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Getnet Tizazu Fetene, Greg Dimitriadis

* Department of Foreign Languages and Literature, Addis Ababa University, Ethiopia  
  b Department of Educational Leadership and Policy, University at Buffalo, New York, USA

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Getnet Tizazu Fetene and Greg Dimitriadis

Department of Foreign Languages and Literature, Addis Ababa University, Ethiopia; Department of Educational Leadership and Policy, University at Buffalo, New York, USA

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Set against trans- or supra-national policy initiatives which have framed the HIV/AIDS pandemic as in part a pedagogical issue, this paper critically explores local understandings of sexual practices (generally) as well as of HIV/AIDS (more specifically) among young people in the sub-Saharan African country of Ethiopia. Ethiopia has the third largest number of HIV/AIDS infections in the world, behind only South Africa and India. Like many countries dealing with this pandemic, the Ethiopian government has articulated its response to a broader set of global pressures, including those around information and education. Such responses, we will argue, are helpful but have important limitations. As this study shows, knowledge about safer sex practices and the dangers of HIV/AIDS are by now well known among many Ethiopian youth. Yet, this knowledge does not always effect behavioral change. Taking condom use as a key exemplar, we will look at how Ethiopian youth narrate their own sexual experiences, conduct, and practices. Deeply informed by the work of Pierre Bourdieu, we look to open new ‘thinking tools’ for a range of actors addressing this global pandemic in situated contexts. In particular, we challenge the ‘pedagogical subject’ – a subject lacking key information – interpolated into many of these policies. We highlight, instead, new disjunctures between emergent discourses around sex and sexuality as well as long-standing, conservative attitudes toward gender.

Keywords: qualitative; sexuality

Introduction

Set against trans- or supra-national policy initiatives which have framed the HIV/AIDS pandemic as in part a pedagogical issue, this paper critically explores local understandings of sexual practices (generally) as well as of HIV/AIDS (more specifically) among young people in the sub-Saharan African country of Ethiopia. Ethiopia has the third largest number of HIV/AIDS infections in the world, behind only South Africa and India. Like many countries dealing with this pandemic, the Ethiopian government has articulated its response to a broader set of global pressures, including those around information and education. Such responses, we will argue, are helpful but have important limitations. As this study shows, knowledge about safer sex practices and the dangers of HIV/AIDS are by now well known among many Ethiopian youth. Yet, this knowledge does not always effect behavioral change. In fact, looking

*Corresponding author. Email: gjd3@buffalo.edu
G.T. Fetene and G. Dimitriadis

across key sub-Saharan African countries, we see very different behavioral responses to pedagogical interventions and very different responses to this pandemic. Missing, it seems, are more nuanced understandings of how particular populations are ‘framed’ in policy interventions around HIV/AIDS as well as the lived specificities of those populations. Taking condom use as a key exemplar, we will look at how Ethiopian youth narrate their own sexual experiences, conduct, and practices. In doing so, we look to open new ‘thinking tools’ for a range of actors addressing this pandemic. Contemporary interventions, we argue, must challenge the functional deployment of educational policies – ‘finding the one likely solution on which to base policy, then using the resulting policy as a lever for predictable and efficient change’ (Weaver-Hightower 2008, 153) – opening up a more multi-dimensional discussion about what such interventions might look like.

**HIV/AIDS in Ethiopia**

HIV/AIDS was first reported to have been detected in 1984 (Ministry of Health, Disease Prevention and Control Department 2004). Formally though, it was in 1986, two years later, that the Ethiopian Ministry of Health reported two AIDS cases. As was the case in many developing nations, the prevalence of HIV/AIDS was very low in the 1980s (Ministry of Health, Disease Prevention and Control Department 2004). In the 1990s, its spread accelerated at a very fast rate, growing from 3.2% in 1993 to 7.3% in 2000 (Okubagzhi and Singh 2002). As with many other sub-Saharan African countries, HIV/AIDS in Ethiopia is reported to have spread ‘along traffic routes and through urban commercial sexual networks’ (Sanders et al. 2003, 1209).

Ethiopia is now among the countries hit hardest by the epidemic. Globally, the country has the sixteenth highest prevalence of HIV/AIDS and the third largest number of people living with HIV/AIDS (PLWHA), after South Africa and India (Okubagzhi and Singh 2002). According to the report by UNAIDS (2006), in the year 2005 alone, 1.32 million people were reported to be living with HIV/AIDS in the country. In the same year, 128,900 new infections occurred, amounting to 353 infections a day. The rate of the epidemic stabilized in the years between 1996 and 2000, and there was a declining trend in the cities. Disturbingly though, in the rural areas, where 85% of the population is thought to be living, the rate was increasing. According to Hladik et al. (2006), the trend was projected to be on the rise until 2008. Despite a modest decline in urban areas and a rise in rural areas, AIDS is still believed to be the leading cause of mortality among people aged 15–49; it is also the major cause of death among the adult population in the country as a whole (Hladik et al. 2006; Sanders et al. 2003; UNAIDS 2006). More specifically, in the urban areas, in the year 2005 alone, nearly two thirds of the deaths were attributable to HIV/AIDS.

As indicated in the most recent reports by the World Bank (2007) and UNAIDS (2006) and corroborated by earlier reports, the most at-risk groups are sex workers, followed by uniformed services (particularly the police) and long-distance transportation workers. Young people aged 15–24 – one-fifth of the entire population – are also said to be an at-risk group.

