A FOUCAULDIAN ANALYSIS OF DISCOURSES SHAPING PERSPECTIVES, RESPONSES, AND EXPERIENCES ON THE ACCESSIBILITY, AVAILABILITY AND DISTRIBUTION OF CONDOMS IN SOME SCHOOL COMMUNITIES IN KAVANGO REGION

Thesis submitted to Rhodes University in fulfillment of the requirements for the Degree of Doctor of Philosophy in General Education Theory and Practice

By

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DEDICATION

This study is dedicated to my late father, Risto Ngalangi and my mother Beatha Ngalangi
DECLARATION

I would like to declare that the work in this thesis is my own work and where other people’s work has been used (either from a printed source, internet or any other source) this has been carefully acknowledged and referenced in accordance with the university’s departmental requirements.

[Signature]

N.S. Ngalangi

[Signature]

Date

09/03/2015
ACKNOWLEDGEMENTS

As Isaac Newton once said, “if I have seen further, it is because I am standing on the shoulders of giants”. If today I have made it this far academically, it is not by virtue of any sharpness of sight on my part, or any physical distinction, but because I am carried high and raised up by the giant size of those on whose shoulders I have been carried thus far. So I would like to take this time to acknowledge the giants in my life who made this dissertation possible.

In conducting this study, I received significant moral and technical support from individuals and groups of people making the process easier than it would have been without such support. I therefore would like to express my gratitude and sincere thanks to the following:

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- Special thanks go to my supervisor, Professor Jean Baxen (PHD), for her professional, continuous, and invaluable assistance through many drafts of this thesis. She offered up-to-the minute support from inception to the completion of this study.
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- A word of thanks to Mr. Robert Kraft for the guidance, advice and proofreading of this work.
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- I thank the Ministry of Education, Kavango Region for granting me a study leave.
As so few know, there is much sacrifice when researching, writing and revising a thesis. As a result, many things competed for my limited time; priorities must be drawn, which means seeing and speaking with friends much less than desired. Thank you to my dear friends who do not know what I’ve gone through but have supported and trusted in me enough to accept my disappearance down during my write-up stage: I would like to wholeheartedly thank them for their support and guidance during my busiest and difficult time while pursuing this study.

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I heartily thank you all
ABSTRACT

Condom use is promoted as an effective method for prevention and contraception for people who practice or are at risk of practicing high-risk sexual behaviors. According to the UNAIDS (2009) report, condoms are the only resource available to prevent the sexual spread of the HI-Virus; and with regard to family planning, the same report proposes that condoms expand the choices, have no medical side effects, and thus provide dual protection against pregnancy and disease. However, in Africa as elsewhere in the world, condom use has been fiercely debated. The debates on the accessibility, availability and distribution of condoms in schools are not new nor are they uncontested. In Namibia, the HIV and AIDS policy in education does not explain how, when and by whom condoms should be made available to learners. This leaves it to schools to decide on how (and whether) to make condoms available to learners. As a result, individual school’s choices not only vary, but are mediated by different factors that are not always in the best interest of learners who, as the foregoing discussion suggests, continue to participate in behaviour that, amongst other things, puts them at risk of HIV infection and falling pregnant. Relying on Foucault’s theory of discourses, this study investigated the dominant discourses that shape learner, teacher, parent religious and traditional leader and traditional healer perspectives, responses, and experiences with regard to the accessibility, availability, and distribution of condoms in school.

The study was conducted in nine schools in Kavango Region in Namibia using a mixed methods approach. The study used triangulation in the data collection process through the use of questionnaires where 792 learners participated in this component, and focus group discussions and individual interviews targeting four groups namely, learners, teachers, parents and religious leaders, traditional leaders and traditional healers. The quantitative data were analyzed using the Statistical Packages for Social Sciences (SPSS), and findings from the focus group discussions and individual interviews were analyzed identifying themes and patterns and then organizing them into coherent categories with sub-categories.

The study revealed that the majority of adult participants opposed the idea of making condoms available in schools; advocating abstinence instead. This was despite evidence on the prevalence of sexual activity amongst youth in the community. Reasons had to do with various competing
and hierarchized discourses operating to shape participant beliefs, perspectives, and responses in a highly regulated and surveilled social and cultural context. Put differently, the dominant discourses invoked a particular sexual subject; authorized and legitimated who invoked such a subject; who was and was not allowed to speak on sexual matters; as well as how sexual matters were brought into the public space of schools. Such authorization and legitimation regulated the discursive space in which discussions on sexual health, safe sex, and resources such as condoms were permitted; with negative consequences for the sexual well-being of youth in Kavango Region.

The study also highlighted the tension between freedom, choice, and rights, showing how complex in fact is decision to make condoms available in school. On the one hand, teenagers positioned themselves as capable subjects who had the right to exercise choice over their sexual lives. Requesting parent consent was thus viewed as a violation of this right to choose. Such a position displayed authority and agency by learners that was pitted against views amongst adults in this study that positioned youth as having no agency. In their view, youth (a) were still children and thus innocent and pure, (b) ought to abstain, and (c) were difficult to control given the modern context. Adults believed that early sexual involvement by learners did not result from lack of vigilance and control on their part, but rather from exposure to modern social mores.

The study concluded that (a) schools remain difficult spaces not only for mediating discussions of sex and sexuality, but also for providing resources to mitigate sexual risk amongst leaners, (b) in highly regulated societies, dominant religious discourses are produced and reproduced in and through existing institutions such as family, church, and schools; highlighting how these serve to normalize beliefs and perspectives, (c) the dominant discourses shaping communities in which schools find themselves remain inconsistent with school discourses that are shaped by modernist conceptions of childhood and youth, and (b) adult choices to sanction and obstruct schools from making condoms available (and in the case of teachers, not accessible and distributable) put the very children at risk that they propose to be protecting.
**ACRONYMS AND ABBREVIATIONS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABC</td>
<td>Abstinence, being Faithful to one partner, and Condom</td>
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<td>ABY</td>
<td>Abstinence Be faithful and Youth</td>
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Clinics</td>
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<td>CAPs</td>
<td>Condom Availability programmes</td>
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<td>CCBP</td>
<td>Council of Christian Bishops of the Philippines</td>
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<td>CDA</td>
<td>Critical Discourse Analyses</td>
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<td>CRC</td>
<td>Convention on the Rights of the Children</td>
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<td>FBOs</td>
<td>Faith Based Organizations</td>
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<td>FGDB</td>
<td>Focus group discussion boys</td>
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<td>FGDG</td>
<td>Focus group discussion girls</td>
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<td>FGDP</td>
<td>Focus group discussion parents</td>
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<td>FGDRL</td>
<td>Focus Group Discussions Religious Leaders</td>
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<td>FGDT</td>
<td>Focus group discussion teachers</td>
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<td>FY</td>
<td>Fiscal Years</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HRCs</td>
<td>Health Resource Centers</td>
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<td>IRL</td>
<td>Interviews Religious Leaders</td>
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<td>ITH</td>
<td>Interviews Traditional Healers</td>
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<td>ITL</td>
<td>Interviews Traditional Leaders</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<td>MoHSS</td>
<td>Ministry of Health and Social Services</td>
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<td>NACP</td>
<td>National AIDS Control Program</td>
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<td>NASOMA</td>
<td>National Social Marketing Programme</td>
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<td>NDHS</td>
<td>Namibia Demographic Health Survey</td>
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<td>NGOs</td>
<td>Non-governmental Organizations</td>
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<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PLWHA</td>
<td>People Living With HIV and AIDS</td>
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<td>SPSS</td>
<td>Statistical Packages for Social Sciences</td>
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<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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</table>
STI’s: Sexually Transmitted Infections
TADA: Teenagers Against Drugs and Alcohol
TCE: Total Control of Epidemics
UNAIDS: Joint United Nations Program on HIV/AIDS
UNFPA: United Nations Population Funds
USA: United States of America
USAID: US Agency for International Development
VTC: Voluntary Counseling and Testing
WCC: World Council of Churches
WHO: World Health Organization
FIGURES AND TABLES

Figures
Figure 1: Age distribution of respondents
Figure 2: Sources of information on condoms

Tables
Table 1: Learner perspectives on sexual relations amongst peers still in school
Table 2: Learner perspectives on sexual relations amongst peers still in school
Table 3: Learner perspectives sexual relations amongst peers still in school
Table 4: Learner perspectives on what friends say about using condoms
Table 5: Learner perspectives on parent consent on availability of condoms in schools
Table 6: Learner perspectives on parent consent on availability of condoms in schools
Table 7: Learner perspectives on parent consent on availability of condoms in schools
Table 8: Learner perspectives on strategies to increase condom access at school
Table 9: Learner perspectives on schools providing condoms
Table 10: Learner perspectives on schools providing condoms
Table 11: Learner perspectives on schools providing condoms
Table 12: Learner perspectives on why the schools should provide condoms
Table 13: Learner responses on if they have ever accessed condoms in school
Table 14: Learner responses on if they have ever accessed condoms in school
Table 15: Learner responses on if they have ever accessed condoms in school
Table 16: Obtaining condoms by learners
Table 17: Learner perspectives on peers and sexual relations while still in school
Table 18: Learner perspectives on whether they have ever accessed condoms at school
Table 19: Learner perspectives on whether schools should provide condoms
Table 20: Learner perspectives on why the schools should provide condoms
Table 21: Learner perspectives on parent consent on availability of condoms in schools
Table 22: Learner experiences on where learners obtain condoms at school
<table>
<thead>
<tr>
<th>TABLE OF CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEDICATION .................................................................</td>
</tr>
<tr>
<td>DECLARATION .................................................................</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS ..........................................................</td>
</tr>
<tr>
<td>ABSTRACT .....................................................................</td>
</tr>
<tr>
<td>ACRONYMS AND ABBREVIATIONS .........................................</td>
</tr>
<tr>
<td>FIGURES AND TABLES .......................................................</td>
</tr>
<tr>
<td>TABLE OF CONTENT ..........................................................</td>
</tr>
</tbody>
</table>

**CHAPTER 1**  
**BACKGROUND TO THE STUDY** ......................................................... 6

1.1 Introduction .................................................................................. 6
1.2 Theoretically situating the study: Foucault’s conception of discourse .................................. 7
1.3 Context of the study .................................................................... 9
1.4 Problem statement ....................................................................... 15
1.5 Research orientation and goals ..................................................... 16
1.6 Main research question ............................................................... 17
1.7 Outline of the study .................................................................... 17

**CHAPTER 2**  
**A FOCAULDNIAN PERSPECTIVE ON SOCIETY, SUBJECT FORMATION, REGULATION AND CONTROL** .................................................. 20

2.1 Introduction .................................................................................. 20
2.2 Discourse and society formation .................................................. 22
2.3 Society and subject formation, resistance, and repression .............. 26
2.4 Discourse, subjectivity, regulation, and discipline .......................... 32
2.5 Panoptic gaze, power, surveillance, and subject formation ............. 34
2.6 A Foucauldian perspective on the repressive hypothesis .................. 39
2.7 Limitations in using Foucault’s theory on subject formation, subjectivity, and power .......... 44
2.8 Chapter summary ....................................................................... 46

**CHAPTER 3**  
**THE EVOLUTION AND DOMINANT DISCOURSES SHAPING UNDERSTANDINGS AND RESPONSES TO CONDOMS** .................................................. 48

3.1 Introduction .................................................................................. 48
3.2 The genealogy and early debates on condoms ............................... 49
3.3 Current debates on condoms ....................................................... 52
3.3.1 Political and economic debates on condoms .......................................................... 52
3.3.2 Religious debates on sex, human sexuality, contraception and disease prevention: implications for understandings and responses to condoms .................................................. 56
  3.3.2.1 Religious debates on the availability and use of condoms ................................... 59
  3.3.2.2 Religious debates on condoms in Namibia ......................................................... 62
  3.3.3.3 Religious organizations, disease prevention, and condom promotion ................. 64
3.3.3 Social and cultural practices that shape human sexuality, sex, and condoms .......... 66
  3.3.3.1 Conceptions of childhood and the sexual subject .............................................. 67
  3.3.3.2 Conceptions of adolescence, youth, teenager and the sexual subject .................. 69
  3.3.3.3 Traditional and modern debates on adolescence, early marriage, and schooling .... 72
  3.3.3.4 Societal discourses on sex and condoms .......................................................... 74
3.4 Chapter summary ..................................................................................................... 78

CHAPTER 4 SEX EDUCATION, SEXUALITY, AND CONDOMS IN SCHOOL CONTEXTS .......... 80
4.1 Introduction .............................................................................................................. 80
4.2 Sexuality discourses in the public domain and debates on sex education in schools ........ 80
  4.2.1 Perspectives on sex education in schools .............................................................. 83
4.3 Availability, accessibility, and distribution of condoms in school ............................... 87
  4.3.1 Parent consent and access to condoms in schools ............................................... 87
  4.3.2 Availability of condoms, abstinence, and sexual debut in school .......................... 90
4.4 Accessibility of condoms in school ......................................................................... 94
4.5 Distribution of condoms in school and out of school ............................................... 96
4.6 Chapter summary .................................................................................................. 97

