
Silence, Sexuality and HIV/AIDS in South African Schools

Robert Morrell
University of Natal

Abstract

In South Africa where there is a very high HIV infection rate among teenagers and young adults, it is surprising to find that students and teachers are very unwilling to talk about the possibility of being or becoming HIV positive. While AIDS messages dominate public discourse, there is a silence in schools about the personal in relation to AIDS. This article seeks to explain the reluctance of learners to test, talk about and disclose their HIV status, by examining silence within a broader context. It draws on gender theories to show the connections between the silence of AIDS and broader, society-wide gender inequalities. A focus on 'silence' adds a neglected gendered phenomenon to the understanding of the AIDS pandemic. Silence is a feature of gender relations that prevents the negotiation of safe sex, the exploration of the self and the expression of vulnerability and hence the building of trust and respect. Conversely, silence contributes to intolerance and fuels prejudice. When interventions consciously attempt to break the silence, they make a major contribution to reducing the likelihood of HIV transmission and to promoting gender equality.

Introduction

For nearly ten years, the slogan 'Break the Silence' has been a feature of AIDS prevention work in South Africa. It was the slogan adopted at the International AIDS conference in Durban in July 2000 and it continues to be a very audible slogan used, for example, by the Treatment Action Campaign (TAC). The slogan is a response to the reluctance of individuals who are HIV positive either to test or to disclose their status. It tries to encourage testing and disclosure by producing a positive climate. TAC members often wear 'I am HIV positive' T-shirts. 'Breaking the Silence' is a campaign that seeks to promote acceptance for people living with AIDS and, as a direct consequence, seeks to encourage people to be medically tested for HIV. At the moment, there is very little voluntary testing and most of the information about levels of infection is obtained from ante-natal clinics or in company-wide anonymous tests.

The silence around HIV status is not the only silence that bedevils efforts to limit HIV transmission. In many schools there is a culture of silence. Certain subjects are taboo for discussion and teachers and learners are guarded, unable or unwilling to reflect personally on issues of gender and sexuality. Such school cultures seriously undermine AIDS prevention initiatives and place learners and teachers at risk of sexually transmitted diseases and HIV/AIDS.

In this article, I examine some of the gendered causes and consequences of silence, particularly in school settings. I argue that work which, firstly, acknowledges the importance of silence in blocking prevention messages and, secondly, seeks to break this silence has the potential to impact dramatically on life choices, gender equality and HIV prevention.

The article is organised into a number of sections. I begin by describing the AIDS situation in South African schools. I then define and examine two types of silence concerning HIV/AIDS disclosure and sex talk. The next section discusses reasons for these silences and suggests some common gendered causes. In the penultimate section I draw on research data taken from a schools-based research project in Durban. I examine the responses of grade 10 and 11 learners (aged 15–20 years) to questions about their lives and relationships. In the final section I offer examples of how a gendered language of introspection is developed. I suggest that interventions which are sensitive to gendered silence are likely to limit the spread of HIV and reduce gender violence successfully.

AIDS and schools

South Africa has a demographic profile characteristic of developing countries – 33 per cent of the population is under the age of 19 years. Put another way, a very large proportion of the population is either in school or will shortly be of school-going age. In 1999 over 22 per cent of the population was HIV positive in South Africa (Whiteside and Sunter 2000, p. 50). Infection disproportionately affects the young – the highest incidence of full-blown AIDS is recorded in the 20–24 age group, where females are much more likely to be the sufferers. Since AIDS normally only presents after 6–8 years, one can extrapolate that it is while at school that many people become infected (Whiteside and Sunter 2000, pp. 9, 32).

Most of South Africa's school population is black, working class and attends public school. We do not know how many learners are HIV positive. The only reliable sources of such details are State run ante-natal clinics where blood tests are routinely conducted. These figures are generally used in calculating the extent of the pandemic but are not translated into school settings. Furthermore, even pregnant women who

discover their HIV status are reluctant to disclose (Sewpaul and Mahlalela 1998). In schools, male and female learners show little inclination to test or to discover their status. In a small school-based case study in Pietermaritzburg, it was found that only three out of 32 students (ranging in age from 16 to 30 and older) knew their status and that of their partners. Those who knew were older, better educated women. This gives some idea of the resistance to testing and the consequent limits to knowledge of actual infection rates (Akinsete 2002). Projections based on a survey conducted by a big insurance company (Metropolitan Life) in 2000 suggest, however, that 15.64 per cent of African females aged 15 to 19 years old in KwaZulu-Natal (the province with the highest rates of HIV infection) are likely to be HIV positive compared to 2.58 per cent of African males. A recent World Bank Report suggests that 12 per cent of the country's teachers are HIV positive (Education Foundation Trust 2002, p. 10).

AIDS is already considered a serious problem for schools, teachers and learners. The gravity and extent of the situation is captured in the phrase 'people affected and infected by AIDS'. This is designed to draw attention to the fact that virtually everybody is in one or other way influenced by the epidemic. A further intention is to prevent the focus of the problem being placed on those infected and, instead, to give everybody responsibility for dealing with the consequences of AIDS. Many different types of intervention conducted by the State and non-government organisations are underway. These concentrate on prevention. AIDS and sexuality are handled in the Life Skills section of the school curriculum. Although gender is formally included in these lessons and in the curriculum, it is often omitted, neglected or taught from a medical perspective that focuses, for example, on the mechanics of reproduction or sexual intercourse (Harrison, Smit and Myer 2000). This may be one of the reasons why levels of transmission continue to be very high. KwaZulu Natal has the highest rates of new infections in the world (Whiteside and Sunter 2000, pp. 50–3, 71–3).