The prevalence rate in Addis Ababa, the city where the current study is conducted, is even higher: it is estimated to be 15%. Not only that, the city, which hosts a number of colleges and universities, is also known for its vibrant sex industry. A study by Aklilu et al. (2001) has, for example, demonstrated a high rate of HIV infection (about 74%) among the sex workers engaged in this active sex industry. More disturbingly,
the potential impact of AIDS mortality accounted for 60% of the deaths in the year 2000 alone in the city of Addis Ababa; the estimation made by a more recent study, Araya et al. (2004), makes the figure even higher: the authors estimate that 68% of all the deaths in the city are caused by the pandemic.

Though a number of researchers give various reasons for the high rate of HIV/AIDS prevalence and its fast spread, the major reasons are closely associated with the impoverishment of the country. Reviewing the available literature, particularly that of Kebede, Aklilu, and Sanders (2000), Kloos et al. note that the major factors contributing to the spread of the pandemic are:

- high prevalence of unprotected sex with multiple partners,
- seasonal migration of workers,
- dislocation of many people due to the civil war and resettlement programs,
- high STI rates in the general population,
- the disadvantaged position of women in socio-economic and sexual decision making,
- increasing sexual activity among youth with multiple partners due to delayed marriage,
- poverty, high unemployment rates, exacerbated by the demobilization of the armed forces,
- and lack of preventive and treatment programs.

This observation dovetails nicely with a recent study by the World Bank (2007). This study outlines several major reasons for the spread of the infection: poverty, high rate of unemployment, widespread transactional sex, urban migration, harmful traditional and cultural practices, and risky behavioral factors (e.g., concurrent and multiple sexual partners).

**Policy contexts**

We see here a convergence of various supra-national agencies (World Bank, UNAIDS, etc.) diagnosing the problems of HIV/AIDS in Ethiopia, including its rates of prevalence and causes. We would now like to highlight one more such report and look at it in a bit more detail, teasing out its policy implications. In late 2006, the Federal Ministry of Health/National HIV/AIDS Prevention and Control Office released the sixth version of its report *AIDS in Ethiopia* (Ethiopian Federal Ministry of Health 2006). The report was supported by the President Bush Emergency Plan for AIDS Relief through the US Department of Health and Human Services Centers for Disease Control and Prevention Office in Ethiopia. This report is not a ‘policy’ brief in the narrow sense of the term – it does not articulate a programmatic set of government-sponsored initiatives. Yet, like many policy reports, it ‘frames’ the problem of HIV/AIDS in Ethiopia in particular ways, linking it to a broader field of such commensurable data. This framing of the problem, of course, has important implications for how it is addressed – including pedagogical implications. As Rizvi and Lingard write, ‘The nature of the problems is never self-evident, but is always represented in a specific manner, from a particular point of view. Policies thus proffer solutions to the problem as constructed by the policy itself’ (2009, 6). Following the work of Rizvi and Lingard (2009) and others, one might consider this an educational policy report in the broadest sense of the term. This seems particularly apt, as so many policy interventions today – including those around health – are often articulated through educational goals and agendas.

As one might expect, *AIDS in Ethiopia* largely understands the problem of AIDS in Ethiopia in broad, epidemiological terms. That is, it looks to trace the nature of the phenomenon as it has spread (and sometimes reseeded) over time in urban and rural areas, around age and gender and across different populations as well as in particular
regions within Ethiopia. While drawing on data from voluntary testing sites, the researchers here draw on a range of other sources, including ‘ANC (Antenatal Care)-Based Surveillance Findings’ and data culled from blood donors as well as voluntary counseling and testing. In addition to this critical data – much of which is echoed above – the report looks to trace attitudes about and knowledge of HIV/AIDS through two rounds (2001 and 2005) of the ‘Behavioral Surveillance Survey (BSS).’ The findings here are worth detailing. As the report indicates:

Summary findings from the BSS round two revealed that more than 98% of the study population were aware of HIV/AIDS except in pastoralists (80%), a comparable finding to that in BSS round one. Almost all the study population knew at least one prevention method; about 86% knew two of the three preventive methods, and nearly 55% knew all three. Knowledge of prevention methods increased with increasing exposure to HIV/AIDS messages in various media sources (radio, TV, and printed media). (2006, 38)

The report thus notes that a relatively large percentage of the population knows about HIV/AIDS as well as some preventative measures.

Importantly, this report constructs ‘comprehensive knowledge’ about HIV/AIDS in a particular kind of way. The survey does not measure only whether participants know about preventative measures. It’s so-called ‘gold standard’ is knowledge about the three preventive measures as well as the absence of all misinformation. It notes:

Measuring comprehensive knowledge of the respondents by taking those who knew all three preventive methods and with no misconceptions is found to be low (less than 20%) which is in agreement with UNAIDS reports 2005. Comprehensive knowledge seems to increase along with increase in educational level. (2006, 38)

Implicit here, of course, is the notion that various forms of knowledge are key to addressing the pandemic – with knowledge about the three forms of prevention as well as no misperceptions as the so-called gold standard. The policy thus constructs a particular problem – that only 20% of the population meets such criteria. The solution, it seems, is more education about the topic. ‘The preliminary results indicate that though knowledge of at least one preventive method is high across all target groups, there is still low comprehensive knowledge and persisting common misconceptions’ (2006, 39). The report thus looks to articulate with a global field of policy concerns – statistical surveillance data is used to measure a problem, construct it, and then offer educational or knowledge-based solutions – as mediated through supra-national agencies such as the UN.