CHAPTER 5 RESEARCH DESIGN .................................................................................. 99
5.1 Introduction ............................................................................................................ 99
5.2 Research goals and research question ..................................................................... 99
5.3 Research orientation ............................................................................................... 99
5.4 Sampling site and participants .............................................................................. 102
  5.4.1 Research site ..................................................................................................... 103
  5.4.2 Participants sampling plan .................................................................................. 103
5.5 Research process and data collection methods ......................................................... 107
5.6 Data analysis process .............................................................................................. 114
5.7 Validity and triangulation ...................................................................................... 115
7.8 ‘Early’ pregnancy outside marriage, surveillance, and punishment ................................................................. 162
7.9 Contraception, early pregnancy, schooling, and gendered life chances ........................................................... 164
7.10 Chapter summary ........................................................................................................................................... 166

CHAPTER 8 PERSPECTIVES ON SEX, SEXUALITY, AND YOUTH SEXUAL PRACTICES IN SCHOOL ............... 169
8.1 Introduction ......................................................................................................................................................... 169
8.2 Learners and sexual relations in school ............................................................................................................ 169
8.3 Youth and discussions on sex and sexuality .................................................................................................... 176
8.4 The role and position of teachers and discussions on sex and sexuality in school ........................................... 178
8.5 Efficacy, trustworthiness, and quality of condoms ............................................................................................ 181
8.6 Chapter summary ........................................................................................................................................... 186

CHAPTER 9 PERSPECTIVES ON THE AVAILABILITY, ACCESSIBILITY AND DISTRIBUTION OF CONDOMS IN SCHOOL ........................................................................................................................................... 189
9.1 Introduction ......................................................................................................................................................... 189
9.2 Availability of Condoms in Schools .................................................................................................................. 189
9.2.1 Learner experiences in obtaining condoms at school .................................................................................... 190
9.2.2 Perspectives on making condoms available in school ................................................................................... 192
9.2.3 Perspectives on parental consent to making condoms available in school ................................................... 207
9.3 Accessibility of Condoms in Schools .................................................................................................................. 215
9.3.1 Teacher positionality and accessibility to condoms ...................................................................................... 216
9.4 Distribution of condoms in schools .................................................................................................................. 220
9.4.1 Learner experience of condom distribution and locality ................................................................................ 221
9.4.2 Embarrassment and fear in obtaining condoms .......................................................................................... 222
9.4.3 The doctrine of ‘in loco parentis’ and condom distribution ............................................................................ 227
9.4.4 Teacher-learner sexual relations and condom distribution ........................................................................... 230
9.5 Chapter summary ........................................................................................................................................... 231

CHAPTER 10 DISCUSSION AND ANALYSIS ........................................................................................................... 233
10.1 Introduction ......................................................................................................................................................... 233
10.2 Dominant discourses, discipline, control, conformity and compliance and the context-specific production of the sexual subject .................................................................................................................. 234
10.2.1 Religious, cultural, and moral discourses and producing the docile sexual subject .................................... 235
10.2.1.1 Abstinence vs normalised youth sexual practices .................................................................................. 236
10.2.1.2 Positionality, fear and condoms in school ............................................................................................. 240
10.2.1.3 Policing the sexual subject: discipline, control and vigilance ........................................... 242
10.2.1.4 Policing the sexual subject: shame and embarrassment .................................................. 243
10.2.1.5 Policing the sexual subject: the ‘good’ child and ‘good’ family ........................................ 245
10.2.1.6 ‘In loco parentis’, teacher position, and compliance ..................................................... 246
10.2.1.7 Denialism and blame ...................................................................................................... 248
10.2.1.8 Sex, silence, and the public domain .............................................................................. 249

10.3 A Framework for understanding social action in a highly regulated discursive space .......... 252
10.3.1 Regulating and disciplining the sexual body through surveillance ................................. 252
10.3.1.1 Exteriorized surveillance in subjecting the sexual subject ............................................. 254
10.3.1.2 Internalized surveillance and the disciplined sexual body ............................................. 258
10.4 Chapter summary ................................................................................................................. 261

CHAPTER 11 CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY ........................................ 262
11.1 Introduction ......................................................................................................................... 262
11.2 Summary and conclusion ................................................................................................. 264
11.3 Recommendations ............................................................................................................. 269
11.3.1 Sex education, intervention programmes, and modalities to make condoms available 269
11.3.2 Future Research ............................................................................................................ 271

LIST OF REFERENCES ............................................................................................................. 272
APPENDICES .......................................................................................................................... 293
CHAPTER 1 BACKGROUND TO THE STUDY

1.1 Introduction
The context of this study is the worldwide HIV and AIDS epidemic, teenage pregnancy phenomenon as well as the responses that have unfolded worldwide and in Africa, which was largely led by the United Nations (UN) and World Health Organization (WHO), and at a national and regional level within Namibia. There are well publicized challenges and difficulties in implementation of these programs and puzzling failures in some. In Namibia, one of the major programme responses as I detail later on, has been the policy on distribution of condoms across the schooling system, with little success in the actualization of the programme in schools. The policy imperative to make condoms available to youth in general and distributing them in school to school-going youth, is not only controversial but met with skepticism despite the widespread knowledge among stakeholders that condoms serve as protection against HIV, disease and pregnancy.

This study seeks to understand the dominant discourses that contribute to and shape people’s perspectives on and responses to condoms and their distribution in school, which is a government imperative to curtail teenage pregnancy and the spread of HIV and AIDS amongst school-going youth. Social theory, such as that of Foucault, argues that perspectives shaping behaviour (practice) and social action are complex and layered. Foucault’s (1989) social model, for example, argues that such behaviors and beliefs are shaped in part by discourse. The study uses Foucault’s conception of discourse as a conceptual, theoretical and analytic tool to understand, why, in the face of them being freely available, condoms seemed not to be distributed in schools, as expected. Within this framework, the key elements of power, resistance, surveillance and subjectivity became important for the analysis. The research question that framed the study is: What are the dominant discourses shaping perspectives on the accessibility, availability, and distribution of condoms in some schools in the Kavango Region¹, Namibia?

¹ At the time of this study Namibia had 13 Regions but late in the study the Delimitation Commission announced its decision to split the Kavango Region into two, Kavango East and Kavango West to create 14 Regions. The process of implementing has just begun. Separate demographic and health statistics for the future two Kavango Regions were not yet available at the time of the study. When referring to the Kavango Region, it includes both Kavango West and East.
1.2 Theoretically situating the study: Foucault’s conception of discourse

This study uses Foucault’s argument that people (subjects) are born into a world, and by implication, into a society that is already produced and structured. While many theorists propose different ways to understand this, Foucault (1989) argues that society is produced and reproduced through discourse and that beliefs, attitudes, values, and behavior towards certain aspects of social life are mediated in and through discourse. He defines discourse as a system of knowledge, which makes true or false statements possible. He claims that discourse makes human experience possible by arguing that it (discourse) is what gives meaning to everything in our world and creates value. Without this system of knowledge, we would never be able to say that something is true or false or right or wrong because there would be no common or normative measure. Furthermore, he makes the point that discourse makes human understanding possible (Foucault, 1989: 47). This implies that discourse is more than ways of thinking and producing meaning. It constitutes the very nature of the subject, the unconscious and conscious mind, as well as the emotional life of subjects.

Foucault (1989) states that discourse is interwoven with power and knowledge to constitute the oppression of subjects in society; serving to either marginalize, silence or oppress them. Those marginalized are not only oppressed by being denied access to certain knowledge, but also by the demands of the dominant group. He proposes that the minority group often complies by relinquishing their power (in essence, their being, voices, cultures) either to support or become part of the dominant group (Foucault, 1976). In other words, control of knowledge is a form of oppression because only certain groups have access to particular knowledge. This implies that those in positions of power are privy to and understand the assumptions that underlie the selection and organization of knowledge in society. Thus, discourse ultimately serves to control not just what but how society is produced and reproduced, and also how thoughts and desires are regulated, policed, and managed. Foucault (1976, 1992, 1980, and 1998) argues too that in every society, the production of discourse is at once controlled, selected, organized and redistributed, not haphazardly but in particular ways, and mediated by particular groups in society. This leads to some discourses being more dominant than others because selection, organization, control, and redistribution are mainly determined by the dominant group mediating acceptable norms of society. From a Foucauldian perspective, individuals born in a particular time and space inhabit a
discursive space that is already produced and structured, the consequence of which is that they are disciplined and normalized by the existing institutions within such a space.

However, individual members of any society do not only internalize and accept the norms imposed on them by the dominant group; they at times resist. In fact, Foucault (1976, 1992, 1980, and 1998) argues that power is relational and is only visible and understood in the interactive relationship between the dominant and marginalized. He also proposes that where there is dominance, there is resistance. Hence, power relations are constituted by dominance and resistance. It is for this reason that Foucault analyses the relations between individuals and society without assuming that the individuals are powerless compared to institutions, groups, or the state. Foucault (1965) does not minimize the restrictions imposed on individuals, but argues that dominant discourses are not owned by a specific group, but diffused throughout the whole society and thus resistance is ever present.

Foucault provides insight into how discourse is socially and culturally constituted and embedded. He points out that every social and cultural discursive space is constituted by multiple and overlapping discourses, which influence the way members view and understand the things around them (Foucault, 1965). This implies that social and cultural norms and practices shape people’s views, thoughts, beliefs and attitudes as well as their responses to particular discourses, with their behavior being shaped as a result. Put differently, Foucault (1978) asserts that discourse shapes the way in which people see the world and orient themselves and others in the world. Discourse helps to establish social and cultural norms and practices by determining what is considered normal, desirable, and expected amongst people in a particular society. People’s judgments and values within a specific cultural milieu are taken for granted as natural and unbiased facts of life and universally accepted truths. Foucault (1978) makes the point that people feel the need and responsibility to compare the way others live to their own way of life in order to see how others measure up against what they believe to be the norm (and vice versa). Therefore, discourse not only produces and regulates social and cultural norms and practices, but also social action. This routinization, regularization, and reproduction results in people becoming so accustomed to making comparisons and assessments about themselves and others, that they
often pass judgment unconsciously. Thus, the effects of discourse are all around us. Human experience, according to Foucault (1989), therefore, is shaped by discourse.

Foucault (1989: 152) makes three points in explaining that “… in any particular society, multiple discourses operate simultaneously.” First, discourses emanate from different social networks that exist in a particular society. In other words, discourses are configured from different sectors in society. Second, existing discourses are not always complementary since different discourses don’t have the same power. Thus, there are always contradictory and competing discourses present in a particular society. Third, some discourses are more dominant than others and thus have the power to shape social and cultural norms and practices in ways that others are unable to. In so doing, dominant discourses infiltrate different aspects of social life (beliefs, values, attitudes and actions) mediating social action (Foucault, 1989: 158).

Foucault (1976) argues that while discourses normalize practices and behaviors, and even when people normalize their behaviors and start to comply and conduct themselves within the acceptable norm without being forced to do so, they still have choices. Because multiple discourses operate simultaneously in a given society, people are always confronted with the choice to comply and reproduce the dominant discourse or resist, subvert, and bear the consequences. Therefore, there are always social incentives to comply and by implication, to be accepted and equally as much as there are consequences to resistance and being excluded. Individuals are subjected to situations in which they have to exercise choice whether to comply or resist. The multiplicities of discourses can also result in contradictions in people’s opinions, attitudes, and behaviors because, as Foucault (1989) explains, one discourse sometimes contradicts another and in this way it creates tension; highlighting the conflictual nature of discourse, which makes it difficult for individual members to make choices on whether to comply or resist, with ever present consequences of either decision.

1.3 Context of the study
The study is located in the Kavango Region of Namibia and is framed within a much broader experience of the phenomenon and responses, viz. on a worldwide level, across Africa and a national response in Namibia.
Worldwide, the use of condoms is one in a host of strategies put forward to combat sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) and as one of the best contraceptive devices to prevent pregnancy (UNAIDS, 2012). Most HIV and AIDS prevention campaigns in Africa promote the use of condoms as a solution for individuals who cannot be faithful to one sexual partner (in and outside marriage) and those who cannot abstain from sex (Stadler, 2003). Condom use is also promoted as an effective method for prevention and contraception for people who practice or are at risk of practicing high-risk sexual behaviors. According to the UNAIDS (2009) report, condoms are the only resource available to prevent the sexual spread of the HI-Virus; and with regard to family planning, proposes that condoms expand the choices, and have no medical side effects, and thus provide dual protection against pregnancy and disease. The available evidence suggests that condoms can be a powerful and cost effective remedy to HIV and AIDS when combined with education and behaviour change (Robins, 2004; Rugalema, 2004; Schoepf, 2004; Stadler, 2003).

This study was motivated by the complex relationship between beliefs, values, resources, sexual behaviour and social action (and how it is mediated in a complex set of power relations) as it relates to condom use. Many studies have established that people have knowledge about condoms, that they understand that condoms are readily available, and that they understand the utility of condoms in preventing HIV infection and minimizing sexually transmitted infections (STIs) as well as teenage pregnancy (Robins, 2004; Rugalema, 2004; Schoepf, 2004). Despite this, the fight against HIV infection and teenage pregnancy remains a challenge. HIV is still the leading cause of death in Africa and the fourth-leading cause of death worldwide. According to the UNAIDS (2009) reports, around 34-million people worldwide were infected with HIV in 2009 and over 22 million of these live in Africa. The disease is also the leading cause of death in sub-Saharan Africa with approximately 3,600 people dying every day from AIDS (UNAIDS, 2012).

Throughout the world, at least 14 000 people a day become infected with HIV, with the vast majority of these resulting from heterosexual sexual intercourse. Yet transmission of HIV can be
avoided through the practice of safe sex. Despite knowledge on safe sex being freely available, HIV continues to escalate—particularly in the developing world (UNAIDS, 2012).