Definitions of silence

In the course of my research work I was confronted by a silence about AIDS and its personal impact. Direct questions to groups big and small yielded the same order of answer. AIDS was a problem, but it was a problem for somebody else. It was not a problem in the school, for any of its learners or teachers. The reluctance to talk about AIDS was my initial experience of silence. I understood that one of the reasons for this silence was the stigma attached to being HIV positive or dying of AIDS (AIDS 2000). But I was also very much aware that silence reached into many other areas.

What is silence? In this article it has two meanings. In the first instance it is a social phenomenon experienced collectively. The language of discourse offers a useful way

to explain silence. Silence is a result of prohibition and policing (Foucault 1978). Understood in this way, silence is a suppressed discourse. It is thus an effect of power. Dominant discourses permit and legitimate certain vocabularies and values while marginalising or silencing others.

The second meaning which silence takes in this article involves the personal. A person who either feels unable to talk about certain subjects or emotions or is unaware of certain aspects of his or her history suffers from silence. Although the two ways in which I use silence cannot actually be separated because they fuel one another, it is nevertheless helpful to begin by distinguishing them.

In considering the impact of silence, I draw initially on Marxist and feminist writings. In the late 1960s and 1970s Marxist historians like E. P. Thompson developed a social history that gave the working class a voice, that rescued it from the condescension of history and ended a silence produced by a focus on the powerful in the genre of 'great men' history. Feminist writers like bell hooks similarly tried to break the silence of women. Discussing Black American women of the 1970s, she wrote that theirs was 'the silence of the oppressed – that profound silence engendered by resignation and acceptance of one's lot' (hooks 1981, p. 1). More recently, Heidi Mirza has identified the gender politics of silence: 'the political project (of black feminism) has a single purpose: to excavate the silences and pathological appearances of a collectivity of women assigned to the "other" and produced in gendered, sexualized, wholly racialized discourses' (Mirza 1997, p. 21).

Silence is an effect of unequal power. Dominant discourses deprive certain acts and phenomena of names. Without names, these 'things' are not recognised. Dale Spender (1980) made this argument in her book, *Man Made Language*, arguing that gender inequality rendered power invisible. Similarly, Carrie Herbert (1989) argued in the context of sexual harassment that normalising discourses ensured that certain types of discrimination and abuse could not be named and hence were not recognised. Where such discourses operate, victims believe that they are themselves responsible for their misfortune. In cases of rape, for example, women may feel that they provoked the assault by wearing provocative clothes. They therefore elect not to talk about their experience.

Silence is not a problem for women alone. For men, the inability to access difficult emotions has long been identified as a serious problem, not just for the individuals concerned, but as obstacles in the way of gender equality (Brod 1987, Kimmel 1987). One of the organisational responses to this has been to encourage men to break the silence. For example, the White Ribbon campaign (established in 1991), encourages men to speak out against the violence of men against women. Another response has

been to assist men to talk about their own emotional issues and to break their own silences (Dobash, Dobash, Cavanagh and Lewis 2000).

In South Africa the phenomenon of silence is widespread and its effects deep. Patriarchal power in the household – where men earn an income and women are entirely dependent on men for the material means of existence – leads to the silencing of women. Women cannot resist gender tyranny unless they are willing to accept violence or contemplate expulsion from the home. Despite the introduction of domestic violence legislation in South Africa, black women seldom press charges. They silently endure abuse (Molefe 2002). There is little encouragement to break the silence because often women are not believed and their grievances thus ignored (Mukasa 1999). When they do speak out, they are frequently victimised. In the most notorious case of AIDS victimisation, Gugu Dlamini was stoned to death in Durban in 1998 for publicly revealing her status. Many women now remain silent (about rape, about being HIV positive) for fear of such consequences.

Jane Bennett (2001) spells out the full consequences of what she calls ‘deafness’ in the context of gender-based violence. Silence is deadly and compounds gender-based violence because the intention of that violence is ‘the erasure of the victim’s identity, her access to self-hood, her meaning as anything beyond an object of rage, malevolence, blind and despairing frustration, sadism’ (Bennett 2001, p. 92).

Historically, in modernity at least, personal talk about sex and sexuality has been regulated. In Victorian England the subject of sex was taboo and remained so for much of the twentieth century. The silence was part of a power/knowledge system which included the policing effect of a panopticonic gaze. People were silent about sex not because they were not interested in it, but because of a censoring of the individual by the political order. This remains the case today where borders are policed, no more so than in schools and in the area of sexuality (Epstein and Johnson 1998).

In South Africa, stern Calvinist traditions compounded by the authoritarianism of Apartheid produced a silenced society for the majority of black and white people. Racial and gender inequalities underpinned the silence. Black people were silent before whites; women were silent and obedient to men. During the period of heightened political resistance to Apartheid (in the 1970s and 1980s), silence was a defence mechanism that could save one from incarceration at the hands of the security police. But it also became a habit that seeped into many areas of life. The schooling system became a site for the production of silence: corporal punishment was widely used and any signs of curiosity or independence of thought were taken as impertinence and so punished. However, silence is not universal and neither are

schools automatically repressive. There are always places where the unspoken finds expression and there are always people who speak the unspoken.