Interestingly, the report acknowledges the gap between knowledge about HIV/AIDS and safer sex practices. It notes, ‘As in BSS round one, own risk perception is low in almost all target groups, and especially those respondents who had unprotected sex with non-marital partners do not feel that they are at risk’ (2006, 39). As we argue here, understanding this ‘gap’ – why ‘own risk perception is low’ – in the face of available information is key. An important step here would be to understand the sexual practices of Ethiopian youth with some degree of ‘thickness.’ Such an approach allows us to look beyond the so-called knowledge gap toward other ways of thinking about the HIV/AIDS pandemic. Such an approach would challenge the assumptions often embedded in the global discourses around HIV/AIDS – discourses that seem to be applied in broad-brushed ways across local contexts.

Following Lingard, Rawolle, and Taylor (2005), the work of Pierre Bourdieu provides a useful set of ‘thinking tools’ for conceptualizing this particular disjunction
and its relation to education policy more broadly. Drawing on global, commensurable
data sources, policies such as those around HIV/AIDS are increasingly generated by
supra-national agencies above the nation state, including the aforementioned World
Bank and UNAIDS (see also Lingard, Taylor, and Rawolle 2005; Rawolle and
Lingard 2008). These policies increasingly form something like a ‘policy field’ that
positions social actors in particular kinds of ways, often without attention to relevant
local context. Importantly, this policy field produces certain preferred dispositions.
Here, we see (at least in part) the production of pedagogical dispositions – subjects
who need to be educated about ‘safe sex.’ Understanding the ways in which such
dispositions articulate or do not articulate with the lived practices of such actors
allows us to explore what Lingard, Rawolle, and Taylor call ‘cross-field’ effects. They
write, ‘Different norms of engagement about what is important in social practices
necessarily translate into different readings of policies by agents in different fields and
by agents in different positions within the same field’ (2005, 765). In short, under-
standing the ways in which particular practices intersect with these global fields
allows us another angle of vision on policy analysis today.

In particular, Bourdieu’s work allows us to get past many of the binaries that have
structured policy work to date. Most notably, Bourdieu’s work allows us to challenge
the ways in which the ‘global’ versus ‘local’ binary has been mapped so readily onto
other familiar binaries such as ‘text’ versus ‘practice,’ ‘structure’ versus ‘agency,’ and
‘macro’ versus ‘micro.’ These bifurcations have typically meant that conceptual appa-
ratures get generated through the former and empirical material through the latter – a
self-referential circuit likely to continually produce the same problems along with the
same solutions. In looking at the question of HIV/AIDS in Ethiopia, discussion cannot
be exhausted at either level of analysis. Rather, we see the production of policy fields
that produce certain dispositions toward HIV/AIDS that both articulate and do not
articulate with the lived habitus of agents who traverse them. As we will demonstrate,
such work makes certain issues less relevant than one might expect (knowledge about
HIV/AIDS prevention) and others more relevant (gender inequality). We will return
to these issues at the end of the paper.

Setting and methods

The empirical material for this project was collected by Dr Fetene (the first author), a
faculty member at Addis Ababa University (AAU; on leave at the time of the
research). Located in the capital of Ethiopia, AAU was founded in 1954 as a junior
four-year college by ‘Canadian Jesuits who had received permission from [the then]
Emperor Haile Selassie I’ (Kehoe 1962, 475) to open the institution. When it was
inaugurated as Haile Selassie University in 1961, the university had only some 460
students (Kehoe 1962). It is now a home to over 57,000 students in two major
programs: Regular and Continuing Education.1 The regular program, which includes
both the undergraduate and the graduate programs, takes the greatest share of the
57,000-student population.

Quite recently, the assignment of students eligible to join higher institutes of learn-
ing in Ethiopia has been done by lot and AAU is no exception. It admits qualified
students assigned to it by the Ministry of Education (MOE). This is done with the
intention of maintaining fair distribution of students in terms of place of origin (urban
or rural), gender, academic achievement, and students’ choice. Even though this prac-
tice is equally applicable to other universities, AAU was chosen for this study because
it has the largest pool of students attending various colleges, faculties, and schools. The fact that it is situated in the capital city is an additional factor considered for choosing AAU as a research site.

In order to collect the required data for the qualitative component of the study, Dr Fetene used four major techniques of data collection: focus group discussion (FGD), field notes, ethnographic observations, and documentary information. Data found from the field notes included information concerning gatekeepers, problems encountered during and prior to data collection, some non-verbal cues noted about participants, and the overall research setting. The ethnographic observations, by and large, revolved around the research setting in general and the places that have direct bearing on the sexual conduct, sexual experience, and safer practices of undergraduate college students at AAU in the context of the HIV/AIDS pandemic. Documentary information was drawn from relevant secondary data from government sources (e.g., female participation in higher educational institutes and rate of student participation in colleges).