According to a UNAIDS (2012: 39) report “more than thirty years into the HIV and AIDS pandemic, it remains one of the most serious challenges to global public health among the youth”. Around the world, 5 million young people are living with HIV with 41% of new HIV infections occurring among young people every year (UNAIDS, 2012). This implies that every 30 seconds, another young person becomes HIV-positive. In the United States, 39% of all new HIV cases are among young people ages 13-29 years old and from 2007-2010, ages 15-19 and 20-24 years old were the only age groups to experience an increase in the rate of diagnoses of HIV infection (UNAIDS 2012). Similarly, the United Nations Population Funds (UNFPA) (2013) reports that youth living in low- and middle-income countries are disproportionately affected by HIV and AIDS. Of the 11.8 million HIV-infected youth worldwide, over seven million are in African countries.

Teenage pregnancy also remains a common public health problem that affects nearly every society, developed and developing alike (UNFPA, 2013; Lawlor & Shaw, 2002). Unlike in Africa (as I will illustrate later), the overall trend in Europe since the 1970s, has been a decrease in the total fertility rate. Equally, there has been an increase in the age at which women in Europe [including teenage girls] experience their first birth. In some countries, such as Italy and Spain, teenage pregnancy show low rates of six out of 1000 girls aged 15 – 19 recorded in 2007 (UNFPA, 2013). The lowest rate of teenage pregnancy was reported in the Netherlands [five births per 1000 women aged 15-19 in 2007] (UNFPA, 2013). This may be attributed to traditional values that are highly observed and to social stigmatization.

The highest rate of teenage pregnancy in the world was reported in Africa with 143 per 1000 girls aged 15 – 19 falling pregnant (UNFPA, 2013). In this situation, girls are confronted by multiple problems when they fall pregnant. First their future educational opportunities become limited because they often drop out of school. Second, dropping out of school is reported to result in job prospects for girls fading. Third, they become more vulnerable to poverty, exclusion, and dependency on government and family support. Lastly, there is a growing
awareness that early childbearing has multiple consequences in terms of maternal health, child health and the overall well-being of society (UNFPA, 2013, Lawlor & Shaw, 2002).

UNFPA (2013) reports that many countries have taken up the cause of preventing teenage pregnancy and HIV infection particularly among youth through establishing policies, strategies, and action plans aimed at changing behaviour. Implicit in such interventions is an understanding that requisite knowledge about prevention and resources, such as condoms, might or would encourage behaviour change. But as Lawlor and Shaw (2002: 34) point out, the phenomena of HIV infection and teenage pregnancy do not occur in a vacuum where individuals make choices outside a social and cultural context that shapes their beliefs, attitudes, values, and subsequent action. Rather, they are the consequence of an interlocking set of factors, which according to Foucault (1976), are embedded, produced, and reproduced in and through discourse. For this reason, the study argues that perspectives and responses to the use of condoms as a prevention strategy to combat teenage pregnancy and/or HIV infection cannot be understood outside the social and cultural context shaping this, hence the questions it poses that have to with the dominant discourses shaping perspectives and responses to the accessibility, availability, and distribution of condoms in schools.

As in other countries particularly in Africa those in sub-Saharan Africa, HIV and AIDS and teenage pregnancy pose a challenge to Namibia, a country with a population of 2.1 million. The country is now divided into 14 regions. At 23%, it has the fifth highest HIV prevalence rate in the world, with the pandemic manifesting higher in some of the 13 regions, as I highlight later on (UNAIDS, 2009). The first HIV and AIDS case was reported in Namibia in 1986 and since then, the disease has spread fast with more than 53 000 HIV cases reported in 2013.

HIV infection rates amongst youth (15-24 years of age) in Namibia are not only amongst the highest of any population group, but also the fastest growing (Otaala, 2000). Namibia has a relatively youthful population, with 43% under 15 years of age (MoHSS, 2003). The Namibia Demographic and Health Survey Report (2003) indicates that childbearing in this country begins early, with approximately 20% of women having their first child before 18 years of age. Many of the affected are of school-going age. Furthermore, the 2013 National HIV Sentinel Survey
Report indicates that one in five women, aged 15-24, report having at least one child, thus confirming early sexual debut and pregnancy in the country (MoHSS, 2013).

Of the now 14 regions that comprise the country, Kavango Region in which this study is located, is reported as having the highest HIV prevalence rates. The Voluntary Counseling and Testing (VTC) data from the four health districts in this region showed that 40% tested positive in the Rundu health district, while 25% tested positive in the Andara health district (Namibia Demographic Health Survey [NDHS], 2012). Kunene and Omaheke Regions have relatively high levels of multiple partnerships, yet HIV prevalence rates from sentinel surveillance are the lowest recorded in the country (NDHS, 2012). The four northern regions of Omusati, Oshana, Ohangwena, and Oshikoto record relatively high HIV prevalence. Amongst women tested at antenatal clinics (ANC) surveillance sites, between 21% and 27% are HIV positive. According to VCT data, Omusati Region has the third highest HIV prevalence (31% among men and 25% among women) after Caprivi and Kavango.

Not only is HIV amongst youth high, but so is teenage pregnancy and sexual debut. In regarding the former, various studies have suggested that there is a need to encourage condom use among sexually active teenagers in Kavango Region to address the increase in unwanted pregnancy (Shaningwa, 2007, USAID, 2011; Katjiua, 2013). According to the USAID (2011: 5) report, teenage pregnancy is now a major concern in Kavango Region with the nation’s highest rate of teenage pregnancy (about 34% among 15 to 19 year olds) reported in this region. This rate was more than twice the national average (15%) and three times the rate in neighboring regions such as Ohangwena (11.3%), Omusati (11.2%), and Oshana (10.9%) (USAID, 2011: 5). This statistic in Kavango Region increased in subsequent years. For example, 36% of girls were reported pregnant in 2012, with an increase to 37.2% in 2013 (Kavango Education Region, 2012 & 2013).

There are a number of learners across the country, including in Kavango Region, who fall pregnant, attend classes till the very last day, write examinations and return to school as soon as they have delivered their babies. Such learners, however, are not recorded on a regional or national level. It therefore makes it difficult to be accurate about how many learners fall pregnant while in school and how many returns to school after they have delivered. Early pregnancy statistics are only
corroborated by the latest antenatal sero-prevalence survey in which 18% of all women who tested HIV positive in 2010 surveillance were found to be less than 20 years of age (MoHSS, 2010).

Referring to sexual debut, the NDHS (2006) report indicates that in the Kavango Region, this phenomenon presents earlier than in other regions in the country. This report also indicates reluctance to use condoms amongst youth. It was reported that 19% of girls under the age of 15 in Kavango Region have already engaged in sexual relations (NDHS, 2006). Similarly, findings from other studies show that- usually motivated by financial concerns-, girls start to engage in sexual relations earlier than boys and that they are more prone to dating older men (Shaningwa, 2007; Katjiua, 2013). Katjiua (2013) reports that 65% in the Kavango Region live in poverty and that some parents encourage their daughters to have relationships with men who are employed in order to contribute to the financial support of the household. Older men tend to take advantage of such situations and impregnate school-going girls.

Like governments elsewhere in the world, the Namibian government put in place a number of policies, strategies and initiated interventions to curb the spread of HIV and AIDS as well as the increase in teenage pregnancy (Ministry of Health and Social Service, 2010). These included promotion of abstinence, being faithful to one sexual partner as well as condom use. This is done through a collective effort from different stakeholders who offer awareness campaigns and provide free condoms.

With reference to education in particular, the Ministry of Education’s retreat on the impact of HIV and AIDS on education in 2002, aimed to develop practical procedures in the form of policies to guide HIV and AIDS intervention programs in schools. Subsequently, in 2005, the Ministry of Education drafted a National Policy on HIV and AIDS for the education sector. It included curriculum imperatives that had to do with knowledge about sexuality, HIV and AIDS, pregnancy, to name a few. The policy also included strategies to combat infection and teenage pregnancy. In this regard, the policy states that parents and caregivers ought to be encouraged and assisted by educational institutions to provide children with sexual health education and guidance regarding faithfulness to partners and sexual abstinence until marriage (Ministry of
Education, 2005). While the policy mentions that “… heads of schools and other educational institutions shall ensure that information on condom use and safer sexual practices and provision of condoms in schools” (MoE, 2005: 9), it is not specific on how. The assumption this policy makes is that schools are best placed to distribute condoms and that teachers and parents are comfortable with the idea that youth are sexually active and that they should practice safe sex. Indeed, the assumption too is that youth would prefer to access condoms without difficulty. Such assumptions though are not without controversy. The UNFPA (2002: 74) reports, “[T]ensions exist amongst stakeholders (teachers, heads of school, learners, and parents) about the accessibility, availability, and distribution of condoms in schools.” It is for this reason that this study investigated perspectives on and responses to this policy, arguing that discourses that are dominant in the community where the study was located, shape and mediate these, and not always with the desired or anticipated outcomes. The 2007 HIV and AIDS Policy for Education Sector does not describe providing condoms to learners in schools but rather only refers to employees in different institutions. It is stated that: “[A]ll educational institutions shall have male and female condom distribution mechanisms that are available to all employees” (MoE, 2007: 4).

This study started with an appreciation of the complexity of cultural interactions and social contexts, as well as with the importance of viewing health as greater than individual and group behavior; hence its focus on the context in which schools are located. Through the use of a sample that included learners, parents, religious and traditional leaders and healers, this study sought to understand perspectives on and responses to the accessibility, availability, and distribution of condoms in schools, with the view to uncovering the dominant discourses that shape these. The assumption was that insight into the dominant discourses shaping perspectives and beliefs would provide useful information to assist in understanding why in the face of a policy imperative, available information on the benefits, and resources (condoms) made available, schools are still reluctant to openly distribute or make condoms available.

1.4 Problem statement
In Namibia, condoms are made available to schools by the Ministry of Education or by Namibia Social Marketing Association (NaSoMa). While the HIV and AIDS policy in education states that the school must make condoms available to learners, it does not explain how, when and by whom these should be made available to learners. The policy leaves it to schools to decide on
how to make these available to learners. As a result, individual school choices not only vary, but are also influenced by different factors that are not always in the best interest of learners who, as the foregoing discussion suggests, continue to participate in behavior that puts them at risk of HIV infection and teenage pregnancy.

My experience in schools, where I worked for 12 years, as a teacher for nine years and a Head of Department for three years, was an eye-opener to the challenges of making condoms available to learners. At the first school, boxes of condoms issued by NaSoMa were placed in the principal’s office and learners were required to obtain these directly from the principal. Learners were reluctant to ask, leaving condoms in this school hardly used. In the second school, teachers obtained boxes of condoms that they placed only in boys’ toilets. My observation was that these boxes emptied fast. Practices at these two schools highlighted for me tensions and questions that are at the core of this study.

High teenage pregnancy and increase in HIV prevalence amongst youth in Kavango Region begs the question as to why it is so difficult to contain either problem, despite public awareness that condoms can offer a solution and in the face of resources such as condoms made freely available. While people in the community where the study was located have called for solutions to the problem, they are divided on how these problems might be addressed.

My study therefore aimed to gain insight into the nature of this problem by investigating the discourses that shape learner, teacher, and parent, religious and traditional leader and healer perspectives on and responses to the availability, accessibility, and distribution of condoms in schools.

1.5 Research orientation and goals
Studies on the phenomena of HIV and AIDS and teenage pregnancy conducted in Namibia, specifically in Kavango Region, include those that focus on strategies for prevention of HIV and AIDS among adolescents (UNICEF, 2004), teenage pregnancy (UNAID, 2011), educational challenges teenage mothers face at school (Shaningwa, 2007), and the impact of teachers’ sexual relationship with learners (Katjiua, 2013). No study that the researcher knows of has posed the
questions at the core of this study, namely an attempt to understand the discourses that shape perspectives on and responses to condoms being made available in schools, with the view to understanding why, in the face of available knowledge and resources, teenage pregnancy and HIV infection are reported to be escalating in the region.

Using a mixed method approach that I explain in Chapter 6, the main aim of the research was to understand the discourses shaping learner, teacher, parent, religious and traditional leader and healer perspectives on and responses to, and as it related to learners, experiences on the accessibility, availability, and distribution of condoms in a select number of schools in the Kavango Region, Namibia.

1.6 Main research question
What are the dominant discourses shaping perspectives on the accessibility, availability, and distribution of condoms amongst learners, teachers, parents, religious and traditional leaders and healers in some schools in the Kavango Region, Namibia?

1.7 Outline of the study
I present the dissertation in ten chapters. This chapter introduced the study. It outlined the study, the intention to use Foucault as the main lens in the analysis, the context of the study, problem statement, research goals and orientation, and the main research question framing the study.

Chapter 2 presents the theoretical framework of the study. I outline Foucault’s theory of discourse as it provided the theoretical and analytic tools to explore discourses in shaping people’s perspectives, beliefs, values and in part, behavior towards sex and condoms in general, and on accessibility, availability, and distribution of condoms in schools in particular.

Chapter 3 and 4 provide the conceptual overview of the study. Chapter 3 focuses on the evolution and dominant discourses shaping understandings and responses to sex, sexuality, and sexual behaviour and as it pertains to this study, condoms. The second of the conceptual chapters, 4, concentrates on debates on sex education as well as on the position of schools and their role in prevention programmes against disease and pregnancy.
I outline the research design of the study in Chapter 5. This chapter provides the epistemological and ontological orientations that informed the research design as well as the subsequent research design decisions. It provides information on the research context as well as on the sampled group of participants. Included in this chapter, is a discussion on the research techniques, the research process actually followed in the field, the process of data analysis, the ethics I considered in conducting the study, and limitations of the study.