Silence is not only the effect of repression and of forces external to the individual. As already indicated, boys and men also suffer silence. Alice Miller, the European psychologist, offers some explanation for this destructive condition:

Experience has taught us that we have only one enduring weapon in our struggle against mental illness: the emotional discovery of the truth about the unique history of our childhood. Is it possible to free ourselves altogether from illusions? History demonstrates that they sneak in everywhere, that every life is full of them – perhaps because the truth often seems unbearable to us. And yet the truth is so essential that its loss exacts a heavy toll, in the form of grave illness. (Miller 1997, p. 1)

Here Miller commends the acquisition of an emotional vocabulary as a means to confront our ‘illusions’ and avoid ‘mental illness’. In so doing, she argues, people can find their true voices and end the silence that entraps them.

In this article, silence refers to the issues, subjects and topics which are not talked about. It also refers to that negotiated, regulated and policed communicative space between people which does not accommodate certain subjects, issues or topics.

Causes of violence

I have thus far argued that the silence around disclosing one’s HIV status needs to be considered within a broader context. In this section I examine in more detail the specific case of silence in relation to violence and customs of disclosure.

Silence, violence and gender

South Africa is an extremely violent country. I have argued elsewhere that a major reason for this lies in the gender relations that emerged under colonialism and Apartheid, and which found expression in violent forms of masculinity (Morrell 1998). Much of this violence is played out in the interpersonal realm where men use their power over women to affirm their masculinity. It is predicated on the view that, in the words of a young, black informant, ‘Love is worth nothing if [there is] no sex’ (NPPHCN/UNICEF1997, p. 39). A combination of a belief in male entitlement to women’s bodies and misogyny produced a situation where half the men who participated in a national survey in the year 2000 thought women were to blame for rape. Despite recent legislation making marital rape a criminal offence, 58 per cent of

participants believed that a woman could not be raped by her husband (Kedama 2000). In a recent study of relationships between young adults in a black, working class area of Cape Town, it was discovered that 25 of the 26 relationships investigated were characterised by the use of routine violence by the male partner against the female (Wood and Jewkes 1997). A similar study conducted with 24 pregnant Xhosa-speaking adolescent girls (aged 14–18 years) revealed that men used violent and coercive practices to dominate them in their sexual relationships (Wood, Maforah and Jewkes 1998). Violence was a feature not only of these young women's first relationships, but also subsequent relationships and there was no difference between rural and urban relationships. Twenty two of the 24 informants reported having been beaten by their partners on multiple occasions; the remaining two had been threatened with assault. Assault occurred primarily when a woman attempted to refuse sexual intercourse. Control over women was reinforced brutally – one informant explained that women suspected or known to have had other partners were commonly gang-raped by her partner's acquaintances to punish her. Attempting to end a relationship often resulted in violence.

A second explanation for the violence of men towards women intimates is offered by Wood and Jewkes (2001) who question whether violence is purely an expression of male power. In the context of South African townships characterised by acute poverty and poor life chances, the emphasis on heterosexual 'success' propels boys into sexual competition which makes them vulnerable to their male friends (and rivals) and opens them to ridicule (by boys and girls) if they 'fail'. Without the words to talk about this state of anxiety, the result of 'dangerous love' is normally violence against girlfriends.

A third cause of silence concerns the patriarchal structure of the family and the obedience and submission expected of girl children. This includes the expectation that girls will keep to themselves and not raise difficult issues. The same is not true for boys. For example, a young African woman in Gauteng said, 'If boys make mistakes, the parents will ignore the whole matter; if a girl makes a mistake, the issue will be raised for a long time' (NPPHCN/UNICEF 1997, p. 21). Another said, 'I was not brought up in a family in which I was given the privilege of voicing my problems with my parents or discussing issues related to our health as young people' (NPPHCN/UNICEF 1997, p. 21).

There is little talk between parents and children about sex – and children fear beatings if they admit to being sexually active (NPPHCN/UNICEF1997, p. 27). There is very little communication between parents and children. Mothers assume that when girls have boyfriends, they will engage in sex and therefore send them to the clinic for contraception. But there is no talking about this (NPPHCN/UNICEF 1997, p. 74).

Stigma is a fourth cause of silence. As already mentioned, so great is the stigma that people who publicly declare their HIV status are physically at risk from community members. Death by AIDS is considered 'inappropriate' because it takes the young and hitherto healthy. It is also publicly seen as a sign of irresponsibility because it is linked to sex and unregulated sex in particular (Marcus 1999, pp. 10–14). The 1998 murder of Gugu Dlamini was justified by her (male) killers who said she had 'degrad[ed] her neighbourhood by disclosing that she had the disease [thus] bringing shame on her community' (*The Sunday Times* 27 December 1998). For women, disclosure – breaking the silence – is riskier than for men. Most South African men in the early 1990s at least blamed young women from 15 to 25 years of age for *causing* the epidemic (de Bruyn 1992).

Silence and gender identities

It is not just coercion or context that causes silence. The process of constructing and enacting gender identities necessarily omits certain acts, expressions and gestures, just as it includes and exhibits others. Gender identities contain silence because they are discursively constructed and policed. Amongst the most powerful forces that create silence are homophobia, compulsory heterosexuality and the othering of girls (Paechter 1998). As many scholars have now observed, these are features generally associated with hegemonic masculinity (Mac an Ghail 1994). For men, aspiring to the hegemonic ideal of masculinity, being able to control one's emotion, is important. This requires that a man refuse to confront or acknowledge certain emotions (for example, pain, loss, grief). Michael Kaufman describes this as 'the burying of emotions' by boys (Kaufman 1993, p. 61). In adulthood, the process is entrenched:

As men, we learn to maintain control in whatever situation we are in. This means holding our bodies in a particular way – blowing out our chests and keeping our bums tight. This is what we take to be a masculine measure of strength. We assume that power is a clenched fist rather than to experience a whole range of feelings and emotions (Seidler 1989, quoted in Frank 1992, p. 49).