FGD was the major tool used to collect data required for the study. Twenty students were included: 10 men and 10 women. The FGDs were conducted in four single-sex groups consisting of five participants each. Participants were recruited through targeted snowballing, with an eye toward broad representation. That is, an effort was made to not ‘over-represent’ a particular ethnic group (say the Amhara), a single religious background (say the Moslem), or a specific field of study (say education). Though non-balanced representation in some of the categories was still unavoidable, as a whole, the 20 FGD participants composed a somewhat diverse group. After female participants were recruited, they were introduced to a moderator, Dr Zenebe, a qualified researcher and Director of the Institute for Gender Studies, AAU. She was involved with the anticipation that female participants would be more comfortable talking about sexual matters with a female moderator (Lear 1997).

Even though Dr Fetene tried to use more or less a similar procedure in recruiting subjects for the in-depth interview (originally included as another research tool for collecting the required data), the task was very challenging and rather frustrating. Because participants for the FGDs were emphatically told that they would not reveal intimate information about themselves (on the contrary, they were in fact cautioned not to do that), finding students who were willing to participate was not very difficult. Some were visibly enthusiastic to share what their opinions and perceptions are and to hear what others had to say. Most students who were approached for longitudinal in-depth interviews, though they initially expressed a willingness to participate, albeit unenthusiastically, later asked to withdraw. They often withdrew when asked to sign the consent form after being provided with further explanation about their degree of involvement and the extent of private information they might be asked to share.

The recruitment problem was more apparent among potential female students. This was the case despite Dr Fetene’s attempt to selectively approach the supposedly liberal students, taking different factors/signs into consideration (e.g., recommendation of faculty, the high school they went to, their family background, their dressing styles, their involvement in extracurricular activities, and their field of study – theatrical arts students, for example). Because of the scarcity of and the high refusal of students to take part in the in-depth interview, Dr Fetene was eventually forced to drop the method altogether.

With the informed consent of participants, Dr Fetene audiotaped all the FGDs. He and his co-researcher conducted the FGDs with both sexes in two rounds in his office.
While the bulk of the discussion was conducted in the first round following the recruitment of the female and male participants, the much shorter discussion was held in the second round. The male FGD that Dr Fetene moderated in the first stage, for example, lasted close to six hours, resulting in a six-hour taped discussion. Similarly, the FGD conducted with the female participants and moderated by the female research assistant took nearly five hours. A five-hour taped discussion was produced from the female FGDs. The FGDs held in the second round took place nearly a fortnight after the first round. After he finalized transcribing the 11 taped discussions (six tapes with male participants and five tapes with female participants), he sensed that there were issues that needed to be discussed further. In consultation with his research assistant, he scheduled another session dealing with issues requiring further discussions in each of the focus groups. Consequently, the discussions Dr Fetene and his research assistant had in the respective groups resulted in about a one-hour taped discussion each. Altogether, they were able to obtain a total of 13-hour taped discussions in both rounds, which were transcribed in 150 pages.

When deciding to conduct the second round of the FGDs in the four discussion groups of both sexes, Dr Fetene was mindful of the ‘iterative process’ of interpreting and collecting qualitative data underlined in the manual prepared by the American Educational Research Association (2006). ‘This iterative process of developing claims or interpretations, seeking confirming and disconfirming evidence in the data, sometimes collecting additional evidence, and trying out alternative claims or interpretations, supports the development of warrants for claims or conclusions’ (2006, 38, emphasis added). As a whole, the method of analysis used in this study was an inductive analysis, that is, ‘categories, themes, and patterns come from data’ (Janesick 1994, 215). To put it differently, reflective of inductive reasoning, these categories/codes, themes, and patterns were not imposed prior to data collection but were features emerging from the group interviews and the field notes (Holstein and Gubrium 1994).

The study

Knowledge about HIV/AIDS

As noted earlier, HIV/AIDS is often framed as a question of knowledge and, concurrently, of pedagogy. This pedagogical framing often assumes youth as ‘blank slates.’ Yet, with the exception of one female participant, all participants in this study said that youth know more than enough about it. They claim to be saturated with the information they obtain from numerous sources. Similar to Hoppe et al.’s (2004) subjects, most participants, in fact, decry the information overload. They say that, on the whole, the youth are inundated with such repetitive information from different sources so much so that some tune it out. Asked whether students would willingly attend a talk or a conference on HIV/AIDS if invited, the participants disdainfully expressed their lackadaisical attitude about taking part in such a forum:

Kaleb: HIV/AIDS is a subject that I have known since I was a kid. Let alone talking about it with my friends seriously, I don’t even want it to be mentioned. I think this is the overall feeling here. Suppose one announces to talk about HIV even at a time when there are no exams, in a situation where students have nothing serious to do, nobody would bother to attend the talk. On the contrary, we would say, ‘What the hell is he talking about? If he wishes, let me give him a lecture on it! Sira fetual? [Doesn’t
he have anything to do?]’ Students feel they know everything about AIDS.