Chapters 6 presents quantitative data derived from a questionnaire administered to learners in all nine secondary schools in the Kavango Region. While presented as part of the thesis, these data served as the backdrop to the main study in two ways. First, they offered evidence on the pervasiveness of perspectives and experience not only in accessing condoms in schools but also in the need to make them available given the overwhelming response from learners that the majority of learners have sexual relations while attending school. Second, the results served a sampling purpose and enabled me to select the two schools as well as the participants (learners, parents, staff, traditional and religious leaders, and traditional healers) for the focus and individual interviews for the main study.

Chapters 7, 8, and 9 present the results of the main findings derived mainly from data qualitative from focus group discussions as well as individual interviews with learners, teachers, parents, traditional leaders, traditional healers and religious leaders. Chapters 7 and 8 present perspectives and experiences of overarching structures, and social and cultural practices respondents highlighted as influencing responses to making condoms available, accessible, and distributable in schools. Chapter 7 focuses on the social and cultural context outside of school, while Chapter 8 pays attention to perspectives on condoms. Chapter 9 presents data on perspectives on the three main components examined in the study, namely the availability, accessibility and distribution of condoms in schools.

I present the analysis and discussion of the findings in Chapter 10. I offer recommendations and conclusions to the study in Chapter 11. I do this by presenting a critical overview of the study,
research design, summative reflections on the main findings, and tentative recommendations for action and future research based on the study.
CHAPTER 2 A FOUCAULDIAN PERSPECTIVE ON SOCIETY, SUBJECT FORMATION, REGULATION AND CONTROL

2.1 Introduction

Discussions on condoms are not without controversy, in part because they invoke and are tied to deeply personal aspects of our daily life namely, sex, sexuality, and sexual behaviour. Put differently, any debate on condoms inadvertently raises questions about factors that shape aspects regarded as secret and unspoken in the public domain. It also invokes questions about how people position themselves in relation to others, especially with reference to what is and is not allowed or acceptable in society with regard to sex, sexuality, and sexual behaviour. Who is allowed to speak and under what conditions becomes important to understand. It stands to reason, therefore, that one cannot examine perspectives and responses to condoms and would be users’ experiences in accessing condoms outside discourses that are considered sacred and private, of which sex is a part. Durkheim (1933) and Foucault (1976) make the point that sex and sexuality are relegated to the private sphere of life and are regarded as sacred in many societies. This means that deliberations that involve such topics are not only highly regulated and policed (Morrell, 2003) but also not usually spoken about in a public space.

In view of the policy imperative to make condoms available to learners in schools that I outlined in Chapter 1, the Namibian government (unintentionally) brought into the public sphere of life, discussions that include, amongst others, who is authorized to speak about sex and under what conditions; who can have sex and under what circumstances or at what age or stage; who legitimates when it is acceptable to have sex; what sexual practices are acceptable; and who validates what is acceptable. Further questions as to who has authority to inscribe social behaviour and where authority lies in discussions on sexual practices and behaviour pertaining to sex also become animated. This is especially the case in the context of schooling, where assumptions are made about sexual behaviour amongst youth. Are youth considered children or adults? Are youth considered capable of making independent decisions about their sexual lives? Can youth make decisions to have sex or to use condoms independently from parents? Can or should it be assumed that youth are sexually active while they attend school? Are schools encouraging youth to have sex by making condoms available?
It became clear to me, therefore, that any discussion about schools making condoms available could not be understood outside the contexts in which people attribute meanings to sex, sexuality, and sexual behaviour. In particular, I realized that I needed a conceptual and theoretical framework that considered how the sexual subject is formed, produced and regulated and how, in the context of dominant norms and regulated practices, subjects can resist or act differently or how, for fear of being marked as different, comply with what is expected. I recognized too that this study needed to draw on theoretical tools that would help explain how beliefs, values, social action (including practices) are mediated in society (and how subjects mediate) and how people regulate (or are regulated) their actions to either conform or challenge what is expected of them in terms of behaviour and disposition, especially with reference to sex, sexuality and sexual behaviour.

A study that sought to understand the beliefs, values, and meanings people attribute to making condoms accessible and available at school such as is the case with the current (study) thus required a theoretical framework that would enable me to analyze meanings people attribute to their daily lives in general and to condoms (and concomitant aspects related to condoms such as sex, sexuality and sexual behaviour) in the context in which they are situated and embedded. Importantly, I needed a theory that would explain how individual beliefs, values, and social behaviour are not isolated from the social context (that includes other social actors) in which individuals situate and position themselves but rather, are held together in a complex set of power relations. The theory needed to explain how individuals operate in a network of social relations of which they are not only a part, but which is set up through power relations that accord some influence over others. The theory needed to provide tools that explain the complex interaction between social and individual identities in shaping beliefs, values, perspectives, and social behaviour as well as responses to topics not usually discussed in public. In the case of this study, I needed a theory that enabled me to examine the complex relationship between knowledge about condoms, the availability of the resource, beliefs and values on aspects associated with and shaping responses to condoms being made available in school. Foucault’s theory that includes discourse, subject formation, subjection, subjectivity, and how society operates to form, regulate, and discipline was thus important. His account of discourse, power
and power relations, discipline, and regulation provided the theoretical resources and went a long way to support the conceptual work that I describe in ensuing chapters.

This chapter provides a theoretical overview to orientate the study. It begins with an explanation on according to Foucault how society is formed through an account of discourse and power. This is followed by an explanation of subject formation which includes descriptions on his account of discipline, regulation, surveillance, and resistance as it pertains to subject formation and subjectivity. This chapter also introduces Foucault’s notion on the relationship between sex, sexuality, and control. This included the view to situating the current study that investigated discourses that shape perspectives, beliefs, and values on the availability, accessibility and distribution of condoms in school.

In the next section, I present Foucault’s definition of discourse to explain how a society is formed, maintained and/or modified.

2.2 Discourse and society formation

Foucault argues that society is produced and reproduced through discourse. He makes the point that in every society, the production of discourse is at once controlled, selected, organized and redistributed according to a certain number of procedures, whose role is to transmit and produce power, and reinforces it (Foucault, 1976, 1992, 1980, and 1998). These processes are mainly produced and determined by the dominant group from which acceptable norms of the society are drawn.

Foucault (1989) defines discourse as a system of knowledge, which makes true or false statements possible, and that discourse makes human understanding possible. This implies that discourse is more than ways of thinking and producing meaning. It constitutes the nature of the unconscious and conscious mind and emotional life of subjects the dominant group seeks to govern, and the subject’s ways of constituting knowledge and making meanings (Foucault, 1989).
Foucault (1980: 93) asserts that “society is built upon discourses held as true and that every society has a different conception of truth and how it is constituted”. He further points out that every society also has a particular way of producing truth (Foucault, 1980). He offers examples that the knowledge of truth was traditionally produced through religion and/or sovereign power but now it is based on the claims of science and empirical knowledge (Foucault 1980: 93). When people lived in a world before science and empirical knowledge, truth was authorized by religious figures, leaders with inherited authority and tradition. People and institutions did not have to justify their authority or power. Foucault states that “… to speak now, to have legitimacy now”, one cannot simply say “… it is written and now listen to me, but one has to claim that it is the truth and it is constituted as knowledge” (Foucault, 1989: 162).

Foucault (1989) explains that discourse takes different forms at different times, which can result in new discourses that can spread their way into new areas of life and even change existing discourses or force them out of practice. Another feature is that context determines the condition for the production of discourse. However, there is a possibility even though the same discourse may manifest in more than one context (society), how it manifests might be different. Similarly, how people respond, take up and make meaning of their lives in response to a particular discourse might also be different. Different discourses and transformations arise for different reasons, making it difficult to assign them all to a single reason. Foucault states that discourses are “not static and they undergo transformation” through what he calls “discourse transformations” (Foucault, 1989: 160).

At the heart of Foucault’s theory is the notion of power. His idea of the subject in society is intimately connected to his theory of power and power relations. Also central to his idea is how knowledge and what is legitimized as truth in society are related to power. Further, Foucault argues that discourses, as he defines them, give power to certain groups in society, enabling them to authorize and legitimate was is acceptable as the norm.

Foucault (1977) talks about how power creates truth, not what truth or knowledge can tell us about power. He makes the point that rules of governance, relationships, conceptions of rights or obligation, and conceptions of truth are produced and reproduced by different relations of power.
in society. He defines power as relational; something that is exercised from a variety of points in the social body, rather than “something that is acquired, seized, or shared” (Foucault, 1978: 68). He does not consider power to be imposed nor does he view it as functioning hierarchically. He further states that power is not conceived as a property or possession of a dominant class, state or sovereign (Foucault, 1979). In other words, he conceptualizes power as neither an institution nor as structure but as a complex strategic situation, as a multiplicity of force relations, as simultaneously international yet non-subjective (Foucault, 1980). Put differently, power circulates and is distributed through a “net-like organization” and it is not controlled by a single central place (Foucault, 1978). Central to his analysis of power is his perspective on power relations, which he refers to as relationships among people in which “one wishes to direct the behaviour of another” (Foucault, 1977: 11). In a situation of this nature, the discourse of the dominant group is prevalent, while the subordinate members of society feel compelled to comply with the established norms because of fear of marginalization or stigmatization or exclusion.

In the same vein, Foucault (1988: 38) goes on to say, “… power is embedded in relationships rather than merely as a possession that is wielded over others”. Thus in everyday life, power is interpreted solely on the basis of who exercises power over whom. Foucault’s (1979, 1980, 1982, 1988, 1996) concern is with questions of when power is exercised; what it involves, and not only how it is constituted, but also what are its outcomes. He suggests that locating who exercises power and over whom is fundamental to power analytics and that in order to map power relations or to show power at work, it is essential to ask, “How does it happen?” (Foucault, 1988: 77).

Foucault further elaborates on how power relations operate to form subjects. According to Giroux (1983: 108), power is the capacity of an agent to impose his will over the will of the powerless or the ability to force them to do things they do not wish to do. In this sense, power is understood as possession, as something owned by those in power. This sounds to be a one-sided transaction, and is contrary to Foucault’s perspective on power. In Foucault’s opinion, power is not something that can be owned, but rather something that acts and manifests in a certain way; it is more a strategy than a possession (Foucault, 1980). A Foucauldian concept of power offers a perspective to view power as something which circulates or as something that only functions in the form of a chain where its power is only exercised in a set of relations.
Foucault (1980: 93) proposes that in any society, there are manifold relations of power which permeate, characterize, and constitute the social body. He goes on to say “… there can be no possible exercise of power without a certain economy of discourses of truth which operates through and on the basis of this association” (1980: 93). This implies that members of society are subjected to the production of truth through power and cannot exercise power except through the production of truth. Through discourse, society is able to produce what is regarded as true-knowledge and power gives some members of the society privilege to articulate this knowledge, with Foucault providing a useful explanation on ways in which this happens.

First, according to Foucault (1976), discourse says something about the people who construct the knowledge held as truth by the society. He goes on to say that “discourse communicates knowledge not only about the intended meaning of the truth, but also about the person speaking the discourse” (Foucault: 1976: 134). By analyzing the discourse a speaker uses, one can often gain insight into the speaker’s gender, sexuality, ethnicity, class position, and even more specifically, the speaker’s implied relationship to the other people around him/her or to those spoken to. Foucault (1976) claims that not everyone has a right to use particular discourses stating that there are those who have the authority to speak about particular things in society. He points out that some people in a particular community have the privilege to use certain discourses to the exclusion of others.

Second, Foucault (1976: 78) states that “discourse constructs the topic, defines and produces the objects of our knowledge”. This implies that discourse governs the way that a truth can be meaningfully talked and reasoned about. Discourse also influences how ideas, views, perspectives are put into practice and used to regulate the conduct of others. Foucault (1976: 78) goes on to say that “discourse values and controls the ways to talk about the truth; on the other hand, it rules out, limits and restricts other ways of talking about it”. Put differently, through power relations, discourse regulates what, by whom, and how things are said. There are individuals in society who have privilege with regard to knowledge truths and who are authorized to speak about a truth, giving them the authority to shape what is accepted as ‘truth’. Those who are restricted to speak about certain discourses subject themselves and accept
whatever those at higher levels in the social hierarchy regard as truth. In other words, discourse frames what can be said and how, and in the process, enables or constrains some members of the society more than others. Foucault argues that discourse is “not just language; it can be seen as a complete package of preconditions for certain institutions” (Foucault, 1976: 82). It not only determines how people are allowed to talk, it also provides a standard for how they have to behave. Discourse provides the norms and rules people need to comply with to be able to operate and make meaning of self in a particular culture or community. The consequences are that non-compliance is sanctioned. The process of individual subjects submitting themselves to the discourse of the dominant is explained in detail in the section below.

2.3 Society and subject formation, resistance, and repression

It is evident from the previous section that for Foucault, power is both productive and repressive, both enabling and constraining. Drawing on the above, this section outlines a Foucauldian viewpoint of subjectivity in an attempt to clarify the intertwining productive and repressive aspects of power.