And yet men cannot avoid emotion. Nor can they avoid the fact that representations of hegemonic masculinity (as cultural ideal type) actually promote feelings of acute vulnerability:

In an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual, Protestant, father, of college education, fully employed, of good complexion, weight, and height, and a recent record in sports . . . Any male who fails to qualify in any one of these ways is likely to view

himself – during moments at least – as unworthy, incomplete, and inferior. (Erving Goffman, quoted in Kimmel 1996, p. 5)

Boys and men, then, often conceal and avoid dealing with their emotions. It is paradoxical that boys and men dominate public space and establish their power by being vocal and loud and yet are silent in sensitive, emotional areas. Areas of silence are not fixed. Discourses that establish vocabularies and create space for discussion are contested and shift. Men are not therefore destined forever to be emotionally silent.

The inability of men to acknowledge or express their emotions results not only in the legitimation of silence as a constituent part of hegemonic masculinity, but in individual cases causes men to displace their emotions (Sabo and Gordon 1995). Subjecting the body to punishment is possibly the most common way in which men deal with difficult and unwanted emotions (McKay, Messner and Sabo 2000). Suicide and the assault or murder of intimates is the more violent consequence of silence.

In examining the roots of violence in child-rearing practices, Alice Miller (1987) shows how physical and emotional abuse causes children to keep a stiff upper lip – to be silent about their own abject condition. A corollary is that they grow up to be accepting of cruelty. In South Africa, poverty, displacement and the disruption of family life are, as a result of apartheid, commonplace particularly amongst black people. In a study of young black criminals, it was found that most came from 'families riddled with tensions and conflict'; many had been abandoned and most felt unloved (Segal, Pelo and Rampa 1999, p. 24). Those interviewed were willing to kill and showed little remorse: 'I am always ready to kill and die when I am on duty (involved in criminal work). We do not even talk about them (the victims) when we go on duty. If anything happens, we just shoot because if we do not they will shoot you' (Segal, Pelo and Rampa 1999, p. 25). These young men are without an emotional vocabulary to grasp the importance of life, to appreciate their own lives and respect the lives of other.

The silence of men impacts on women. In an interview I conducted in 1998 with Gethwana Makhaye, an AIDS worker in KwaZulu-Natal, she described how difficult it is for women to communicate with men who are reluctant to expose their feelings and all too ready to take up what Connell (1995) calls the 'patriarchal dividend':

For example, take this simple thing. If a woman says no to sex – I'm tired – I don't feel like it. That's a sin, a crime. How can you say as my wife, how can you say to me that you don't want to have sex now and tonight or today and here. I mean that is very simple. A woman

is not supposed to be tired; a woman must always satisfy these men. A woman can't say 'I don't want you to do it this way, I'd prefer you to do it this way, because what do you know.' I mean I've just had a focus group where I was like not really tested but I was trying to formulate the basis for my questionnaire. I was talking to young boys between the ages of 12 and 18 and they said that it would be like an insult for a girl to come and say to me this is how I must do it, because I am the one who's doing it – she is not doing anything. So I don't know how to explain it – so it's a one-man show within a relationship, even this communication, even the rights to have more than one sexual partner. I, as a man, I'm supposed to have more than one sexual partner because I need sex like all the time and a woman can't take a rest. (Makhaye interview 1998)

The silence of women, their lack collectively and individually of a voice, has been the concern of feminists for many decades. This concern has expressed itself in debates about the control of men in families, in homes, in the workplace. In all these places women have been expected to 'shut-up'. In the industrialised world, the feminist challenges to these forms of silence, themselves evidence of subordination, have had substantial success. But in South Africa, despite the gender-friendly policy environment of the late 1990s, patriarchy remains strong and gender relations unequal. Many women, particularly rural African women, remain submissive and silenced. Unlike men, however, it is readily and widely conceded that women have an emotional language and an ability to confront difficulty. The silence of women, while gendered, is a symptom of unequal gender power and the absence of discourses from which reconfigured feminine subjectivities can be constructed. It is not a coincidence that most heterosexual people living with HIV/AIDS (PLWHA) are women.

The gendered silence in schools

In this section I draw on interviews and class discussions conducted during a two year British Council-sponsored research project on HIV/AIDS, gender and violence in two Durban secondary schools.¹ The learners interviewed were all African, from working class backgrounds.² The interviews focused on problems which township teenagers routinely encounter and explored understandings of risk, violence, friendship and intimate relationships. I was interested to see how the young interviewees (their ages ranged from 15 to 20 years) would talk about AIDS, given the stigma associated with the disease.

'Mandla', a male learner in his late teens, spoke about his fear of AIDS:

Ja I'm so scared because if I don't . . . If I have this disease how will I expect to live with some person who don't have because if you have this thing they look you very bad. And they talk about you that you have AIDS; and talk you out of school and in school and then they . . . even there's no one who knows that you have AIDS, but he will know that you have AIDS because if my boy know here that you have AIDS he will talk to another boy. They'll say, 'Phumlani has got AIDS.' So I'm scared that's why.

Instead of talking about AIDS, learners acknowledge its presence but keep it at a distance. Why bother to find out, they ask, because 'then you're going to worry too much' (Class discussion 10 October 2000). This is very much in line with Leclerc-Madlala's finding about the view that getting AIDS is inevitable: 'As one can expect measles as a child, one now expects HIV/AIDS as an adult' (Leclerc-Madlala 1997, p. 368). And there is a major disincentive to test: 'To know or believe that one has the HIV/AIDS virus is to feel "spiritually dead" . . . You lose hope. You know you'll be rejected; you know you're going to die' (Leclerc-Madlala 1997, p. 369).