Minyichel: He [Kaleb] is right. The subject of AIDS has become boring. If one says let us talk about AIDS, every one would say, ‘Fuck you!’ (Male FGD-1)

Echoing previous studies (e.g., Hoppe et al. 2004), young people used the term ‘boring’ while discussing information on HIV/AIDS that they receive in college settings (conference or otherwise). Merema’s remark below about the boringness and the redundancy of information on the pandemic is shared among the participants as well as the student community as a whole:

Merema: If you ask me, trying to know more about HIV is useless. You have all sorts of sources about HIV. Take the TV. Take the Radio. Take the Internet. It is all about AIDS. Even at colleges here, teachers use every opportunity to teach you about HIV/AIDS. But consider how bored we become when we find ourselves in these situations! … Teaching about AIDS has become extremely boring. (Female FGD-1, emphasis added)

Kaleb, one of the participants quoted above, noted that the boredom and feeling of being saturated with information/knowledge about HIV/AIDS is, to a degree, attributable to its longevity and its wide prevalence. Practically, for almost all of the participants, HIV/AIDS is something they have been hearing about throughout their life almost everywhere (see also Merema’s observation above). It has now been nearly 25 years since HIV was first detected in Ethiopia (Ministry of Health, Disease Prevention and Control Department 2004). The discovery of HIV is about five years older than most of the participants. No wonder they are tired of hearing about it their whole life.

These challenges complicate the ways in which pedagogical dispositions have been produced in much of the policy field around HIV/AIDS in Ethiopia. Clearly, these young people do not lack information about HIV/AIDS. They are saturated with it. Their narratives complicate policy responses that have ‘framed’ the problem of HIV/AIDS as a pedagogical one. In fact, they pose a profound challenge to policymakers thinking through effective responses to this pandemic. While the impulse toward identifying knowledge and information gaps (i.e., only 20% of the population knows about the three forms of prevention and have no misperceptions) is a strong one, this empirical material pushes us into new directions. A closer look at the ways in which these youth are accessing new discourses of desire will prove helpful here.

New attitudes toward sex

Importantly, these same young people – young people born in the shadow of AIDS and its attendant proliferation of information – are also experiencing a new-found freedom around sexuality and desire. As we will note below, what might be called a new discourse of desire has taken hold among both the young men and women in this study. Indeed, one common question raised and discussed in all the four FGDs was the following: To what extent do you think it is common to have a boyfriend/girlfriend among college students? That is probably the only question that elicited more or less uniform responses among all the 20 participants. The empirical material from the FGDs is revealing:

Dr Fetene: How common is to have boyfriends and girlfriends among college students here?
Elias: It is very common. It is even observable among elementary school students. Even though I don’t want to talk about a figure I don’t have at hand with a note of certainty, I’d say over 80% of college students have got boyfriends/girlfriends.

Dr Fetene: *That is interesting! What do you say on this, guys? Minyichel?*

Minyichel: This is a reality. I mean it is a fact … In the past, we hear stories that university was a place for university students to engage to one another and become future partners, I mean husbands and wives. But nowadays the thing is like a game, I mean having boyfriends and girlfriends at university level.

Dr Fetene: *Some kind of routine?*

Minyichel: Yeah. You know, it [the practice] is there. But there is nothing genuine about it. There is nothing right!

Dr Fetene: *I see! Ok, Kaleb. Go ahead!*

Kaleb: More or less my brothers have said it. What I want to add is a little more. I mean, this is a reality! Let alone in this university, students are having [boyfriends and girlfriends] at lower levels including the preparatory level. As my brother said, the figure would be 80–85%. If there are students without friends, it is because of fear of HIV/AIDS, or because of something or family members or lack of ‘business’ [the financial resources]. Or someone who believes he doesn’t have ‘business.’ (Male FGD-1)

For Dr Fetene, who went to the same university and who, as a student, witnessed a completely different scenario, this was quite stunning. During his stay at the university, students who had boyfriends or girlfriends would be the talk of the campus. The prevalence of such intimate relations was even more startling to his research assistant, Dr Zenebe, who had neither a boyfriend while in college nor an acquaintance with a boyfriend as a college student. When Dr Fetene let her listen to the recordings of the FGDs he held with his male participants, she could not hide her astonishment. However, she was skeptical of what she heard, ‘Listen, Getnet, guys exaggerate these things! You need to be careful.’ Dr Fetene was skeptical as well and partly shared her concern. It was thus with a note of skepticism that they looked forward to what the young women had to say. To their amazement, the stories Dr Zenebe got from the discussions with the female students confirmed the stories narrated by the male students. When asked to tell how common having boyfriends/girlfriends was in their colleges, female participants in both discussion groups, like the male students, were quick to say, ‘It is very, very common.’ The following excerpts from the discussions held with the female students were representative:

Dr Zenebe: *To what extent do you think it is common to have a boyfriend/girlfriend among college students? Why not start with you, Melat?*

Melat: The way I see it, it is very, very common to have a boyfriend/girlfriend here in a very astonishing manner. Given the enormity of the practice, one would think it is a must to have a boyfriend/a girlfriend. The way it is done, it gives you the impression that university is not only a place for academic study but also for starting this kind of relation. Without even knowing what they are doing, students start relations and you see couples hanging out.

Dr Zenebe: *Is it because you see couples sticking together that you say this or do you have any other reasons? I mean a couple can stay together but still their relation may not necessarily be... Are there other indications you noticed for you to say they are boyfriends/girlfriends?*
Melat: Well, there are indications. For example, you see them together frequently. You see these people staying together in the evenings. You see them going out together to special places.