Foucault (1982) proposes that individual subjects do not come into the world fully formed; they are constituted in and through a set of social relations and through discourse. Irrespective of whether individual subjects choose to analyze whether discourse influences their lives or not, Foucault (1980, 1982, 1988, 1996) claims that they are active in shaping or producing themselves. He states that the more people shape discourse, the greater they are producing themselves (Foucault, 1982). In Foucault’s words, “… the subject is constituted through practices of subjection or in a more autonomous way, through practices of liberation” (1988: 50).

Foucault (1982:70) defines subjectivity as “a process in which individual members of society subject themselves to the complex, multiple, shifting relations of power in their social field”. He further states that subjectivity is not something which is given to an individual. Instead, it is the effect of power, knowledge, and other influences. Subjectivity derives from self-awareness and consciousness of the potential of being surveilled. Individuals in turn comply, which is a key feature to understand how a society is produced and re-produced. Foucault (1982) believes that the relationship between power and subjectivity is one of the defining aspects of modern culture.
Exploring the concepts of sovereign and disciplinary power, Foucault (1991: 69) believes that “the individual has a negotiated sense of power that is dependent upon the ways in which that particular individual is positioned within society.”

Foucault (1979, 1980, 1982, 1988, 1996) states that people assimilate themselves into subjection without it being imposed on them and that they can equally choose to resist and do what they think is right. Resistance though has consequences, as I elaborate on below.

Foucault (1978) points out that discourse imposes conditions on individual thought and behaviour. Foucault’s (1977) notion of power is thus not individualized, but identifies power as not only necessarily negative but also productive. Foucault (1977: 64) points out, “[P]ower is not a commodity or possession of an individual, a group or class, rather it circulates through the social body, functions in the form of a chain”, and is exercised through a net-like organization of which all are part. From this viewpoint, individuals are not considered as agents of power, they neither possess power nor have their potential alienated by it. Foucault (1977) submits that individuals are both an effect of power and the element in which power is articulated as certain gestures, discourses, and desires are identified and constituted in and by individuals.

Unlike most theorists, Foucault does not view power as a reified thing to be possessed. Instead he sees power as relational. Foucault (1980: 98) go on to say, “[I]t is never localized here or there, never in anybody’s hands, never appropriated as a commodity or piece of wealth.” This suggests that power is employed and exercised through networks of social organization and relations. Foucault (1977) maintains that it would also be an inaccuracy to consider power as something that institutions or individuals possess and use oppressively against individuals and groups. Put differently, he does not see power as ordinarily oppression of the powerless by the powerful but rather, examines how it operates in day-to-day interactions between people and institutions. Foucault (1978) argues that people must overcome the idea that power is oppression, because even in their most fundamental forms, oppressive measures are not just repression and control, but are also productive, causing new behaviours to emerge.
Foucault does not view relations of power as being exercised by some and not by others. Instead, he views power as a relation which exists between two individuals who are both capable of acting (Foucault, 1980, 1982, 1988). Such an assumption about power and power relations provides an opportunity to understand how individuals take responsibility to invent or produce the self as at the same time a subject of power that is exercised on and by other individuals as well as by themselves.

Foucault (1994) argues that members of society always have a vested interest in thinking of power as one-sidedly oppressive. This way, we see power as something that acts upon us, and so see ourselves as distinct from this power and free to resist it. Foucault (1994) argues that power is not something that is simply outside us. It is also something inside us, and our reaction to outside power is a part of a larger dynamic of power relations.

Foucault (1988) argues against the structural and repressive modes of power and theorizes that power relations exist only when the field of possibilities is open and people may react to each other in various ways. Foucault (1988: 79) go on to explain that “… power becomes possible through the moving substrate of unequal, yet unstable, local relations.” By relations of power, Foucault (1989) refers to a relationship in which one person tries to control the conduct of the other. These power relations are possible only insofar as the subjects are free to act differently. He further argues, “[I]f one was completely at the other’s disposal and became his thing, an object on which he could wreak limitless subject; there wouldn’t be any relations of power” (Foucault, 1988: 79). Thus, in any interaction where power relations come into play, there must be at least a certain degree of freedom on both sides.

As I stated earlier, Foucault (1977) analyzes the relations between individuals and society without assuming that the individual is powerless compared to institutions, groups, or the state. He doesn’t play down the restrictions imposed on individuals, but thinks that power is not concentrated, but spread throughout the whole society (Foucault, 1977). He claims that this allows us to see it at work in each human interaction which results in the restriction of one another’s action. Power is seen as a more unpredictable and unstable element which can be always contested. Therefore, power relations should also not be regarded as permanent but rather
something that is subject to change and transformation. In this regard, Foucault (1980) asserts that the ability to change discourse relies on individual members of society’s understanding of how it is set up in the first place and how it functions on a daily basis. The possible unpredictable combinations of power relations and discourse interactions allow for the possibility of resistant forms of discourse and the possibility of changing how power operates. Agents of power and their discourses are therefore constantly under threat; hence the intricate networks of agencies, institutions, and discursive practices such as rules and internalised rationalities for sustaining the status quo (Foucault, 1980).

Foucault (1978) does not consider individuals to be entirely enslaved by power relations because, as he emphasizes, people are both subject to power and subjects of power; “[O]ne cannot impute to me the idea that power is a system of domination which controls everything and which leaves no room for freedom” (Foucault, 1978: 96). For him, disciplinary power functions in the domain between “struggle and submission” (Foucault, 1978: 101). Freedom seems to be understood by Foucault in terms of resistance. For example, resistance can take the form of speech that undermines power or it can take the form of silence that gives space for tolerances that resist power.

In the practice aimed at controlling one’s self, Foucault (1998, 1996, 1983, 1980, 1978) presents a notion of resistances inside power relations. He stresses that resistance is not only about rejecting who one is or who one is made to be (the subject constituted by external relations of power) but also about positively and creatively constructing a self, inventing a self who can make individual decisions. Subjects inside the relations of power manifest resistance in multiple ways. Foucault (1996) argues that subjects possessing a particular discourse are not stepping outside of power to establish spaces of resistance but they create it inside these relations of power themselves. The relations of power become more than something that the subject needs to oppose or escape time and again. Rather, power itself, and relations of power, become necessary for the existence of the subject and to the possibility of creating resistances (Foucault, 1978).

Resistance itself can take any number of forms and significantly, can do so because it is an effect of the power relations it is opposed to (Foucault, 1978). People might begin to resist the
dominant discourses in a particular society and form their own new discourses despite being under surveillance or even self-surveilled. This is only possible though when they have knowledge about the particular discourse and consciously decide to consider its relevance as well as the consequences of deviation and subversion. Resistance therefore not only includes an element of the knowledge of the ‘truth’ or dominant discourse and how it operates, but also the consequences of not adhering and subjecting oneself.

Foucault (1978) argues that power must be understood differently to repression, which simply forces individuals to obey. Foucault (1978: 114) further explains that power is “coextensive with resistance; productive, producing positive effects; being found in every kind of relationship, as a condition of the possibility of any kind of relationship”. One can argue therefore that power is both a negative and positive force that operates far from being simply repressive. Scholars have pointed out that power creates different forms of behaviour in which people say no or resist. Foucault reinforces his view thus:

If power was never anything but repressive, if it never did anything but to say no, do you really think one would be brought to obey it? What makes power hold good; what makes it accepted; it is simply the fact that it doesn’t only weigh on us as a force that says no, but that it traverses and produces things, it induces pleasure, forms of knowledge and produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression. (Foucault, quoted in Aronowitz and Giroux 1993: 150)

Foucault, therefore, contends that where there is power, there is resistance (1978). This means that the power relations between individuals cannot be denoted in terms of master/slave or oppressor/victim relations. Resistance, in Foucault’s (1989) theory, is a precondition and well as a consequence or outcome of power relations. This also implies that where there is power; there is always a possibility for resistance. Following the dynamic characteristic of power, the nature of resistance is on-going and changing as well. Foucault’s concept of “agonism” further illuminates how power and resistance operate.

Foucault (in Dreyfus & Rabinow, 1983) employs the term “agonism” to express the nature of power relations. Agonism implies “a relationship which is at the same time reciprocal incitation and struggle” (Foucault in Dreyfus & Rabinow, 1983: 20). Foucault (1983) states that the real
situation of agonism is one of permanent tension that creates competition between two parties in society. He makes the point that one part of society is on the offensive while the other part is on the defensive. The role of offence and defense can be exchanged during the process of struggle, thus an individual can be at one time offensive and at another time, defensive depending of the discursive space.

People do not always reproduce discourses and their underlying values and assumptions. Foucault (1998) makes a point that people adapt or contest discursive rules through their strategies of resistance. He asserts that to some degree, knowledge is changed depending on whether discourses are adopted or adapted and whether the forms of knowledge and relations of power inherent in them are reproduced or challenged (Foucault, 1998).

Foucault (1980) suggests that power relations are always present in this web of human interactions and that in the presence of power relations there is always resistance. He further go on to say, “[T]here can be no relations of power without resistances; the latter are the more real and effective because they are formed right at the point where relations of power are exercised; resistance to power does not have to come from elsewhere to be real, nor is it inexorably frustrated through being the compatriot of power” (Foucault 1980: 142). This is why Foucault concluded that where there is power at the same time resistance exists.

Foucault (1980) views resistance as continually positioning people unequally and interdependently in relation to other people as well as to the net-like contexts in which they are embedded. Even when there appears to be consensus between people as well as between people and the rules of conduct that are sanctioned and institutionalized by their contexts, resistance still exists. Foucault in Gordon (1980: 257) notes that “… the existence of those who seem not to rebel is individual autonomous tactics and strategies which counter and inflect the visible factors of overall domination.”

To synthesize Foucault’s insights on resistance and other aspects of his theory such as discourse, power relations, and subjectivity, presented earlier in this chapter, I quote him here:
It should be noted that power relations are possible only insofar as the subjects are free…This means that in power relations there is necessarily the possibility of resistance because if there were no possibility of resistance (of violent resistance, flight, deception, strategies capable of reversing the situation) there would be no power relations at all…If there are relations of power in every social field, this is because there is freedom everywhere. Of course states of domination do indeed exist. In a great many cases power relations are fixed in such a way that they are perpetually asymmetrical and allow an extremely limited margin of freedom…[but] the idea that power is a system of domination that controls everything and leaves no room for freedom cannot be attributed to me (1996: 441-2).

The above implies that wherever there is power there is a possibility for resistance as well because subjects exercise their agency to gain some sort of freedom and choice. In the next section, I highlight how according to Foucault, discourse regulates subjects.

2.4 Discourse, subjectivity, regulation, and discipline

Foucault (1976) outlines different ways in which discourse operates and regulates subjects. First, discourse creates a world by shaping people’s perceptions of the world, pulling together networks of interactions that produce a meaningful understanding, and then organizing the way people behave towards objects in the world and towards other people (Foucault, 1976). He argues that discourse generates the world of people’s everyday life.

Second, “discourse generates knowledge and truth” (Foucault, 1976: 128). He argues that discourse not only constitutes the world that people live in but also all forms of knowledge and truth. He makes the point, “knowledge is organized through the structures, interconnections, and associations that are built into society” (Foucault, 1976: 130). In this regard, discourse generates what people in a particular society know and what they hold as ‘truth’, which eventually influences the way they behave. Foucault (1978) suggests that what people hold to be ‘true’ is what they think is true and is not necessarily the same as what is real to others. This illustrates the subjective nature of a truth that is constructed in a particular society that might not be applicable in another context or society. For those who subscribe to that truth behave in such a way that they are perceived by other members of that particular society as obedient or compliant; the consequence of which is that the discourse of truth is reproduced and sustained.
Third is the disciplinary power of discourse, which is characterized by a continual application of surveillance. In Foucault’s (1991: 80) words, this power is both more evenly distributed and effective in its application. Since people are aware of the individualizing observation they are under, they start to modify their behaviour accordingly. This secures the continual effect of disciplinary power. The conceptualization of surveillance as a form of power to discipline individual members of society will be presented in detail later in this chapter.

Foucault (1978: 14) stresses that disciplinary power exists “as knowledge and power over the individual’s body which includes its abilities, movements, location and behaviours”. Disciplinary practices, for example, that exist in institutions such as the army, police, hospitals, schools and family transform the body into a mechanism, which is at the same time productive and docile. Individual subjects in this regard are not regulated and disciplined through intimidation, violence or force but rather by creating desires, attributing certain identities to individuals and instituting acceptable norms. Foucault (1998, 1991, 1978) states that these norms are used by individual subjects to measure and control individual behaviour and the corporeal body; comparing themselves with what is acceptable in a particular society or community. In the same way, others members in that society or community judge individuals according to the ‘acceptable’ measures.

According to Foucault (1998: 87), “whilst exercising disciplinary power, the process of fine tuning the body into a machine, one develops mastery and an awareness of one’s body by investing power in it through exercises and glorification of the body.” In other words, the disciplinary power educates people about their own body as they are forced to engage intensively with their body. In this way, desire to exercise control over their own body is animated, creating what I already described earlier, possibilities for resistance; an opposition against the disciplinary power exerted on them.

Foucault (1998) puts forward bio-power as another type of modern power that focuses on the body of persons, and indirectly their health. Foucault (1998), states that there is a great interest to formulate and categorize the normal and deviant forms of sexuality and medical conditions of individuals. His point is that by monitoring these forms of human conditions, whether sexual or medical, scientists are actually creating new forms of power. Like disciplinary power, bio-power
is of a productive kind since individuals are not forced to comply with the norms but rather it is an innovative account of power where individuals get an incentive of their own well-being (health or safety). As a result, people discipline their body (docile body) to demonstrate compliance to acceptable norms since the body is seen as a tool in which the discourse of health and well-being manifests.