These levels of fatalism were not apparent among learners that I interviewed, but they frequently found it difficult to make sense of their lives. In the following extract, a 17-year-old male learner finds it very difficult to access his life – to make sense of it:

Rob: What was the worst thing that happened to you in school this year and the worst thing that happened outside the school?

Mandoza: Nothing happened with me at school and outside.

Rob: Sorry.

Mandoza: Nothing.

Rob: Nothing happened at school. You are happy at school.

Mandoza: Yes and outside . . .

Rob: And outside? No problem?

Mandoza: Ja there's nothing.

Rob: No problem?

Mandoza: Ja.

Rob: You are a lucky man if you've got no problems at all.

Mandoza: Ja. I've got no problems outside 'cause I'm not a thief. I'm not carrying a gun you see. People know me, everybody, this is not a gunman. You see.

Rob: But what about money or health, Mandoza? For example, if you were sick that can be a problem. Some people even think it's a big problem to lose a soccer game.

Mandoza: Ja.

Rob: So I'm just asking you to think of the worst thing that has happened. I'm sure something bad has happened this year. What's the worst thing? Maybe your girlfriend went off with somebody else. What's the worst thing? Choose any one.

Mandoza: Okay. (Silence)

Rob: You can't think of anything?

Mandoza: Hayi (No).

What is striking about Mandoza is that his chums all have horror stories. Mandoza is not exempt from the dangers and deprivations of township life, but he cannot give them voice. Without finding out a lot more about Mandoza, it is impossible to explain his silence, but he is not an exception. Many, though not all, learners find it difficult to describe their lives and voice their emotions.

Responses are similar amongst the girls, though as one would expect, the issues that provoke them are different and the form of silence is different as well.

Mbali: Sometimes I get this problem I'm afraid to tell my mom. I'm afraid to tell my mom because I think . . . that's why I think if I told my mom it hurt me. So that's why I get this problem about going public. So sometimes I have stress about my mom, so I think that all times. If I'm sleeping I think that . . . that . . . Last year I tried to tell my mom about him. My mom was asking me, 'What's the problem?' 'Nothing.' 'What's your problem at school? Why are you sad like that?' I'm afraid to tell her about this problem. So last year I tried to tell her about this problem . . . So I have this problem when I'm young some guy was taking me to the bush and doing sex with me . . .

Many learners have no audience to discuss the problems they encounter. Neither parents nor friends are available. They may not be sympathetic. They might be

judgemental. Furthermore, discourses which make available a language of disclosure and which legitimate open discussion on a range of topics are absent in most schools. As has been suggested, part of the explanation lies in South Africa's authoritarian past and in oppressive pedagogies. But another part of the explanation is to be found in the gender subject positions of learners. Girls who cannot express or discuss their trauma are left isolated and powerless. Healing is retarded. They are robbed of their agency and avoid developing the relationships that might succour them.

The inability of a person to express emotion can be considered to be that individual's problem. In this article, I have argued that silence should be understood as a social phenomenon. It is of concern to society because in the AIDS pandemic the deadly consequences of people being unable to negotiate safe sex are widespread. To break the silence there are many challenges to be met. These include: promoting gender equity in classrooms and schools; developing a climate of tolerance in order to end the culture of stigma; encouraging discourses of disclosure; and working with young people to reshape gender identities and develop capacity for openness and honesty. These are all challenges not just to individuals locked in cages of silence, but to the gender structures which create and support that silence.

Breaking the silence

Two kinds of school-based interventions can break the silence. In the process of conducting research, researchers can provide interviewees with cues and safe space that make it possible for hidden narratives to be accessed (Frosh, Phoenix and Pattman 2002). Similarly, certain gender sensitive, behaviour change interventions which consciously work to access personal history and to explore vulnerability are able to give the young people involved a new language and confidence to speak out.

Hegemonic masculinity and emphasised femininity (Connell 1995) both depend in large measure on the 'unsaying' of these feelings and emotions. This is why it is so important for the silence to be broken; because in breaking it, the necessary work of reconstructing new gender relations and identities will begin. Authors using a variety of approaches argue that the exploration and expression of feelings is healthy (Cardinal 1984, Eisler 1998, Miller 1997, Zeldin 1995). But this view is not uncontroversial.

Feminists and scholars in the critical men's studies tradition, for example, have legitimately expressed doubts about whether feminism has changed men. In the area of emoting (crying), for example, Mike Messner (1993) has argued that such public expressions are not connected with abandonment of hegemonic masculinity or any move towards gender equity. Alison Thomas (1990) agrees saying that most men are

comfortable with their social roles and gender identities. She argues on the basis of this that gender progress rests on men enquiring into themselves a lot more. In the section below I offer some examples of what I think are signs of change, of men enquiring into themselves, of breaking their own silences and well as relational silences and silent (ie devoid of connectedness) public communications.

AIDS activists working in Uganda and Italy have found that an approach that encourages maximum openness by developing a language to deal with a wide range of sensitive topics is very useful in 'telling children' (www.hdnet.org 1999, p. 7"). This self-revealing approach documents family history and relieves the burden of secrecy. It also facilitates planning (including identifying a future guardian), reduces stigma and increases trust and confidence. The project cut through stigma and produced a supportive environment that enabled communication and expression.

