-16.
- GALLANT, M. & MATICKA-TYNDALE, E. (2004), School-based HIV prevention programmes for African youth. *Social Science and Medicine*, 58: 1337-1351.
- GAUSSET, Q. (2001), AIDS and cultural practices in Africa: The case of the Tonga (Zambia). *Social Science and Medicine*, 52: 509-518.
- GEBRE, S. (1990), Sexual behaviour and knowledge of AIDS and other STDs: A survey of senior high school students. *Ethiopian Journal of Health Development*, 4(2): 123-131.
- GEBRE, S. (1993), *Urban poverty and food insecurity: The case of Addis Ababa*. Famine and Food Policy Discussion Paper 8, Washington: International Food Policy Research Institute.
- GEBRE, S. (1997), Survey of KAB on AIDS and ethnographic study of Western Gojjam Zone. Unpublished consultancy report. Addis Ababa: CVM.
- GEBRE-KIDAN, K. & AZEZE, B. (1995), A survey of condom use among college students. *Ethiopian Journal of Health Development*, 9(1): 7-11.
- GEBRU, A. *et al.* (1990), A pilot project for AIDS/STD education in Ethiopian schools. *Ethiopian Journal of Health Development*, 4(2): 231-237.
- GEEST, S. VAN DER (1998), Participant observation in demographic research: Fieldwork experience in a Ghanaian community. In: Basu, A.M. and Aaby (eds), *The methods and uses of anthropological demography*. Oxford: Clarendon Press, pp. 39-56.
- GEEST, S. VAN DER (2001), "No strength": Sex and old age in a rural town in Ghana. *Social Science and Medicine*, 53: 1383-1396.
- GEEST, S. VAN DER (2004), "It is a tiresome work": Love and sex in the life of an elderly woman in Kwahu, Ghana. Paper presented at the CERES Summer School, panel: Culture, Health and Sexuality, Nijmegen, The Netherlands.
- GEEST, S. VAN DER & SARKODIE, S. (1998), The fake patient: A research experiment in a Ghanaian hospital. *Social Science and Medicine*, 47(9): 1373-1381.
- GETAHUN, H. (2001), Marriage through abduction ('*telefa*') in rural northwest Ethiopia. *Ethiopian Medical Journal*, 39: 105-112.
- GEYID, A. *et al.* (1990), Isolates of STD causative agents from sex-workers in Addis-Ababa (a preliminary report). *Ethiopian Journal of Health Development*, 4(2): 155-162.
- GIBSON, D. (2003), Rape, vulnerability and doubt: Issues for healing and care. *Medische Antropologie*, 15(1): 43-64.
- GIBSON, D. (2004), Sexuality, dangerous love and desire in a South African City, Paper presented at the conference on "Pleasure and danger revisited: Sexualities in the 21st century", Cardiff: University of Cardiff.
- GYSELS, M. *et al.* (2002), Women who sell sex in a Ugandan trading town: Life histories, survival strategies and risk. *Social Science and Medicine* 54(2): 179-192.

- HABESELASSIE, S. & TAMERAT, T. (1970), The church of Ethiopia: A panorama of history and spiritual life. Available at <http://www.ethiopianorthodox.org/english/churchhistory/churchhistory1.htm>
- HADDON, C. (1982), *The limits of sex*. London: Michael Joseph.
- HADGU, T. *et al.* (1990), Intersectoral collaboration in AIDS control in Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 97-99.
- HAILU, A. *et al.* (1993), Knowledge, attitude and practice on HIV/AIDS among pupils of a rural high school in northwestern Ethiopia (abstract). *Ethiopian Journal of Health Development*, 7(2): 132.
- HAREIDE, D. (1991), *Vulnerability to famine*. Oslo: The Alternative Future Project.
- HART, A. (1995), Risky business? Men who buy heterosexual sex in Spain. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 135-154.
- HATFIELD, E. & RAPSON, R.L. (1996), *Love and sex: Cross-cultural perspectives*. Boston: Allyn and Bacon.
- HEKMA, G. (1999), Same-sex relations among men in Europe, 1700-1900. In: Eder, F. *et al.* (eds), *Sexual cultures in Europe. Themes in sexuality*. Manchester: Manchester University Press, pp. 79-103.