Adey: Well, I’d say this idea of having a boyfriend and a girlfriend is widely practiced in this university. As my sisters already explained, the first thing you are expected to do as a first-year student is to have a boyfriend and to have a girlfriend. You see girls, those from Addis as well as those from the regions, rushing to have a boyfriend. Sometimes you wonder places like Beg Tera and the football field is deliberately arranged for this purpose. If you happen to go to these places, you see couples doing all sort of things like animals. It’s only animals that do these sorts of things without worrying whether people see them or not. (Female FGD-2)

Out of curiosity, Dr Zenebe also asked the participants to guess what percentage of the student population had boyfriends/girlfriends – the estimates ranged from 70% to 80% and above. Two of the female participants tried to justify their estimates:

Frehiwot: But does the figure you are asking us to guess include those who have friends off campus. I mean in the regions and all that?

Dr Zenebe: Sure it does. It includes those, too.

Frehiwot: In that case, I’d say it would be over 75%.

Merema: My guess is a bit higher. [Laughter]. I’d say it would be about 80%. You know what, it is very few students from among freshman students who don’t have [boyfriends/girlfriends]. And they avoid that until they get used to the campus. They too will have friends later. If you are asking me about seniors, almost everyone has one. They form relations to one another. It is only few freshman students that do not have friends. And that is for a maximum of a semester.

Dr Zenebe: What about you, Esegenet? What do you say?

Esegenet: Personally, I agree with what Merema is saying. About 80% of the students have got boyfriends/girlfriends. If you look at the situation in every dormitory, most of the girls have [boyfriends]. And that is over 80%.

Haregewoin: I completely agree with Esegenet’s and Merema’s opinions. It must be over 80%. Among the experience of girls of various dormitories I know, it is only one or two of eight of the girls who do not have boyfriends. Consider the average. That obviously amounts to 80%.

(Female FGD-1)

Irrespective of their gender and academic class, all the FGD participants strongly note that opposite sex relations among campus students is common. While some say, ‘having boyfriends/girlfriends is considered synonymous with joining college,’ for others, sexual relations emanating from joining colleges is equated with a ‘common course’ given to every college student.

All this underscores the radically changing nature of sexual mores among youth in Ethiopia – what might be called an emerging, cross-gender discourse of desire. Young people are talking about relationships and about sex in new ways, in ways that perhaps signal a broader articulation with global trends. The youth here sound quite a bit like many young people around the world – particularly the young women. This is a remarkable shift, one worth stressing in a country historically marked by quite traditional attitudes toward sex. Here, too, the construction of Ethiopian youth as pedagogical subjects – as in need of more information to make informed decisions – misses this emergent tendency, eliding the agency of youth.
We thus begin to see a picture emerge – that of young people who are sexually active and aware of the dangers of HIV/AIDS. In this respect, one might broadly, perhaps, expect a prevalence of safer sex practices such as condom use. Yet, as we will see, condom use was not as prevalent as one might expect. While reports such as the one mentioned above might posit education as an answer, we see here a different set of ‘levers’ at work. In particular, our empirical material has prompted us to examine the ways in which these new attitudes toward desire are being met by long-standing patriarchal attitudes and beliefs. We see a complex and contradictory picture emerge – one that challenges the kinds of subjects interpolated into worldwide policy responses.

**Condom use**

Indeed, it is against this emergent discourse of sexuality and desire that these young people discussed aspects of the HIV/AIDS pandemic, including condom use. Given aggressive nationwide promotion efforts (Kloos and Haile Mariam 2000), again, one might assume (perhaps) something like unanimity in the belief about the role and value of condoms. But this was not the case. As we will argue, discussions among the participants on the use of condoms and their availability and health benefits were complicated by still durable, conservative attitudes about sex and sexuality as well as by unequal gender roles.

For example, the FGDs of both sexes indicate that there is a feeling of embarrassment about buying or carrying condoms. The degree of embarrassment was particularly marked for young women. For almost all female participants, the idea of purchasing or carrying condoms was simply unthinkable. Nearly all of them said they have never seen or heard of a female student purchasing condoms or keeping condoms with her. Even a participant who reports to have seen a fellow female student keeping condoms talks about her experience with a note of astonishment:

Haregewoin: Very surprisingly, I once saw a girl carrying condoms. I was surprised. I pretended not to look surprised, I mean despite my experience in anti-HIV clubs at high school. (Female FGD-1)

The implicit as well as explicit understanding is that it is unbecoming of women to buy, carry, and suggest condom use or even to talk about condoms. Condom use as a topic of discussion between the female students simply did not occur. Asking a man to use condoms might convey the impression that these young women were sexually active – a taboo (Afifi 1999). Even for those willing to carry condoms, some participants note, the campus environment is not supportive. The body search commonly practiced among students of both sexes at different gates of university campuses is, for example, reported to be a hindrance to that kind of attempt by women. The following excerpts are indicative of some of the factors discouraging female students from condom use:

Dr Zenebe: Are there girls who keep condoms in their bags? Merema: Girls who do that [keep condoms in their bags] would cause a lot of astonishment. Even though we know she is sexually active, we’d say, ‘How come she has got condoms?’ with a note of astonishment. (Female FGD-1)
Adey: I very much doubt that women would even dare to keep condoms in their bags. As you know, there is body search here. And you can imagine how a girl would feel if a woman security officer discovered condoms in her bag!