In my work in Durban schools which assisted learners to explore their feelings and tell their stories, it came as a surprise to find high levels of maturity and sensitivity present in many of the boys. Many were already contributing to the family economy. Many preferred to have one girlfriend and some said that getting involved in a sexual relationship was dependent upon parental approval. The informants were not boastful about their lives. Rather, they were deeply concerned about their life prospects and valued intimacy from male and female friends alike. This is a far cry from the image of routine relational violence which much of the literature in this field reveals. It was also testimony to a willingness to get beyond the silence, to reveal themselves by engaging with issues openly:

Rob: Okay. Siphwiwe, what's the best thing that happened to you in school this year?

Siphwiwe: The best thing that happened in school is that finally this year I met someone who can understand me in life.

Rob: Is that a girlfriend?

Siphwiwe: Yes.

Rob: Yes . . .

Siphwiwe: So it's quite good so . . . because she is in my class.

Rob: Aha.

Siphwiwe: And we do some homework together and . . .

Rob: Is this your . . . is this the first serious girlfriend you've had?

Siphiwe: Yes.

Rob: Somebody that you can talk to, you trust her, you share things with her?

Siphiwe: Yes, yes.

Rob: And she shares things with you?

Siphiwe: Yes.

Another excerpt:

Rob: Mandla, let me ask you this question, have you got a girlfriend?

Mandla: Yes.

Rob: One or two or three or four?

Mandla: One.

Rob: Only one?

Mandla: Ja.

Rob: Why have you only got one girlfriend?

Mandla: Because I don't need many girlfriends.

Rob: Lots of boys have got lots of girlfriends, so are you not the same?

Mandla: I don't go with a squad. If I have one girlfriend I have one girlfriend.

Rob: Are you your own person?

Mandla: Ja. I don't wanna any girlfriends except her.

Rob: And how long has she been your girlfriend?

Mandla: It was last year March until now. And it's a one-year love. Hayi, ten months now. One and ten months.

Rob: And what does your relationship with your girlfriend give you?

Mandla: It gave me some love experience 'cause she teach me some things I don't [know] and I teach her some things she don't know.

Rob: Is she also at school?

Mandla: Ja, she also at school.

Rob: And you help one another with your academic work?

Mandla: Yes.

Rob: And do you go out on the weekends together?

Mandla: If I'm not in a . . . if don't work I go to her. But if I'm working . . .

Rob: And is it important for you that you are her only boyfriend?

Mandla: Ja. I think so I'm the only boyfriend.

Rob: If you see her with another boy what would you do? What would you think?

Mandla: With the boy which I don't know?

Rob: Yes.

Mandla: I'll go and ask her what's going on between him and her, and then she tells. If there is something wrong, I just leave her. If they are in love with him I will leave her, but if they are friends I don't mind.

Rob: So you trust her?

Mandla: Ja, I trust her very much.

These two excerpts taken from small group discussions at one of the schools in October 2000 reflect not just the poverty and danger of township life. They reflect surprising levels of introspection and a refusal to submit to behaviours which are oppressive or dangerous. These young people speak out about their dreams and lives; they are developing a vocabulary which allows them to make sense of themselves and to convey this to their friends, male and female alike. One should be careful not to glamourise this discourse or the masculinities which are imbricated within it. These boys still believe that men make decisions in the house, that it is a man's responsibility to earn, that it is important not to be frightened in the face of danger. But there are important changes occurring which are easy to miss in a context where African youth are closely associated in the public mind with crime and anti-social behaviour.

One of the most successful programmes dealing with youth, sexuality and AIDS is Gethwana Makhaye's Shosholoza project which works with young African teenagers in KwaZulu-Natal who are united by their passion for soccer. Her work begins with exploring the young men's attitudes towards relationships and sex:

Participant: I do not talk to my partner about sex because she is a woman. She does not know anything about sex. I tell her now we must have [sex] and I expect her to obey.

Facilitator: What if she does not feel like having sex at that time?

Participant: How can she not feel like having sex when I am touching and kissing her?

Facilitator: There are many things involved in sex. It is not [only] about touching and kissing . . .

Participant: If it is penetrative sex, there is no way she cannot enjoy. What else does she want?

Another

Participant: What if your thing [penis] is small?

SILENCE

Facilitator: What else can make the woman not want to have sex?

Answers from participants included:

- Her parents are out looking for her because she did not say where she was going. She is scared she will get a hiding.
- Maybe she is jealous. She saw you standing and talking to Zanele.
- If she has many boyfriends, she may be thinking about one or some of them.

Eventually the facilitator will provoke the conclusion that communication in a relationship is important. Boys never bring up issues of pregnancy, sexually transmitted infections or HIV in these discussions. After intense and prolonged engagement between the participants and the facilitator, the second phase, 'Personalising Risk' is undertaken. The young men are asked to contemplate the meaning of HIV/AIDS in their lives via an examination of their lives and, inevitably, their sorrows, sadness and grief. At the end of the second phase their responses reflect the discovery of an emotional vocabulary and the creation of a discourse which no longer accommodates silence.

- Now that we communicate [with my partner] there is a great improvement in the quality of our love. We talk about lovemaking, protection, importance of education, our dreams about tomorrow. It has made such a difference.
- It was very difficult in the beginning because I never used the condom before. I even felt embarrassed. Some of my girlfriends used to be irritated by the 'new me'. I left those and stuck to three who supported the idea.
- It is not like I am bullying her. We sat down and talked. This is my body. I also have dreams about tomorrow. AIDS is the serious threat.