- HENZE, P. (1993), Movement toward modernization. In: Kloos H. and Zein Z.A. (eds), *The ecology of health and disease in Ethiopia*. Boulder, Oxford: Westview Press, pp. 9-28.
- HOLLAND, J. *et al.* (1991), Between embarrassment and trust: Young women and the diversity of condom use. In: Aggelton, P., Davies, P. and Hart, G. (eds), *AIDS: Responses, interventions and care*. London: Falmer Press, pp. 127-148.
- HOLLAND, J. *et al.* (1992), Pleasure, pressure and power: Some contradictions of gendered sexuality. *The Sociological Review*, 40: 645-674.
- HOLLAND, J. *et al.* (1998), The male in the head: Young people, heterosexuality and power. London: Turnell Press.
- IRIN (2003), Leaders urged to make more effort in fighting HIV/AIDS. Available at: http://www.irinnews.org/AIDSreport.asp?ReportID=2281&SelectRegion=Horn_of_Africa
- IRIN (2004), Ethiopia focus on street children project. Available at: http://www.irinnews.org/report.asp?ReportID=39760&SelectRegion=Horn_of_Africa
- ISMAIL, S. (1993), High-risk behaviour for the spread of HIV infection into rural Ethiopia (abstract). *Ethiopian Journal of Health Development*, 7(2): 130.
- ISMAIL, S. AND LARSON C.P. (1995), Urban to rural routes of HIV infection spread in Ethiopia. *Journal of Tropical Medical Hygiene*, 9(1): 338-342.
- ISMAIL, S. *et al.* (1997), High risk sexual behavior for STD/HIV, pregnancies and contraception among high school students in a rural town, north-western Ethiopia (abstract). *Ethiopian Journal of Health Development*, 11(1): 29-36.
- ITE, U. (1997), Home, abroad, home: The challenges of postgraduate fieldwork 'at home'. In: Robson, E. and Willis, K. (eds), *Postgraduate fieldwork in developing areas: A rough guide* (2nd edition). Monograph No. 9, DARG, pp. 75-84.
- JUBILEE RESEARCH (2004), Doing nothing for Ethiopia: A briefing on Ethiopia's debt, February 2004. Available at: <http://www.jubileeresearch.org/>.
- KALERA, A. (2004), AIDS-talk in everyday life: The presence of HIV/AIDS in men's informal conversation in Southern Malawi. *Social Science and Medicine*, 59: 285-297.
- KAMMERER, C.A. *et al.* (1995), Vulnerability to HIV infection among three hill tribes in northern Thailand. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 53-75.
- KASHUBECK, S. & STONE, A.M. (1996), The AIDS-related knowledge, attitudes, and behavioural skills of Hispanic and Anglo women. Paper presented at the American Psychological Association Conference (August 9-13), Toronto, Canada.
- KAUFMAN, C.E. & STAVORUS, E. (2004), 'Bus fare please': The economics of sex and gifts among young people in urban South Africa. *Culture, Health and Sexuality*, 6(5): 377-391.
- KELLO, A.B. (1998), Impact of AIDS on the economy and health care services in Ethiopia. *Ethiopian Journal of Health Development*, 12(3): 191-201.

- KENNETH, L.J. *et al.* (1977), *Sex and people*. New York: Harper & Row.
- KERKWIJK, C. VAN (1995), The dynamics of condom use in Thai sex work with farang clients. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 115-134.
- KHODAKEVICH, L. & ZEWDIE, D. (1993), AIDS. In: Kloos, H. and Zein, Z.A. (eds), *The ecology of health and disease in Ethiopia*. Boulder and Oxford: Westview Press, pp. 319-337.
- KLOOS, H. (2001), HIV/AIDS in Ethiopia: The epidemic and social, economic and demographic impacts. Paper presented at the International Conference on Contemporary Development Issues in Ethiopia, Kalamazoo, Western Michigan University.
- KLOOS, H. & HAILE MARIAM, D. (2000), HIV/AIDS in Ethiopia: An overview. *Northeast African Studies*, 7(1): 13-40.
- KLOOS, H. *et al.* (2003), Community-based organizations in HIV/AIDS prevention, patient care and control in Ethiopia. *Ethiopian Journal of Health Development* (Special Issue), 7(2): 13-33.
- KLOOS, H. *et al.* (2004), Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: 2003 update. *Ethiopian Journal of Health Development*, 18(1): 57-64.