Dr Zenebe: There is no mention of condoms in dormitories?
Sara: No, I have never heard about it.
Yetnayet: Probably among guys [condoms may be discussed]. But we never talk about condoms.
Adey: Personally, I don’t think condom is a topic of discussion among female students here. (Female FGD-2)

Moreover, even male students carrying and purchasing condoms (though to a lesser degree) are viewed unfavorably. Young men carrying condoms are often regarded as wanton or promiscuous – still a common taboo. Expressing their opinions on a hypothetical scenario in which a student is ‘caught red-handed’ dropping a condom, this is what a few participants had to say:

Dr Fetene: Suppose one drops a condom while playing football or volleyball, what do people say to him?
Regassa: Well, in that situation people make fun of you.
Alebel: People think that you are sexually well-experienced.
Bekele: Some might even consider you as somebody very sexy [i.e., sexually active]. Particularly girls would take you that way. And people don’t want to be considered that way. (Male FGD-2)

The practice of purchasing condoms by men is complicated by still conservative mores around sexuality. More specifically, male students wanting to buy condoms sometimes refrain from doing so: when the salespersons are elderly people, when they see many customers buying other items, and when the stores selling condoms are too noticeable (e.g., when vendors are situated in main streets). In other words, the FGDs with both sexes reveal that students feel comfortable purchasing condoms from shops with young salespeople and stores situated off-street:

Yetnayet: People are too shy to buy condoms. In our culture, on matters of sex, we are too secretive. Young people would have liked to see condom vendors to be situated in secluded places. Unfortunately, you can only buy condoms from shops or pharmacies that are situated in the open. If someone wants to buy condoms and if he sees a lot of shoppers, he won’t buy. He will simply go away. (Female FGD-2)
Gemeda: Before buying condoms, people first make sure who is in the shop. If the shop assistant is a young man, then people will go and buy the stuff. Even if the assistant is a young lady they won’t mind buying condoms. But if the person there is an adult or elderly person, people won’t dare to purchase condoms. (Male FGD-2)

In addition, we noted the still-persistent notion that condom use kills sexual sensation – and more importantly, the ways in which this attitude is instantiated and structured by male desire. Discussions held with male students indicated men’s preference to having sex without condoms. From their discussions, it is possible to surmise that the youth think sex with a condom is not as pleasant as sex without one. The cliché ‘having sex with condoms is like licking a wrapped candy’ was repeatedly raised in three of the four FGDs. Interestingly enough, female students also raised the idea that sex with condoms is an unpleasant practice from men’s perspectives. They do not say
sex without condoms is pleasant or unpleasant for them. What female students time and again underlie is that the unpleasantness of sex with condoms is men’s idea:

Sara: I also feel they [guys] are disgusted with it. Because guys don’t have fear of pregnancy, they don’t want to use condoms for preventing pregnancy. They might worry about catching AIDS, but when they are in the heat of the moment, they don’t want to think of using condoms. They think that they wouldn’t get the satisfaction they need if they use condoms.

Adey: I’d like to say more on this feeling of disgust with condom use. Guys usually say they lose their sensations. Their feelings become dead when they have to use condoms. They say it does not give them any satisfaction when they use condoms.

Melat: Yeah, that’s true. Guys are often heard saying sex with condom is like licking Desta Candy [a very popular locally produced candy] with its wrap. (Female FGD-2)

This, of course, reveals the deep gendered inequalities that still persist among Ethiopian students. While there seems a new openness around sexual relationships, these relationships are still highly and rigidly structured around patriarchal imperatives. This particular disjuncture, of course, has deep implications for HIV/AIDS transmission among these youth.

The point is important. Men are often described as preferring sex without condoms. In contrast, female students are described as seeking men who use condoms. They describe men using condoms as ‘thoughtful and responsible … [people] who worry about making their girlfriends pregnant or contracting HIV.’ These contrasting perceptions of female and male students imply that it is women, and not men, who benefit most from condom use. Yet, male desire structures much condom use practice – and open discussion around the topic is reported to be virtually non-existent. It appears that students are more concerned about the personal and inter-personal repercussions resulting from the suggestion to use condoms than the possible risk of contracting HIV/AIDS brought by failure to use condoms. For fear that students would convey a feeling of mistrust (as is the case in the study of Margillo and Imahori 1998), they, for example, refrain from suggesting to a sexual partner that they use a condom. Some also avoid mentioning condoms because of feelings of shame or embarrassment. Opinions aired by some of the female participants are indicative of that trend:

Dr Zenebe: Why do you think young people don’t use condoms? Do you think it has to do with price?

Yetnayet: No, it is very cheap.

Melat: I think there is a feeling of shame among partners to talk about condoms.

Sara: There is also a fear that people think that their partners don’t trust them if they suggest condom use. (Female FGD-2)

In sum, the student community appears to be very well aware of the protective utility of condoms. Nonetheless, as is the case in the literature in Ethiopia (e.g., Alene, Wheeler, and Grosskurth 2004; Fitaw and Worku 2002; Teka 1997) and elsewhere (e.g., Campbell et al. 2005; Hulton, Cullen, and Khalokho 2000; Volk and Koopman 2001), awareness does not seem regularly to be translated into actual behavior. Some factors believed to be leading to actual behavior are simply not there. Unwillingness to buy or carry condoms is, for example, a factor conspicuously missing. In addition, the persistent, deeply patriarchal nature of these relationships tends to further
discourage condom use – male ‘pleasure’ is prioritized over and above the needs and desires of young women, who tend to be silenced on this particular issue.