- My uncle was sick with AIDS. I was living with him. He was in pain. Later he developed diarrhoea and I am the one who cleaned him. He passed away. When I was nursing him I felt sick myself.
- Please excuse me for crying. Right now I have a sister who is not well. I think she has AIDS. I am thinking about her and that she may die at any time. She is only 20 and I know she has one boyfriend.
- I am not scared to admit that I have had sexually transmitted diseases more than five times. I have never said this to anyone else before. But I trust you. I started sex at an early stage. I was 13 years. I remember at one time I had sex without an erection. It was with an old aunt who was teaching me. Where I come from older girls call you. They touch you nicely. And they tell you it is a game for the adults that you never talk about to anyone. At the time it felt very nice. But now that I am hearing all new things about AIDS, I regret I did this. I wish I can reverse the situation. (Shosholoza 1999/2000, p. 2).

The extracts above suggest that masculinities are changing. Young men are finding a language to break the silence. This is very good news and it is fortunately not isolated. In Uganda, a survey of women who had disclosed found that the majority reported support and understanding from partners – only 1.2 per cent reported physical assault by a partner after disclosure. Only 0.8 per cent reported that the partner forced her to leave the house (Mwambo, Maman et al 2000).

Conclusion

Silence (particularly in the areas of disease and sex) remains a major challenge for individuals and society. This article has argued for a gendered approach which engages with the construction of gender identities. In the process, silence can be confronted and a contribution made towards breaking down stigma and producing more harmonious and equitable gender relations.

In this article I have drawn on a number of literatures and traditions. From radical feminism there has been the focus on women's sexuality and from education the critical literature on getting boys to talk (rather than fight). From critical men's studies has come the insight that the context of gender relations is vital and that male power must not be ignored when working with men.

It has become quite common in the last few years for researchers to call for the inclusion of men in AIDS work (Rivers and Aggleton 1998, Foreman 1998). In fact, it has become the formal position of UNAIDS which argues that 'cultural beliefs and expectations also

heighten men's vulnerability . . . as politicians, front-line workers, fathers, sons, brothers and as friends they have much to give. The time is ripe to start seeing men not as some kind of problem, but as part of the solution' (UNAIDS 2000, p. 6).

Flowing from this it is argued that men and women must, through education and advocacy, create new norms that stress mutuality, responsibility and equality (Heise and Elias 1995, p. 931). In this project it will be imperative to tackle silence. Teachers and learners should be encouraged to talk about themselves, to themselves, to reveal their interiors to themselves if not to others. In this way a deadly silence can be broken.

Acknowledgements

This article was first presented at a conference 'Gender, Sexuality and HIV/AIDS: Research and Intervention in Africa', Institute of Public Health, University of Copenhagen, Denmark, 23–24 April 2001. Thanks to all those who have directly and indirectly helped with the production of this paper – Margrethe Silberschmidt, Chris Desmond of HEARD, University of Natal, the British Council, my colleagues in the Higher Education Link Project (Debbie Epstein, Lebo Moletsane and Elaine Unterhalter), Jo Manchester, Gethwana Makhaye and Sophia Ngcobo and Lori Beckett for her helpful editorial suggestions. I would also like to acknowledge the financial assistance of the University of Natal's Research Committee.

Notes

- ¹ The two township schools minister entirely to working class African learners. My research collaborators were Debbie Epstein, Lebo Moletsane and Elaine Unterhalter. Informants are identified in the text by pseudonyms which they chose themselves.
- ² I conducted a survey in September and October 2000 among 450 African learners at the schools. Their ages ranged from 13 to over 20, though most were aged from 14 to 19. The sample was 44 per cent male and 56 per cent female. Ninety seven per cent spoke Zulu as a home language. Some indication of the working class nature of the sample is that 32.4 per cent lived in households with more than seven occupants (ie in overcrowded homes) while 26.6 per cent of fathers and 41.7 per cent of mothers were unemployed.

References

- AIDS2000 (© Coordinated by H&D Networks: www.hdnet.org) (1999) PWHAs Participation – An Experience of Silence (Plenary extracts, 23–27 October 1999).
- Akinsete, T. (2002) Knowing your HIV status: a case study at Maritzburg Business College Pietermaritzburg, KwaZulu-Natal, South Africa. MA (Gender Studies), University of Natal, Durban.
- Bennett, J. (2001) 'Enough lip service!': hearing post-colonial experience of heterosexual abuse, conflict and sex war as a state concern, *Agenda*, no. 50, pp. 88–96.
- Brod, H., ed. (1987) *The Making of Masculinities*, Allen & Unwin, Boston, MA.
- Cardinal, M. (1984) *Words to Say It*, Van Vacter and Goodheart, New York.
- Connell, R. W. (1995) *Masculinities*, Polity, Cambridge.
- De Bruyn, M. (1992) Women and AIDS in developing countries, *Social Science and Medicine*, vol. 34, no. 3, pp. 249–62.
- Dobash, R. E., R. P. Dobash, K. Cavanagh and R. Lewis (2000) *Changing Violent Men*, Sage, Thousand Oaks, CA.
- Education Foundation Trust (2002) *A Current Awareness Bulletin* (May).
- Eisler, R. (1998) Sex, gender, and transformation: from scoring to caring, in S. P. Schacht and D. W. Ewing, eds., *Feminism and Men: Reconstructing Gender Relations*, New York University Press, New York and London.
- Epstein, D. and R. Johnson (1998) *Schooling Sexualities*, Open University Press, Buckingham.
- Foreman, M. (1998) *AIDS and Men: Taking Risks or Taking Responsibility*, Zed Press, London.
- Foucault, M. (1978) *A History of Sexuality*, Volume 1, Pantheon, New York.
- Frank, B. (1992–3) Straight/strait jackets for masculinity: educating for 'real' men, *Atlantis*, vol. 18, no. 1/2, pp. 47–59.
- Frosh, S., A. Phoenix and R. Pattman (2002) *Young Masculinities: Understanding Boys in Contemporary Society*, Palgrave, London.
- Harrison, A., J. A. Smit and L. Myer (2000) Prevention of HIV/AIDS in South Africa: a review of behaviour change interventions, evidence and options for the future, *South African Journal of Science*, no. 96, pp. 285–90.
- Heise, L. and C. Elias (1995) Transforming AIDS prevention to meet women's needs: a focus on developing countries, *Social Science and Medicine*, vol. 40, no. 7, pp. 931–43.
- Herbert, C. M. H. (1989) *Talking of Silence: The Sexual Harassment of Schoolgirls*, Falmer Press, London.
- hooks, b. (1981) *Ain't I a Woman: Black Women and Feminism*, South End Press, Boston.
- Kaufman, M. (1993) *Cracking the Armour: Power, Pain and the Lives of Men*, Viking, Toronto.