- KINSMAN, J. (s.d), HIV prevention in Uganda: Untangling the research-policy-practice process during a period of rapid change. PhD research in progress, University of Amsterdam.
- KINSMAN, J. *et al.* (1999), Implementation of a comprehensive AIDS education program for schools in Masaka District, Uganda. *AIDS Care*, 2(5): 591-601.
- KINSMAN, J. *et al.* (2000), Socializing influences and the value of sex: The experience of adolescent schoolgirls in rural Masaka, Uganda. *Culture, Health and Sexuality*, 2(2): 151-166.
- KINSMAN, J. *et al.* (2001), Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda. *Health Education Research*, 16: 85-100.
- KORRA, A. & HAIL, M. (1999), Sexual behaviour and level of awareness on reproductive health among youths: Evidence from Harar, Eastern Ethiopia. *Ethiopian Journal of Health Development*, 13(2): 107-114.
- LAMBERT, H. & WOOD, K. (2003), Dirty bodies, clean talk? Sexuality, health and communication in India and Africa. Paper presented at "Sex & Secrecy Conference", Johannesburg, South Africa: University of Witwatersrand.
- LARSON, C. *et al.* (1991), Risk behaviours for HIV infection: Their occurrence and determinants in Jima Town, Southwestern Ethiopia. *Ethiopian Medical Journal*, 29: 127-36.
- LAUMANN, E. O. *et al.* (1994), *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.
- LAUMANN, E.O. & GAGNON, J.H. (1995), A sociological perspective on social action. In: Parker, R.G and Gagnon, J.H. (eds), *Conceiving sexuality: Approaches to sex research in a postmodern world*. New York: Routledge, pp. 183-213.
- LEVINE, D.N. (1972), *Wax and Gold: Tradition and innovation in Ethiopian culture* (5th edition). Chicago: University of Chicago Press.
- LIPSKY, G.A. (1972), *Ethiopia: Its people, its society, its culture*. New Haven: HRAF Press.
- LUCAS, R. (2001), Sex, sexuality and the meaning of AIDS in Addis Ababa, Ethiopia. PhD dissertation. Ann Arbor: University of Michigan.
- LYDALL, J. (2000), The threat of the HIV/AIDS epidemic in South Omo Zone, Southern Ethiopia. *Northeast African Studies*, 7(1): 41-62.
- LYONS, A.P. & LYONS, H.D. (2004), Has anthropology really rediscovered sex? Paper presented at the conference "Pleasure and Danger Revisited: Sexualities in the 21st Century", Cardiff: University of Cardiff.
- MALINOWSKI, B. (1932), *The sexual life of savages in northwestern Melanesia: An ethnographic account of courtship, marriage and family life among the natives of the Trobriand Islands, British New Guinea*. London: Routledge & Kegan Paul.

- MELEKU, H.G. (1994), The church and sexuality: Societies' view and tradition. Paper presented at the Workshop on "AIDS: A Challenge for the Churches", Sodore, Ethiopia
- MEQUANINT, Y. (2004), Beyond knowledge: Patterns of sexuality and correlates of high-risk behaviour among urban youth in Addis Ababa, Ethiopia. MA thesis, Department of International Community Health, University of Oslo.
- MIHRET, M. *et al.* (1990), HIV-1 infection and related risk factors among female sex-workers in urban areas of Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 177-182.
- MIHRET, M. *et al.* (1990), Pregnancy/STD protective means used by HIV female sex-workers in Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 139-142.
- MIHRET, M. *et al.* (1990), HIV-1 Infection and some related risk factors among female sex-workers in Addis-Ababa. *Ethiopian Journal of Health Development*, 4(2): 171-176.
- MILL, J. E. & ANARFI, J.K. (2002), HIV risk environment for Ghanaian women: Challenges to prevention. *Social Science and Medicine*, 54(3): 325-337.
- MITCHELL, K. & WELLINGS, K. (2002), The role of ambiguity in sexual encounters between young people in England. *Culture, Health and Sexuality*, 4(4): 393-408.
- MITIKE, G. (2002), Key findings: Behavioral surveillance survey, round one. Unpublished report. Department of Community Health, Addis Ababa, Addis Ababa University.
- MOH, Disease Prevention and Control Department (2002), AIDS in Ethiopia, 4th ed. Addis Ababa: MOH.