In sum, Foucault’s (1979) interrogation of the question on how discourse regulates and disciplines subjects has had two important reference points related to my study, namely the discourse of truth and the effects of how truth is produced and transmitted by society; and how this perceived truth in return reproduces society. This implies that members of society subscribe to the knowledge of truth and align their conduct accordingly. Through this they relinquish what they believe be to truth and discipline themselves to comply with the dominant discourse. This is what Foucault (1979) refers to as how discourse creates and regulates cultural practices and social actions in the society.

Foucault sees two ways in which discourse and power operate to regulate and discipline individuals in society. First, a subject is regulated and disciplined through hierarchal surveillance which, as time goes by, develops into self-surveillance. Second, Foucault says that the process of regulating and disciplining subjects is limited by the possibility of resistance; an aspect already discussed at length above. In the next section, through an explanation of the panoptic gaze, I present Foucault’s account of how regulation and disciplining work through surveillance to produce the subject.

2.5 Panoptic gaze, power, surveillance, and subject formation
Foucault’s (1979), ‘Discipline and Punish: the Birth of the Prison’ remains an important text for theorizing discourses on surveillance and social control in modern societies. Of relevance for this study is his concept of panopticism, which derives from the “Bentham model” which Foucault uses as a metaphor to illustrate how power and surveillance function in society to produce the subject. Jeremy Bentham’s panopticon which Foucault discusses as a mechanism for disciplining the masses in ‘Discipline and Punish’ features a camera obscura device on top of the central tower in prisons, which observed all inmates’ movements; a strategy he referred to as the
“perfect exercise of power” (Foucault, 1979: 128). The panopticon creates the conscious presence of the eyes of the guards; as a result, inmates develop a psychological state of controlling their behaviour all the time. The consequence is that individual subjects adopt self-regulating behaviour because of the atmosphere created by the constant threat of being seen by the guards. Foucault (1979) argues that the panopticon operates on the supposed omnipresence of the constant gaze of the supervisor that works to discourage inmates from doing evil and also effectively diminishes the motivation to contemplate any evil doing.

Foucault uses the idea of panopticism to reflect on how society operates to subject or discipline subjects as well as to explain subjectivity. He conceptualizes issues and principles of social control, consciousness of mind, compliance, and self-discipline on the one hand, while at the same time holding in concert the idea that there is always the potential for resistance (as I explained earlier). To understand how this power operates, Foucault offers the following example of prison guards watching inmates:

Panopticon’s ability allows the guards to surveille the prisoners secretly. The gaze of the guards can be on anyone at any time. And, without the knowledge of when the guards are watching them, the prisoners must practice self-surveillance for fear of being caught doing something prohibited. The prisoners internalized the subjection they experienced at the hands of the guards and started to comply even in the situation where they were not watched (1979: 144).

The above illustrates how surveillance under the pretext of an omnipresent observer is administered to the entire social body. Foucault (1979: 205) states, “[W]henever one is dealing with a multiplicity of individuals on whom a task or a particular form of behavior must be imposed, the panoptic schema may be used.” The panoptic schema helps to automatically discipline individuals because they assume that they are continually watched from an unknown place, imagining that any form of wrong conduct is observable and that it can result in punishment. Society’s norms and practices serves as a panopticon gaze (an omnipresent eye) that ‘watches over’ individuals to behave in accordance with accepted norms. Foucault (1979: 205) refers to this as “seeing without being seen to control, domunate, and normalize behaviour of inmates.”
According to Foucault (1979), the major advantage with the panopticon is found in its ability to induce in individual subjects a state of conscious and permanent visibility that assures the automatic functioning of power; a power relation independent of the person who exercises it. Using panopticon to explain how society operates, Foucault (1979) asserts that in everyday life, individuals are caught up in power relations of which they are themselves the bearers because they respond to a feeling that they are constantly being monitored by society from an unknown place. To Foucault, invisible members of society are ever-present in the consciousness of individuals, who expect them to behave in a particular way. Thus surveillance acts upon individual subjects to structure them to behave in particular ways considered acceptable by society.

Foucault (1979) compares the effectiveness of running public institutions to the ideal prison structure that controls social deviance through the use of minimum force and person-power. He draws similarities and feels that supervisors in schools, factories, and hospitals can easily monitor a big group of people using the panopticon model of power. Such a conclusion illustrates how power is easily used through sight and constant surveillance to control and regulate a group with minimal effort since, with time, Foucault argues, individuals and groups start to behave according to the rules without being forced. Foucault (1978) defines surveillance as a watch kept over a person or a group. He further states that the more surveillance spreads through societal institutions, the more impact it has on the lives of individuals as it creates unease because of the continuous existence of other members of the society. This means that power is enforced through the gaze of surveillance to ensure that individual members of the society are ordered and controlled. Foucault (1979: 105) describes this as “ability to order and control via the gaze as a hidden way of punishment”, and individuals internalize it and in return correct and police their own actions so as not to be seen as deviant by others. He states that this power that is hidden though ever present compels individuals to comply as it conditions them to internalize the ever-present disciplining gaze (Foucault, 1978). Ultimately, because power and surveillance of institutions are coupled with one’s own self-policing, via the internalization of the gaze, it results in the will of the institutions being efficiently maintained.
Foucault (1979) argues that surveillance can be a gentle way to punish through one’s own guilt consciousness, which for most individuals is enough to curb the thought of committing unlawful acts. Unlawful acts in this instance might include acting outside the norm in whatever context. The effect is that individuals internalize the gaze and police themselves within social networks which allow power to circulate without being exerted by anyone. Foucault (1979: 214) puts it as a faceless gaze that transforms the whole social body into a field of perception. This implies that individual members subject themselves to power which acts as a disciplinary mechanism that compels them to comply with the rules without being constantly reminded but being aware of the consequences of not complying.

In using the panopticon metaphor, Foucault (1979) explains how power functions or circulates in society and primarily its dissemination over the masses by social institutions. Subjects are forced to always question if others are secretly monitoring their actions or if people are doubling-up as the omniscient gaze. In this way, the gaze is internalized, compelling individuals to police their own actions through fear of not knowing if they may be in the company of this ‘all-seeing’ gaze. In such a context, power is reduced to its ideal form and it is what Foucault (1979: 208) calls “the perfect exercise of power that brings the reduction of the number of people who exercise it and increases the number of those upon whom it is exercised.”

Foucault (1998) contends that internalizing the potential of the threat of being observed by others is enough to create fear in the masses and compel individuals to abide and self serveille without external pressure to conform. The relationship of subjectivity and self-surveillance is demonstrated through how masses and individuals are ordered to follow the norms through their own guilty conscience without doing what they think is right for them. In Foucauldian terms, the individuals in this construct become the prisoners of their own subjection. They forgo their choice to make decisions that might contradict the acceptable norms because they fear being disciplined and excluded by society. Foucault (1979: 208) puts it this way, “[I]t is the ability to see and be seen that wields power over the masses and coerces their actions with regards to specific social customs and state laws and that makes the masses to police themselves to uphold social values.”
Foucault (1979) further argues that individual internalization and submission to the expectations and mores of society assures the autonomic functioning of power. He further posits that through internalized rules, “… each individual tends to monitor himself/herself, and in this way each individual has become a docile body because internalization perpetuates the autonomic dissemination of the state’s power and discipline” (Foucault, 1979: 135). In the context of a social institution, supervisors don’t need to force individuals to comply with the rules but they rather do so spontaneously since they have subjected themselves to the rules.

Self-awareness and consciousness of one’s surroundings seems to feature in how people become subjected because of surveillance. Foucault (1979) asserts that creating transparency in a particular space induces a state of conscious and permanent visibility that assures the autonomic functioning of power. These measures create the potential for being seen by those that possess the power and in return it produces a fear in individuals in the society to do something that is not acceptable by the community. This potential of visibility is enough to minimize deviant behaviour simply by creating the possibility of being seen (Foucault, 1979). Again, it is the potential of being seen that curbs illegitimate or deviant activities with the need high to submit to and be perceived to do what is acceptable in the community which the subjects inhabit. As Foucault (1978: 59) puts it, “… the individual engages in self-policing himself which juxtapose to the desires of the institutions in power” hence, reinforcing that individuals get subjected to norms but regulate their own actions without being forced to.

Important in this account of self-surveillance or self-control, is the idea that, internalizing and normalizing beliefs, values, unchallenged behaviour or attitudes as a form of self-regulation, subjects take away their own will to resist by internalizing certain rules and norms as common sense (Foucault, 1978). In this way, they become players in their own ideology. The discourse of self-surveillance emerges from this tendency as people become more conscious of all their actions fearing how other people might react towards them. Through the use of the metaphor of the panopticon, Foucault (1979) provides a theoretical tool to analyse the contemporary moral standards and develop a better understanding of the whole question of control, power, subject formation, subjectivity and subjection. As he submits, panopticism provides a generalized model beyond the confines of the prison (Foucault, 1978: 61). Applying it in different forms,
panopticism can define everyday power relations of the social system which result in the formation of a disciplinary society. Putting it differently, panopticon is not only a system applicable to prisoners, but rather it is a technique which can be used for characterizing many aspects of society and social life and as it relates to this study, understand why in the face of increasing HIV infection and teenage pregnancy amongst school-going youth, people in particular communities hold particular views about making condoms available in schools; often to the disadvantage of youth, as the results which I will below demonstrate.

According to Foucault (1978: 114), “[S]urveillance impedes people’s thoughts and actions causing them to examine their every move through a process of self-surveillance.” Policies, rules, and regulations in society often follow the dominant discourses that circulate in a particular society. Such discourses are held in place by a complex network of power relations, which while always vulnerable to resistance and change, are maintained through self-surveillance by members of society.

The discussion above is important not only to situate the study theoretically, but also to serve as the backdrop to understanding discourses that relate to sex, sexuality, the sexual self and sexual behaviour; aspects, as I argued in the introduction, which frames a study that examines discourses that shape perspectives on making condoms available to school-going youth. What follows is a brief yet important discussion on Foucault’s repressive hypothesis in which he explains the link between sex and power. Such a discussion is relevant given the motivation in the introduction that any discussion on condoms by implication, invoke a discussion on sex, sexuality, the sexual subject, and sexual behaviour.

2.6 A Foucauldian perspective on the repressive hypothesis

Foucault gives an account of what he terms the ‘repressive hypothesis’ view in Volume 1 of “The History of Sexuality” in which he refutes the general view that the relationship between power and sex is one of repression; one that presupposes that power is exercised to keep sex under wraps, so that it is not spoken or thought about (Foucault, 1989). In brief, the ‘repressive hypothesis’ holds that in the course of European history, particularly in the 17th century, sexual expression in all its forms was repressed, with sex increasingly relegated to the private sphere of
life. Foucault (1976, 1992, 1998) points out that the rise of repression did not lead to silence but to a real discursive explosion. Foucault gives an account of how the tendency of silence on sex has evolved in different centuries:

The discussion of sexuality was restricted in certain areas such as family and that restriction was accompanied by a steady proliferation of discourses concerned with sex-specific discourses that gathered momentum from the eighteenth century onward (Foucault, 1976: 143).

The repressive hypothesis presupposes that power is exercised to repress open and public discussions on sex and expressions of sexuality in society. According to Foucault (1989: 104), sex was seen as something dangerous, “perverse pleasures [that] could be a threat not just to one person, but also to society as a whole.” The repressive hypothesis states that the relationship between power and sex is one of repression: power is exercised to keep sex under wraps, not to be spoken or thought about (Foucault, 1998). In “The History of Sexuality 1”, Foucault (1976) makes the argument that power is exercised to bring sex increasingly into discourse, into wider and more analytic focus.

In his argument and in tracing discussions on sexuality in the seventeenth century in particular, Foucault (1978) states that society operated with certain candidness about sex, with sexual behaviour not necessarily relegated to the private sphere of life. As he puts it, “[I]t was a time of direct gestures, shameless discourse, and open transgressions, when anatomies were shown and intermingled at will, and knowing children hung about amid the laughter of adults: it was a period when bodies ‘made a display of themselves’ (Foucault, 1976:3).

Foucault (1978) does not entirely question the fact of repression; however, he questions why sexuality has been so widely discussed and what has been said about it. His goal is to “define the regime of power-knowledge-pleasure that sustains the discourse on human sexuality in our part of the world” (Foucault, 1978: 12). Foucault (1978) raises three doubts about the repressive hypothesis: the first being whether sexual repression is truly an established historical fact. Second, he questions whether prohibition, censorship, and denial are truly the forms through which power is exercised in a general way in every society. Third, he is uncertain whether there
actually was a historical disagreement between the age of repression and the critical analysis of repression.

Foucault (1976) does not deny some of the basic tenets of the repressive hypothesis. He agrees that there has been a stronger effort to control sex and that sex has become increasingly something to be ashamed of (Foucault: 1976: 122). He identifies a free and easy attitude toward sex in the Middle Ages and the Renaissance, when there was less shame in thinking of sex as an object of pleasure. Foucault (1976) further agrees that this free and easy attitude was suppressed, and that it was a result of the controlling power of the rising society’s high class.

Where Foucault disagrees with the repressive hypothesis is as to how and why this open sexuality was suppressed. The repressive hypothesis sees only the silencing of sex as an earlier form of discourse. Foucault (1998) sees this silencing as being a necessary result of a growing “will to knowledge” regarding sex. He stresses that the ways we can speak about sex have become more tightly controlled because it has become more important to know about sex (Foucault: 1998).