- Kedama, P. (2000) *Men as partners in prevention: a case study from South Africa*, email posting to GENDER–AIDS discussion forum 7 June 2000. Online: gender-aids@hivnet.ch
- Kimmel, M. S., ed. (1987) *Changing Men: New Directions in Research on Men and Masculinity*, Sage, Beverley Hills and London.
- Kimmel, M. (1996) *Manhood in America: A Cultural History*, The Free Press, New York.
- Leclerc-Madlala, S. (1997) Infect one, infect all: Zulu youth response to the AIDS epidemic in South Africa, *Medical Anthropology*, no. 17, pp. 363–80.
- Mac an Ghaill, M. (1994) *The Making of Men: Masculinities, Sexualities and Schooling*, Open University Press, Buckingham, UK.
- Marcus, T. (1999) *Living and Dying with AIDS (Wo! Zaphela Izingane)*, CINDI Network, Johannesburg.
- McKay, J., M. A. Messner and D. Sabo, eds. (2000) *Masculinities, Gender Relations and Sport*, Sage, Thousand Oaks, CA.
- Messner, M. (1993) ‘Changing men’ and feminist politics in the United States, *Theory and Society*, no. 22, pp. 723–37.
- Miller, A. (1997) *The Drama of the Gifted Child: The Search for the True Self*, Basic Books, New York (original in English, 1981).
- Miller, A. (1987) *For Your Own Good: The Roots of Violence in Child-Rearing*, Virago, London (original in English, 1980).
- Mirza, H. S., ed. (1997) *Black British Feminism*, Routledge, New York and London.
- Molefe, L. (2002) When fists replace feelings, *Agenda*, no. 51, pp. 108–11.
- Morrell, R. (1998) Of boys and men: masculinity and gender in Southern African Studies, *Journal of Southern African Studies*, vol. 24, no. 4, pp. 605–30.
- Mukasa, V. (1999) Talking about sexual harassment in school, *Agenda*, no. 41, pp. 58–60.
- Mwambo, J., S. Maman, M. Hogan, M. Sweat and G. Kilonzo (2000) HIV and violence: the implications for HIV voluntary counselling and testing (VCT). Paper presented at meeting on gender violence and HIV, WHO, Geneva, October.
- NPPHCN/UNICEF (1997) *Youth Speak Out . . . A Study on Youth Sexuality*, UNICEF, Braamfontein.
- Paechter, C. (1998) *Educating the Other: Gender, Power and Schooling*, Falmer, London.
- Rivers, K. and P. Aggleton (1998) *Men and the HIV Epidemic: Gender and the HIV Epidemic*, UNDP HIV and Development Programme, New York.
- Spender, D. (1980) *Man Made Language*, Routledge and Kegan Paul, London.
- Sabo, D. and D. F. Gordon, eds. (1995) *Men’s Health and Illness: Gender, Power, and the Body*, Sage, Thousand Oaks, CA.
- Segal, L., J. Pelo and P. Rampa (1999) Youth attitudes towards crime, *Crime and Conflict*, no. 15, pp. 23–8.

- Sewpaul, V. and T. Mahlalela (1998) The power of the small group – from crisis to disclosure, *Agenda*, no. 39, pp. 34–43
- Shosholozza AIDS Project, Annual Report 1999/2000.
- Thomas, A. (1990) The significance of gender politics in men's accounts of their 'gender identity', in J. Hearn and D. Morgan, eds., *Men, Masculinities and Social Theory*, Unwin Hyman, London.
- UNAIDS (2000) Men make a difference: men and AIDS – a gendered approach, 2000 World AIDS Campaign, UNAIDS, Geneva.
- Whiteside, A. and C. Sunter (2000) *AIDS: The Challenge for South Africa*, Human and Rousseau and Tafelberg, Cape Town.
- Wood, K. and R. Jewkes (1997) Violence, rape and sexual coercion: everyday love in a South African township, *Gender and Development*, vol. 5, no. 2, pp. 41–6.
- Wood, K., F. Maforah and R. Jewkes (1998) 'He forced me to love him': Putting violence on adolescent sexual health agendas, *Social Science and Medicine*, vol. 47, no. 2, pp. 233–42.
- Wood, K. and R. Jewkes (2001) 'Dangerous' love: reflections on violence among Xhosa township youth, in R. Morrell, ed., *Changing Men in Southern Africa*, University of Natal Press, Pietermaritzburg.
- www.hdnet.org – 'Telling Children', MS Mincho Paris 99, 7 December 1999.
- Zeldin, T. (1995) *An Intimate History of Humanity*, Minerva, London.