- MOLLA, M. *et al.* (2002), Sexual violence among female street adolescents in Addis Ababa. *Ethiopian Journal of Health Development*, 16(2): 119-128.
- MOGENSEN, H.O. (1997), The narrative of AIDS among the Tonga of Zambia. *Social Science and Medicine*, 44(4): 431-439
- MOOR, S. & ROSENTHAL, D. (1993), *Sexuality in adolescence*, London: Routledge.
- MOYER, E. (2003), In the shadow of the Sheraton: Imagining localities in global spaces in Dar es Salaam, Tanzania. PhD dissertation, University of Amsterdam
- MULATU, M. & HAILE, D. (1996), Sexual risk behaviour and condom use among Ethiopian high school adolescents. Paper presented at XI International Conference, Vancouver, Canada.
- MULATU, M. *et al.* (2000), Psychosocial and contextual determinants of past and intended condom use among Ethiopian secondary school students. *Northeast African Studies*, 7(1): 85-108.
- MUNICIPALITY OF DESSIE TOWN (2000), Strategic Plan of Dessie Town (2001-2006). Unpublished Amharic report: Dessie.
- MURRAY, A. & ROBINSON, T. (1996), Minding your peers and queers: Female sex-workers in the AIDS discourse in Australia and South-east Asia. *Gender, Place and Culture*, 3(1): 43-59.
- NATIONAL AIDS COUNCIL (2001), Strategic Framework for the National Response to HIV/AIDS in Ethiopia (2001-2005). Addis Ababa.
- NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) (s.d.), AIDS prevention strategies that work: A review of NIMH-sponsored research.
- NATTRASS, N. (2004), *The moral economy of AIDS in South Africa*, Cambridge: Cambridge University Press.
- NEGASA, H. *et al.* (1990), Profile of AIDS cases in Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 213-217.
- NENCEL, L. (2005), Heterosexuality. In: Essed, Ph.E. *et al.* (eds.), *Blackwell companion to gender studies*. Oxford: Blackwell, pp. 132-142.
- NKO, S. & POOL, R. (1995), School pupils and the discourse of sex in Magu District, Tanzania. TANESA Working paper no. 3.
- NYAMNJOH, F.B. (2005), Fishing in troubled waters: Disquettes and Thiofs in Dakar, *Africa*, 75 (in press).
- NYANZI, S. *et al.* (2000), The negotiation of sexual relationships among school pupils in south-western Uganda. *AIDS Care*, 13(1): 83-98.

- OBBO, C. (1995), Gender, age and class: Discourse on HIV transmission and control in Uganda. In Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 79-95.
- OLASODE, O.A. (2004), Survey shows up disparities between talk and practice: Nigerian Christian youth and sexuality. *Sexuality in Africa*, 1(1): 11-12.
- PAIVA, V. (1995), Sexuality, AIDS and gender among Brazilian teenagers. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 97-114.
- PANKHURST, A. & HAILE MARIAM, D. (2000), The iddir in Ethiopia: Development, social function, and potential role in HIV/AIDS prevention and control. *Northeast African Studies*, 7 (Special Issue 2): 35-57.
- PANKHURST, R. (1990), A social history of Ethiopia: The Northern and Central Highlands from Early Medieval Times to the Rise of Emperor Tewodros II. Addis Ababa: Institute of Ethiopian Studies.
- PANOS INSTITUTE (1992), The hidden cost of AIDS: The challenge to development. London: Panos Institute.
- PARKER, R. (1995), The social and cultural construction of sexual risk, or how to have (sex) research in an epidemic. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 257-269.
- PARKER, R. (2001), Sexuality, culture and power in HIV/AIDS research. *Annual Review of Anthropology*, 30: 163-179.
- PARKER, R. & EHRHARDT, A.A. (2001), Through an ethnographic lens: Ethnographic methods and comparative analysis and HIV/AIDS research. *AIDS and Behaviour*, 5 (2): 105-114.
- PARKHURST, J.O. (2002), The Ugandan success story? Evidence and claims of HIV-1 prevention. *Lancet*, 360: 78-80.
- PATTMAN, R. (2004), 'Boys and girls should not be too close': Sexuality, the identities of African boys and girls and HIV/AIDS education. Paper presented at "Pleasure and danger revisited: Sexualities in the 21st century", Cardiff: University of Cardiff.
- PATTON, M.Q. (1990), Qualitative evaluation and research methods, 2nd ed. London: Sage.