This complex nexus challenges us to rethink the pedagogical subject at the heart of many global policy responses to HIV/AIDS. Young people here are (on the whole) informed about HIV/AIDS and are becoming more sexually active. Yet, this newfound freedom is complicated by long-standing, conservative beliefs systems around gender roles – a disjuncture that often constrains condom use. Among other things, this suggests that we need to explore both the ways in which particular individuals and groups have been ‘framed’ in contemporary, global policy interventions and their own particular lived and narrated experiences.

Discussion

As noted earlier, policy discussions have tended to frame the issue of HIV/AIDS, at least in part, as one of pedagogy and knowledge. As evidenced by the AIDS in Ethiopia report, for example, the implicit ‘problem’ is that only 20% of people know the three preventative techniques and have no misinformation. Yet, our study shows a much more complicated set of problems and tensions – something like a ‘perfect storm.’ Young people are, in fact, saturated with information about HIV/AIDS – to the point of information overload. This information overload is happening in a very particular moment – one where mores around sex and sexuality are changing. Young people are increasingly involved in sexual relationships – a change from even one generation back. While such traditional notions are changing, however, patriarchy remains largely intact and structures key parts of these relationships in distinctly unfair ways, as noted above. In the end, we perhaps see some of the reasons behind the disjuncture highlighted in this study – the idea that knowledge about condom use does not always translate into practice. One is forced to take, in particular, local articulations of young people and their practices – for example, here, we have to account for the cultural shifts that are both new (i.e., changing mores around sex) and quite old (i.e., traditional notions of patriarchy). These are precisely the tensions and disjunctions that we must attend to when thinking about policy today – tensions and disjunctions often erased as a global field of policy concerns tends to take shape.

Understanding such disjunctions, we believe, has broader implications for how we treat public policy today. As we argued, public policies today are often implicitly pedagogical, generated through globally commensurate data sources. These policies are increasingly produced and circulated by supra-national agencies such as the World Bank and the UNAIDS. As Rawolle and Lingard write:

The statistical work of the OECD (and that of other international agencies) has helped to construct a global education policy field. This is emergent through the global space of equivalence, akin to the homologous processes within nations and documented in the histories of national statistical systems. (2008, 738)

Recall the diagnostic work on the prevalence of HIV/AIDS in Ethiopia as well as the seemingly neutral statement that only 20% of the population has no misperceptions about HIV/AIDS and knows of the three preventative measures. The result is a broad, global policy ‘field’ that largely defines the nature of a particular problems as well as its solution.

Understanding the ways in which individual agents, situated in particular contexts, intersect with these fields becomes pressing. To echo the language of Bourdieu,
understanding the particular ways in which the ‘habitus’ of agents – the ways in which they come to embody particular dispositions – intersect with these policy fields becomes critical. Here, as we see, these Ethiopian youth embody a very particular set of both synchronous and nonsynchronous discourses around sexuality and gender that complicate the question of condom use. These beliefs and dispositions complicate the kinds of policy reports mentioned earlier, the ones that assume the relevance of a particular kind of education a priori. Such work can perhaps re-situate discussions around public/education policy, opening up a terrain of discussion not wholly exhausted at either ‘the global’ or ‘the local’ level.

The point is worth underscoring. The global field of public policy emerging today looks toward commensurable data sources to make claims about specific sites and populations around the world. While this can be a useful endeavor, of course, it can also work to create an unhelpful bifurcation between the global and the local. More specifically, one risks using the former to generate conceptual architecture that is then applied to the latter, particular empirical sites. For example, we note again the ways in which the diagnostic material generated at the global level around HIV/AIDS is used to produce particular kinds of pedagogical subjects here. While we would never argue that such efforts are wholly without merit, they can also preclude other kinds of discussions, including those around gender. Indeed, looking across our empirical material, the question of gender inequality emerged as a perhaps more salient lever for change in this particular context – a key, disjunctive node. Young women are asserting themselves sexually in new ways while living in a society still largely structured along patriarchal lines. One can imagine a more fruitful and productive conversation about HIV/AIDS that proceeds along these lines.

In conclusion, attending to either the ‘global’ or the ‘local’ in policy analysis today leaves us locked into a set of limited binaries, including ‘structure’ versus ‘agency,’ ‘macro’ versus ‘micro,’ ‘policy production’ versus ‘implementation’ and so on. We suggest here that the work of Bourdieu is helpful for moving past these binaries, toward the kinds of policy analyses necessary today. Such work focuses both on the multiple, global ‘fields’ that produce certain kinds of discourses and dispositions around certain kinds of problems or issues as well as on the ‘habitus’ of agents as they traverse them. Such work can allow us to challenge the kinds of subjects interpolated into contemporary policy discourses. We see here, in key example, the emergence of a different kind of subject – one that is actively engaging in new discourses and practices around sex and sexuality while circumscribed by deeply unfair gender roles and systems. We suggest that reading this subject back into debates around HIV/AIDS in Ethiopia might allow for more fruitful kinds of conversations around public policy.

Note
1. Continuing Education program, in turn, comprises three programs: evening, summer, and distance education programs, all of which run only undergraduate studies.

Notes on contributors
Getnet Tizazu Fetene is an assistant professor of sociology of education at Addis Ababa University.

Greg Dimitriadis is a professor of sociology of education at the University at Buffalo, SUNY.
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