Foucault’s (1976) main argument in “The History of Sexuality 1” is that instead of talk about sex being prohibited, it has increased since the seventeenth century. He also shows that the way people talk about sex has also changed and the word “sex” has taken on an entirely different meaning in the past three centuries. Foucault (1998) reflects that this change in meaning is a direct result in the changing relationship between power and sex. As he puts it, “[I]n the past three centuries, sex has become more and more an object of knowledge as such that it has been subjected to the kind of disinterested scrutiny used in the sciences” (Foucault, 1998: 68). He further stresses that sex ceases to be something that people can laugh about and pursue with reckless passion; rather it is something we must approach with calm and control (Foucault, 1998).

For Foucault (1976, 1992, 1998) the crude and coarse discourse on sex has not been prohibited because it is wrong, but because it must make way for a new form of discourse. As sex becomes increasingly an object of knowledge, the people who control this knowledge become
increasingly important. The people who exercise this control are generally those who are tied to the governing institutions of society (Foucault, 1992). For instance, Foucault (1998) shows how sex became an important object of study because governments became increasingly interested in the vital statistics of their populations. It would seem in this case that the authorities were primarily interested in controlling the discourse itself.

Another point Foucault (1976) emphasizes in the same volume is the multiplicity of discourses on sex. There are demographic studies, medical studies, psychiatric studies, criminal codes, school codes, and so on. These different discourses arose for different reasons that cannot be assigned to a single cause (Foucault, 1976). He points out that the repressive hypothesis associates change in discourse regarding sex with the rising bourgeoisie’s need to increase productivity, but the multiplicity of discourses contradicts this aspect of that hypothesis (Foucault: 1976: 130). Foucault (1976) argues that there is no neat causal explanation that can place this change in discourse within a wider historical context. He concludes that the will to knowledge that drives the rationalization of sex cannot be reduced to economic causes only.

Knowing about sex became increasingly important, but it was equally important that this knowledge should include common morality. Foucault (1989) points out that, within this framework of discourses, sex was no longer treated only as a matter for morality but rather also a matter of knowledge; of truth and falsehood.

Foucault (1978) states that more important than sex though, is the discourse on sexuality. He further notes that the institution of marriage claimed the discourse on sexuality. In other words, marriage legitimates how society talks and thinks about sexuality. It shapes the meanings attributed to sexuality, prescribing what is and is not said about sexuality. Effectively and for the most part, cultures repress any discourse on sexuality that occurs outside the confines of marriage.

Foucault (1978) cautions that silence on sex and sexuality must not be interpreted as a repression of sexuality but must rather be understood as being recoded so that it exists in proliferation in other forms of discourse (Foucault, 1978). This forms part of the mechanisms of knowledge
production and power. This is similar to what Weeks (1981: 5) pointed out that sexual behaviour is “organized not through mechanisms of ‘repression’ but through powers of ‘incitement’”, definition, and regulation. And, in fact, Foucault (1978: 18) argues that rather than repressing the idea of sexuality, these sexual restrictions result in a “multiplication of discourses concerning sex”. This became most evident in the eighteenth and nineteenth centuries when powerful institutions such as the realms of science, medicine and the law analyzed, documented, classified and diagnosed apparently different forms of sexuality.

Foucault (1978) gives the example of eighteenth-century secondary schools. Sex was not supposed to be spoken of in such institutions; however, for this very reason, “one can read the preoccupation with sexuality in all aspects of such schools. The space for classes, the shape of the tables, the planning of the recreation lessons, the distribution of the dormitories..., the rules for monitoring bedtime and sleep periods all this were organized according to the sexuality of children” (Foucault, 1978: 114). And a whole industry of experts (doctors, educators, schoolmasters, etc.) were, indeed, consulted regularly on the matter of sex in order to regulate all the times, spaces, and activities of the school as it pertained to sex and sexual behaviour.

Foucault (1978) states that there is a continual call to speak on sexuality in the present age in discursive spaces such as television, popular music, and in schools unlike in the eighteenth and nineteenth centuries. Despite the repressive hypothesis on sex, there has been a new force that brings sex discussions into the public domain without fear of repression. Foucault (1978) does not deny that there has been a stronger effort to control sex and that sex has become increasingly something to be ashamed of. He states that there is a continual call to speak on sexuality in the present age in discursive spaces such as television, popular music, and in schools unlike in the eighteenth and nineteenth centuries. Despite the repressive hypothesis on sex, there has been a new force that brings sex discussions into the public domain without fear of being repressed. Foucault thus does not deny that there has been a stronger effort to control sex and that sex has become increasingly something to be ashamed of.

Understanding the tension that exists in society about the place of discourses on sex, sexuality and sexual behaviour in the public domain becomes important when emphasizing the
contribution Foucault makes in the above discussion. This work is particularly relevant in a study where, as I show later in the results chapters, participants inhabit traditional and modern spaces in complex ways that often produce unintended consequences for school-going youth who happen to be sexually active. But as I show below, Foucault’s thesis is not without controversy. I outline criticisms on his earlier work, which, while I make reference to, that work is not what the study adopts as its main theoretical lens. I draw mainly but not exclusively on his later work where his descriptions of the subject, subject formation, power, power relations, resistance, and subjectivity are nuanced and more accommodative (or take account of) of the productive aspect of power.

2.7 Limitations in using Foucault’s theory on subject formation, subjectivity, and power

Many of the criticisms of Foucault’s earlier work were resolved in his later work. However, it is important to rehearse the general critiques because much of what this study draws on reflects both his earlier and later work, while there is considerable intersection between Foucault’s analytic of power/knowledge and feminist concerns (Butler 1990, 1993, Fraser, 1989, Hartsock, 1990). This notwithstanding, feminist theorists represent some of Foucault’s strongest critics. They have questioned the basic premise of his work, proposing that it ignores individual agency and through his proposal that subjects are formed through discourse, that he gives little agency to subjects as contributors to their own subjectivity. They also argue that Foucault does not provide a full account of resistances to power. Fundamentally therefore, feminists claim that Foucault proposes a subject that is wholly determined by forces external to the individual and that power relations often work to subject the individual and thus do not offer possibilities for resistance.

Fraser (1989), for example, argues that the problem with Foucault’s claim that forms of subjectivity are constituted by relations of power is that it leaves no room for resistance to power. If individuals are simply the effects of power, then it becomes difficult to explain who resists power. In fact, Fraser (1989) finds Foucault’s declaration that resistance is inherent in his discourse on power a challenge. She argues that Foucault does not advance the social justice project in that he does not differentiate between acceptable and unacceptable forms of power; thus not accounting for why domination ought to be resisted (Fraser, 1989). She goes on to state “… only with the introduction of normative notions could he begin to tell us what is wrong with
the modern power regime and why we ought to oppose it” (Fraser 1989: 29). In Fraser’s (1989) view, Foucault’s indeterminate position on power restricts the value of his work because it does not provide tools to criticize structures of domination and to provide a way forward for social change. Sawicki (1998) agrees that Foucault does not account for effective resistance to disciplinary practices. She echoes sentiments by a number of feminists that the Foucauldian understanding of power reduces individuals to victims or objects of power rather than subjects with the capacity to resist.

Echoing and extending Fraser’s criticisms, Hartsock (1990) contends that Foucault’s question of the categories of subjectivity and agency should be treated with caution by feminists. In critiquing his work, she contends, “[W]hy is it that just at the moment when so many of us who have been silenced begin to demand the right to name ourselves, to act as subjects rather than objects of history, that just then the concept of subjecthood becomes problematic?” (Hartsock, 1990: 164). Like Fraser, Hartsock (1990) finds Foucault’s conception of modern power problematic in so far as it diminishes individuals to passive rather than proactive subjects who are able to resist rather than only be subjugated through power. She makes the point that Foucault’s notion of the subject as a consequence of power does not offer support for feminist politics because it does not provide alternatives for a subject other than one subjugated and already determined. Such a stance, Hartsock (1990) argues, denies the possibility for a liberated subject.

For Butler (1990, 1993) power is productive and constitutive and thus does not reside external to the individual. It also does not only subjugate; rather, it contributes to the constitution of the subject’s self-identity. Butler sees a complex relationship between autonomy and subjection, and proposes that “… power exerted on a subject, subjection is nevertheless a power assumed by the subject, an assumption that constitutes the instrument of that subject’s becoming” (Butler, 1993: 117). Subjection and self-agency are not simply binaries opposed to each other; rather, as Butler goes on to say “… a subject might yet be thought as deriving its agency from precisely the power it opposes” (1993: 119). Power in this instance is both constitutive and empowering it that it creates the subject but also at the same time the subject needs that initial creative power to emerge as an autonomous power (Butler, 1993).
The above criticisms of Foucault’s earlier work were accounted for in his later work. Thus, as feminists, Grimshaw (1993) and McNay (1992) state, Foucault adapts his theoretical perspective and redeems himself in ways that make it more useful to the project of articulating a coherent feminist ethics and politics.

2.8 Chapter summary
This chapter presented and discussed Foucault’s theory on discourse and power, illustrating that discourse reinforces power but also undermines and exposes it, renders it fragile and makes it possible to subvert. Discourses are ambiguous and are always constituted in relations of power. Foucault’s thesis highlights ways in which group life can exert pressure on individuals to comply with normative values and practices, while at the same providing possibility for subversion or deviance; always with consequences though. Discourse imposes conditions on what the individual can employ in thought and behavior. Foucault though, underplays agency and agentic action, which while regulated, is possible and sometimes desirable, and can lead to outcomes that subvert the dominant discourse and in so doing, change and transform it.

A review of Foucault’s theory brought to the fore two main tenets concerning the body that are relevant in this study. First, bodies are categorized, trained in procedures and placed in hierarchies. This is mainly where power is being exercised upon individuals. Second, the capacity for the body to learn makes it both docile by incorporating knowledge, and later to constitute itself by means of using discourses to shape the self in a liberating way.

Linked to perspectives on subjectivity, Foucault views power as both productive and repressive, both enabling and constraining, depending on who and how people engage. Foucault draws a connection between subjectivity and power. He states that subjectivity is constitutive of and the effect of power, knowledge, and other influences. For Foucault (1982), individual subjects do not come into the world fully formed; they are constituted in and through a set of social relations. According to Foucault (1982), individuals are subjected in a dual sense; first they are subjected to the complex, multiple, shifting relations of power in their social field and secondly, they are
enabled to take up the position of a subject in and through those relations. In other words, for Foucault (1982), power is a condition for the possibility of individual subjectivity.

The possible unpredictable combinations of power relations and discourse interactions allow for the possibility of resistant forms of discourse and the possibility of changing how power operates. Foucault (1978) does not consider individuals to be entirely enslaved by power relations because, as he emphasizes, people are both subject to power and subjects of power. He considers power to be not only a system of domination which controls everything but also a system that always leaves room for freedom (Foucault, 1978). Hence, individuals have a choice to accept or reject, comply or challenge, obey or subvert.

The chapter also put forward ways in which Foucault views subject formation and the regulation and discipline of society through his notion of the panoptic gaze. Focusing on the elements of panopticism and its utilization by social institutions not to enforce power over individuals but to illustrate how individuals subject themselves, Foucault provided a way to understand how social action produces while at the same time is produced in and through relations of power. Such an understanding is useful in a study where decisions to make condoms available and accessible to school-going youth are not only uncontroversial, but where youth are positioned as not having the choice (or power) to make decisions outside the expected norm, as the results illustrate.

In the next chapter, I provide insight into the evolution of condoms, tracing the dominant discourses that over time have shaped responses to condoms. Any discussion on condoms, as I have already argued in this chapter, is framed within discourses about sex, sexuality, and a sexual behaviour. These however, are embedded in broader political economic, religious and cultural discourses as the next chapter also highlights. The next three chapters situate the thesis conceptually.
CHAPTER 3 THE EVOLUTION AND DOMINANT DISCOURSES SHAPING UNDERSTANDINGS AND RESPONSES TO CONDOMS

3.1 Introduction

Foucault’s theory provided the tools to situate the study theoretically. The argument in the previous chapter was that beliefs, values, and perspectives cannot be understood outside the forces that contribute to forming, disciplining, and regulating the subject and social action, particularly as it relates to the sexual subject. The next two chapters provide the conceptual framework for the study. The current chapter focuses on the evolution and dominant discourses shaping understandings and responses to sex, sexuality, and sexual behaviour and as it pertains to this study, condoms. The second of the conceptual chapters concentrates on debates about sex education as well as about the position of schools and their role in prevention programmes against disease and pregnancy.

The first part of the current chapter traces the evolution and debates about condoms. Though condoms started as a predominantly Western concept, accessible only to the elite for use to prevent diseases such as syphilis, recent forms of disease such as HIV and AIDS have brought the developing world into sharp focus; with current debates on condoms taking on new meanings as the focus shifts to Africa, Asia, and countries in the Caribbean. As I show, while dominant discourses that embed discussions on condoms remain consistent, new discourses have also emerged, framing what is and is not possible in the use of condoms. This is followed by a section that highlights more recent debates on condoms. This section includes a discussion on the political and economic debates shaping the uptake of condoms, followed by a section that highlights religious debates on condoms. It is in the latter section that I highlight the link between human sexuality, birth control, disease and debates about condoms. The third section in this chapter emphasizes social and cultural debates about condoms. As I argue later on in the chapter, these cannot be understood outside broader discourses on sex, human sexuality and sexual behaviour that mediate social action since these not only frame but are integrally linked to condoms and responses to their use. In this regard, I trace perspectives, beliefs, values, and practices that have to do with childhood, adolescence (used interchangeably with youth and teenager in the literature), fertility and early marriage, sexual pleasure, virginity, body fluids
(especially semen), and its relationship to condom use. All of the foregoing is in preparation for the discussion in Chapter 4 that hones in on debates on sex education, schools, and condoms.