- PAUL, C. *et al.* (2000), Sexual abstinence at age 21 in New Zealand: The importance of religion. *Social Science and Medicine*, 51(1): 1-10.
- PETROS, B. *et al.* (1997), AIDS and college students in Addis Ababa. A study of knowledge, attitude and behaviour. *Ethiopian Journal of Health Development*, 11(2): 115-123.
- PETROS, P. (2002), The Impact of AIDS orphans on development: The case of Addis Ababa. MA thesis, Regional and Local Development Studies (RLDS), Addis Ababa University.
- PINKERTON, D.S. *et al.* (2002), A Review of the cost-effectiveness of interventions to prevent sexual transmission of HIV in the United States. *AIDS and Behavior*, 6(1): 15-31.
- PIOT, P. (2000), Global Aids epidemic: Time to turn the tide, *Science*, 288, available at: www.sceincemag.org.
- PLUMMER, K. (1995), Telling sexual stories. Power, change and social worlds. London: Routledge.
- PLUMMER, K. (1996), Forward. In: Simon, W. (ed.), *Post-modern sexualities*. London: Routledge.
- POPULATION REPORTS (2003), Youth hand HIV/AIDS. Available at <http://www.infoforhealth.org/pr/112edsum.shtml>
- PRESTON-WHYTE, E.M. (1995), Half-way there: Anthropology and intervention oriented AIDS research in KwaZulu/Natal, South Africa. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 315-337.
- PRICE, N. & HAWKINS, K. (2002), Researching sexual and reproductive behaviour: A peer ethnographic approach. *Social Science and Medicine*, 55(8): 1325-1336.
- RAFFAELLI, M. *et al.* (1993), Sexual practices and attitudes of street youth in Belo Horizonte, Brazil. *Social Science and Medicine*, 37(5), 661-670.

- RAMAKRISHNA, J. (2003), Less said the better: Societal attitudes and young people's sexuality. Paper presented at "Sex and Secrecy conference", Johannesburg, University of Witwatersrand, South Africa.
- RAWOO (2002), Making social science matter in the fight against HIV/AIDS. The Hague: RAWOO, Publication no. 24.
- RAWOO (2004), Social science and HIV/AIDS in Botswana, Burkina Faso, Ethiopia, Namibia and Rwanda. The Hague: RAWOO, Background paper to the RAWOO expert consultation.
- RAY, S. & MAPOSHRE, C. (s.d.), Male and female condom use by sex-workers in Zimbabwe: Acceptability and obstacles. Available at: http://www.who.int/reproductive-health/publications/beyond_acceptability_users_perspectives_on_contraception/ray.en.pdf
- REISS, I.L. (1967), *The social context of premarital sexual permissiveness*. New York: Holt, Rinehart and Winston.
- REISS, I.L. (1986), *Journey into sexuality: An exploratory voyage*. Englewood Cliffs: Prentice-Hall.
- REYSOO, F. (2004), What does premarital sex tell us? A paper presented at the CERES Summer School, panel: Culture, Health and Sexuality, Nijmegen, The Netherlands.
- RHODES, T. & CUSICK, L. (2002), Accounting for unprotected sex: Stories of agency and acceptability. *Social Science and Medicine*, 55(2): 211-226.
- ROMBERG, C. (2001), Sacred sex, secret sex: Discourse and the experience of sexuality among adolescents in Rukungiri District, Southwest Uganda. MA thesis, University of Amsterdam.
- ROSCOE, B. & KRUGER, T.L. (1990), AIDS: Late adolescents' knowledge and its influence on sexual behaviour. *Adolescence*, 25: 39-48
- ROSSI, A.S. (ed.) (1994), *Sexuality across the life course*. Chicago: University of Chicago Press.
- ROSTOSKY, S.S. *et al.* (2003), Coital debut: The role of religiosity and sex attitudes in the Add Health Survey. *Sex Research*, 40(4): 358-67.
- ROY, C.M. & CAIN, R. (2001), The involvement of people living with HIV/AIDS in community-based organizations: Contributions and constraints. *AIDS CARE*, 13(4): 421-432.
- RUGNANGA, A. & AGGLETON, P. (1998), Migration, the family and the transformation of a sexual culture. *Sexualities*, 1(1): 63-81 [1363-4607].
- RUIZ, J. (1994), Street youth in Colombia: Lifestyle, attitudes and knowledge of AIDS. *AIDS Health Promotion Exchange*, 1: 12-14.
- RUSHTON, J.P. & BOGAERT, A.F. (1989), Population differences in susceptibility to AIDS: An evolutionary analysis. *Social Science and Medicine*, 28(12): 1211-1220.
- SARANTAKOS, S. (1993), *Social research*. Melbourne: Macmillan Education.
- SCHOEPF, B.G. (1995), Culture, sex research and AIDS prevention in Africa. In: Brummelhuis, H. and Herdt, G. (eds), *Culture and sexual risk: Anthropological perspectives on AIDS*. Amsterdam: Gordon and Breach, pp. 29-51.
- SETEL, P.W. (1999), A plague of Paradoxes: AIDS, culture and demography in Northern Tanzania. Chicago: University of Chicago Press.
- SHIFERAW, T. (1998), Marriage and marital conflict resolution among Orthodox Christians in some selected areas of Addis Ababa. MA thesis, School of Graduate Studies, Addis Ababa University.
- SHINE, D. (2001), HIV/AIDS in Ethiopia: The silence is broken, the stigma is not. Unpublished report, Addis Ababa.
- SILBERSCHMIDT, M. (2001), Disempowerment of men in rural and urban East Africa: Implications for male identity and sexual behaviour. *World Development*, 29(4): 657-671.
- SILBERSCHMIDT, M. (2004), Masculinities, sexuality and socio-economic change in rural and urban East Africa. In: Arnfred, S. (ed), *Re-thinking sexualities in Africa*. Sweden: Almqvist and Wiksell Tryckeri AB, pp. 233-248.

- SIRVASTAVA, S. (2003), Complicating 'sexuality', contesting 'secrecy'. Keynote address presented in "Sex and Secrecy Conference", Johannesburg: University of Witwatersrand, South Africa.
- SONTAG, S. (1989), *AIDS and its metaphors*. New York: Farrar, Straus and Giroux.
- SPRONK, R. (1999), AIDS, a disease of modernity. Adolescent narratives about AIDS in middle class Nairobi. MA thesis, Social Science Department, University of Amsterdam.
- STANDING, H. (1992), AIDS: Conceptual and methodological issues in researching sexual behavior in sub-Saharan Africa. *Social Science and Medicine*, 34(5): 475-483.
- STANDING, H. & KISEKKA, M.N. (1989), Sexual behavior in sub-Saharan Africa: A review and annotated bibliography (unpublished).
- SURUR, F. & KABA, M. (2000), The role of religious leaders in HIV/AIDS prevention, control and patient care and support: A pilot project in Jimma Zone. *Northeast African Studies*, 7 (Special Issue 2): 59-79.
- SWART-KRUGER, J. & RICHTER, L.M. (1997), AIDS-related knowledge, attitudes and behavior among South African street youth: Reflections on power, sexuality and the autonomous self. *Social Science and Medicine*, 45(6): 957-966.
- TADELE, G. (1996), Knowledge of HIV/AIDS and related behaviour change among Australian male youth with particular reference to Newcastle. Paper submitted as partial fulfilment for the course titled: Socio-cultural Studies in Health, University of Newcastle, Australia.
- TADELE, G. (2000), Child abandonment: Five dramatic cases of mothers in Addis Ababa. *Medische Antropologie*, 12(2): 292-307.
- TADELE, G. (2000), Sexuality and HIV/AIDS risk and perception among male street youths in Dessie. *Northeast African Studies*, 7(1): 115-132.
- TADELE, G. (2003), Surviving on the streets: sexuality and HIV/AIDS among male street youths in Dessie, Ethiopia. *CODESRIA Bulletin*, 2, 3, and 4: 98-106.
- TADELE, G. (2005), Obstacles, controversies and prospects surrounding child abuse management in Addis Ababa. *Northeast African Studies*, 8(1): 115-141.
- TADESSE, E. *et al.* (1996), A survey of adolescent reproductive health in the city of Addis Ababa. *Ethiopian Journal of Health Development*, 10(1): 35-39.
- TAFFA, N. (1998), Sexual activity of out-of-school youth, and their knowledge and attitude about STDs and HIV/AIDS in Southern Ethiopia. *Ethiopian Journal of Health Development*, 12(1): 17-22.
- TAFFA, N. *et al.* (2002), HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia. *Ethiopian Journal of Health Development*, 16(2): 139-145.
- TALE, A. (1995), Bar workers at the border: In: Keep, P.M. *et al.*, *Young people at risk: Fighting AIDS in Northern Tanzania*. Oslo: Scandinavian University Press, pp. 18-30.
- TAYLOR, C.L. & LOURE, D. (1992), HIV prevention: A dramaturgical analysis and practical guide to creating safer sex interventions. *Medical Anthropology*, 14: 243-284.
- TEKA, T. (1997), AIDS related knowledge and behaviours among college students, Gondar, Ethiopia. *Ethiopian Medical Journal*, 35(3): 185-90.
- TESFAYE, A. (1988), *The crime problem and its correction (Vol. I)*. Department of Sociology and Social Administration, Addis Ababa University, Addis Ababa.
- TIRUNEH, K. (2004), How do Ethiopian parents in the Netherlands perceive and communicate about their children's sex behavior? MA thesis, University of Amsterdam.
- TOUBIA, N. (2004), What is the state of scholarship on sexuality in Africa? Available at: <http://www.arsrc.org/en/index.htm> by Africa Regional Sexuality Resource Center Discussion Forum.
- UNAIDS (1997), Summary report of visits to regional HIV/AIDS/STD activities. Addis Ababa: UNAIDS.
- UNAIDS (1999), Sex and youth: Contextual factors affecting risk for HIV/AIDS: A comparative analysis of multi-site studies in developing countries. Geneva: UNAIDS.
- UNAIDS (1999), Peer education and HIV/AIDS: Concepts, uses and challenges. Geneva: UNAIDS.
- UNAIDS (2000), Report on the global HIV/AIDS epidemic. Geneva: UNAIDS.

- UNDP (2003), *Human Development Report 2003 – Millennium Development Goals: A compact among nations to end human poverty*. New York: UNDP.
- UNICEF (2003), *Finding our voices: Gendered and sexual identities and HIV/AIDS education in Africa*. Young voices series. Nairobi: UNICEF, Young Voices Series.
- UNICEF (2003), Teenager's voice. *The Ethiopian Teenager's Forum Magazine*, 1(2): 32.
- UNICEF, UNAIDS and WHO (2002), Young people and HIV/AIDS opportunity in crisis. Available at: http://www.unicef.org/newsline/HIV_10REV67.pdf
- VANCE, C. (1991), Anthropology rediscovers sexuality: A theoretical comment. *Social Science and Medicine*, 33(8): 875-884.
- VEAL, A. & ADEFRISE, A. (1993), Study on street children in four selected towns of Ethiopia, Addis Ababa (Unpublished research report).
- WHYTE, S.R. *et al.* (2004), Treating AIDS: Dilemmas of unequal access in Uganda. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(1): 14-26.
- WILLMS, D.G. *et al.* (1996), HIV/AIDS education for traditional healers. Unpublished draft report.
- WOLDAY, D. & MESSELE T. (2003), Prevalence of infectious diseases in patients with HIV/AIDS in Ethiopia. *Ethiopian Medical Journal*, 41: 189-204.
- WOLDE-HAWARIAT, G. (1989), Some of history related works on Wello: Studies conducted by Ministry of Culture and Sport (1985-1989). Unpublished Amharic document: Dessie.
- WOLDE-MARIAM, M. (1991), Suffering under God's environment: A vertical study of the predicament of peasants in North-Central Ethiopia. Berne: African Mountains Association and Geographica Bernensia.
- WOOD, K. & JEWKES, R. (2001), 'Dangerous' love: Reflections on violence among Xhosa township youth. In: Morrell, R. (ed.), *Changing men in Southern Africa*. London: Zed Books, pp. 317-336.
- WOODHEAD, L. (1997), Sex in a wider context. In: Davies, J. and Loughlin, G. (eds), *Sex these days: Essays on theology, sexuality and society*. Sheffield: Academic Press, pp. 98-120.
- ZEWDE, B. (2002), *A history of modern Ethiopia (1855-1991)*, 2nd ed. Addis Ababa: Addis Ababa University Press.
- ZEWDIE, D. *et al.* (1990), AIDS Control Programme: Development and AIDS control programme in Ethiopia. *Ethiopian Journal of Health Development*, 4(2): 87-96.