3.2 The genealogy and early debates on condoms

The controversies surrounding condoms cannot be meaningfully discussed without unpacking the history and early discourses surrounding condoms. The history of condoms goes back several centuries. Written reference to condoms and their use, though, became common during the eighteenth century. They were usually made from material such as chemically treated linen and animal tissue (intestine or bladder). Condoms were perceived to be cumbersome and unreliable because they easily tore. While different materials such as sheep or goat gut seemed to improve the cumbersomeness, they were nonetheless still perceived to be uncomfortable and not easy to use (Jared, 1997).

For most of the traceable history, condoms were used both as a method of birth control and as a protective measure against sexually transmitted diseases (Collier, 2007; Jared, 1997; Oriel, 1994). With regard to the former, prior to the fifteenth century, the use of glans condoms (devices covering only the head of the penis) was recorded in Asia. Pertaining to sexually transmitted diseases, Collier (2007) reports that after the first well-documented outbreak of syphilis in Europe at the end of the sixteenth century. Efforts were made to prevent contamination through using vinegar to wash male and female genitalia. This method proved to be unsuccessful, with condoms being advocated but only amongst the elite, who had the knowledge about disease prevention as well as the financial resources to afford them. Collier (2007) makes the point that glans condoms, for example, were only accessible to the upper class in part because of their cost, but also due to a lack of knowledge on the part of the working class. He states, “… lack of education on the dangers of sexually transmitted infections” (Collier, 2007: 378) meant that the working class had no access to condoms. Cost notwithstanding, responses to condoms were largely negative not only because it was felt that they did not offer full protection against diseases like syphilis, but also because they were uncomfortable, and generally unreliable.
During this time debates also emerged concerning the relation between the use of condoms, fidelity, and unsafe sexual practices. The general view was that condoms encouraged men to engage in unsafe sex with unsafe partners (Collier, 2007). In addition, condoms were associated with encouraging promiscuity due to the false sense of safety it accorded those using them. Due to perceived loss of sensation, men thought to be engaging in promiscuous behaviour often neglected to actually use the device, thus spreading or at the very least, contributing to the spread of disease (Oriel, 1994). Traceable in the above are discourses on health safety, reproduction, disease, class and elitism, efficacy, sexual pleasure, and the economics of condoms; all intertwined to shape beliefs, perspectives, values, and responses to condoms and their use.

By the end of the eighteenth century and early in the nineteenth century, the market grew rapidly, with condoms of various quality and size becoming more readily available (Jared, 1997; Oriel, 1994). It was no longer only the elite who had access to them, but also the general public; albeit that their access was limited. As in previous centuries, condoms were still associated with notions of ineffectiveness against disease such as syphilis and gonorrhea, with standpoints that they distorted the minds of men tied to issues of promiscuity and immorality (Jared, 1997). Only in the mid-nineteenth and early twentieth centuries were condoms not only widely promoted but also the use of contraceptives became more widespread amongst the poorer classes. With this came controversies from different sectors in society; some either promoting abstinence as a key prevention strategy for both pregnancy and disease and others favouring prevention strategies such as birth control and condoms. Youssef (1993) and Oriel (1997) argue that opposition to condoms did not only come from moralists such as ministers of religion and members of churches but in the late nineteenth and early twentieth centuries, from the feminist movement in both Europe and America.

Moralists, largely but not exclusively driven by the religious groups such as churches, promoted abstinence to the exclusion of condoms. While a religious discourse dominated such debates, feminists also disagreed with making condoms available, maintaining that they took away control from women regarding birth control. Feminists wanted “birth control to be exclusively in the hands of women and disapproved of male controlled methods such as the condom” (Youssef, 1993: 227). The main argument from this group was that condoms deprived women of the right
to decide when and how to use contraception. Similar to earlier centuries, debates regarding condoms continue to be embedded in discourses already mentioned earlier. However, new discourses have also emerged that have to do with mistrust, condoms interfering with sexual pleasure and sensation, condoms curtailing life, condoms encouraging promiscuity and STIs such as syphilis being punishment for immoral sexual misbehaviour. While present, the moralist discourse was subdued in seventeenth centuries, gaining prominence as time went by. Even though there was a shift to making condoms more available to the working class, the economic discourse persisted in that it still determined who had access.

Condoms have a Western history with little or no documented evidence of their existence in Africa. Nevertheless, in the mid-20th century, with diseases such as of HIV and AIDS manifesting and ravaging many countries in Africa, the discourse on condoms shifted to a focus on disease prevention in the developing world. Still associated with sex, sexuality, sexual behaviour, and disease, debates took on new and different meanings, with different stakeholders proposing reasons for their use or in some cases, non-use. Moralists referred to AIDS as a disease that only affected homosexuals and illicit drug users who received the punishment they deserved (Youssef, 1993; Oriel, 1997; Collier, 2007). Unlike earlier centuries where the elite were privileged in having knowledge about disease prevention and where economics played a determining role in who had access to condoms, through its manifestation largely amongst the poor and heterosexual populations in developing countries, the pandemic brought with it different meanings and responses to condoms (Youssef, 1993; Oriel, 1997; Collier, 2007). Even though the dominant discourses on sex, sexuality, sexual behaviour and disease still persist, other discourses have emerged since the prevalence of HIV and AIDS as a pandemic. The discussion below highlights the intersection in political and economic discourses, followed by a discussion on the religious discourses shaping perspectives and responses to condoms, all of which are framed within discourses on sex and human sexuality.

While not an exhaustive account of the history and early debates on condoms, the description above illustrates the tensions that exist in society that have to do with aspects of social life in general, and condoms and their use in particular. Questions of who has the authority to speak, what is being spoken about, as well as how it is spoken about are important in not only shaping
collective and individual perspectives, beliefs, and responses to aspects of social life, but also social action. Even though the dominant discourses that shaped perspectives on condoms through history continue to make their mark on current perspectives, beliefs and responses, diseases such as HIV and AIDS have not only shifted the focus to the developing world, but have also brought with it either new or variations to existing discourses. Below is a discussion on dominant debates on condoms. I limit the discussion to debates in the late 20\textsuperscript{th} and early 21\textsuperscript{st} century, with special reference to HIV and AIDS and pregnancy given the focus of the study.

3.3 Current debates on condoms

The section that follows highlights debates in the late 20\textsuperscript{th} and early 21\textsuperscript{st} centuries on the uptake of condoms particularly as a birth control and disease prevention strategy since the onset of HIV and AIDS. No discussion on condoms is complete without consideration of its link to debates on human sexuality, conception, procreation, reproduction and fertility as well as the attendant debates on virginity, pre-marital sex, and conceptions of childhood and its relation to sex amongst youth. What follows is a discussion on the political and economic debates shaping the uptake of condoms, followed by a section that highlights religious debates on condoms. It is in the latter section that I highlight the link between human sexuality, birth control, disease and debates on condoms. The third section emphasizes social and cultural beliefs, values, and practices shaping human sexuality and includes a focus on perspectives on fertility, virginity, semen, childhood, adolescence and its relationship to sex.

3.3.1 Political and economic debates on condoms

The political and economic sphere has its own share of positive and negative contributions towards curbing the spread of HIV and AIDS; with controversy around condoms a key element in the debates. As reported above, earlier access to condoms was primarily associated with the elite due to costs. With egalitarianism more prevalent in society, governments were compelled to address their social responsibility to all citizens regardless of economic status. Making condoms more easily available and accessible either free or subsidized could not only be an option for the elite or financially privileged. The discussion that follows though shows that country leaders have had different views on this especially as it relates to fighting the HIV and AIDS pandemic. Some governments prefer not to allow condom use in an attempt to maintain a particular moral
code while others privilege health and sexual safety and promote the use of condoms. Others still are influence by major donors, who shape the approach to and process of making condoms available.

China and South Korea are illustrative of governments prioritizing morality over condom use. The Chinese government is typical of governments around the world that use morality to argue against the distribution and advertisement of condoms. In China, such a sanction originated from the 1989 regulation titled, “About Prohibition of Advertisements of Sex-Life Related Products” (Zheng, 2010: 61). This law stipulated that any medical equipment designed to cure sexual malfunction or aid sexual life, although legally produced, may not legally be advertised. This law became the root of all decisions made on condom distribution and advertising (Zheng, 2010: 61).

The state regulation was based on its interest in monitoring and regulating the sexual morality of Chinese citizens. Zheng (2010) reports that during the late 1980s, the government spelt out that the social ethic of the country did not accommodate any discussion or distribution of condoms let alone permitting advertisements promoting their use. The moral code, integrally linked to the silence and taboo around sex, considers advertisements related to condoms as denigrating; promoting prostitution and promiscuity, and exerting a detrimental effect upon children and society (Zheng, 2010). The consequence is suppression and regulation by government on any debates, advertisement or promotion of condoms. Sexual morality and state-building are thus inextricably linked, with strict control over citizens’ sexual choice. While globally AIDS communication programmes have changed the way that condoms are perceived and promoted in many countries, this change was yet to occur on a large scale in China (When, 2002: 14).

Like in China, this attitude toward condoms is also prevalent in countries like South Korea. Like China, the South Korean government strove to revive Korean values of purity and morality, and deemed condom and contraception education for the young as “an uncritical adoption of western-style sex promotion,” hence, “culturally inappropriate for Asian youths” (Cheng, 2005: 17). The association of condoms with immorality made it difficult for ordinary citizens to access them since, like in China; they were banned by the government.
Negative attitudes amongst political leaders towards condoms are also evident in Africa, where economically deprived ordinary working class citizens were also denied access to free condoms. Zambia serves as a typical example of a change in the political position with regard to condoms. During the regime of Kenneth Kaunda, the first Zambian Republican President, making inexpensive condoms widely available and promoting their use through mass media advertising and peer education campaigns, especially in schools and colleges, was the backbone of the Government and Health Institutions (Mwasa, 2009: 8). However, his successor, Frederick Chiluba, who proclaimed Christianity as the state religion, called condoms “a sign of weak morals” (De Young, 2001: 183). Christianity became the moral barometer; making it difficult for the government to directly attack the church’s moral authority or institute government policies that promote condom use. The approach by government was one of caution and diplomacy so as not to offend the dominant discourse on morality at the time.

As a result of pressure from the Church, the distribution of condoms in schools and colleges was banned (Gordon & Mwale, 2004), with only teaching as well as information on where to access condoms permissible. This, the Zambian government did on the basis that condoms promoted promiscuity amongst youth (Bruce & Clark, 2004; Gordon & Mwale, 2004; Mutenda, 2004). This resulted in a situation where people struggled to gain access to condoms because they were unable to afford them; a situation that mirrored early discourses being the privilege of the elite who had the financial means to buy.

HIV and AIDS policy-making in Africa and elsewhere in the world has been characterized by conflict between the government, civil societies, and the medical profession (Schneider & Stein, 2001), with the role of condoms a key factor in the debates. According to a UNAIDS (2004) report, governments from developing countries did not consistently and adequately prioritize condom purchase in their budgets. Consequently, in most of the developing world, making condoms available was exceedingly dependent upon a small group of bilateral and multilateral donors such as the United States, Germany, the United Kingdom and United Nations Population Fund (UNFPA). Added to the fact that governments did not prioritize funding, the reliance on a few donors left the issue of making condoms available open to influence by individual donor policies and agendas (UNAIDS, 2004).
For example, the leading donor to HIV and AIDS programmes, the United States, increased its support for HIV prevention programmes that promote sexual abstinence and fidelity. The United States Leadership against AIDS, Tuberculosis and Malaria Act of 2003 (commonly known as the President’s Emergency Plan for AIDS Relief or PEPFAR) devoted 33% of prevention spending to “abstinence until marriage” programmes; with the majority in sub-Saharan Africa, the Caribbean, and Asia where the pandemic presented (UNAIDS, 2004). In 2004 and 2005 alone, the United States spent more than $20 million on programmes that promoted abstinence until marriage (PEPFAR, 2005: 26). According to the Human Rights Watch’s report of 2004, government-issued programme guidelines did not forbid recipients from promoting condoms; but the programme outcomes were geared towards abstinence programmes, thus inadvertently minimizing the promotion of condoms. PEPFAR guidelines stated, “… applicants will not be required to endorse, utilize or participate in a prevention method to which the organization has a religious or moral objection” (PEPFAR, 2005: 32). PEPFAR’s (2005) five-year strategy document released in February 2003 by the US Office of the Global AIDS Coordinator, which administers PEPFAR, also states that correct and consistent condom use will be promoted only for “those who practice high-risk behaviours,” advising only abstinence and fidelity for all others.

The impact was traceable of the approach by donors who funded programmes in the developing world. African leaders who accepted donor funds were required to work within the parameters set by funders. PEPFAR, for example, was clear about the nature of programmes they supported, namely only those that promoted abstinence as a primary HIV prevention strategy. In May 2004, for instance, the Ugandan government deviated from its historical support of condoms by stating that condoms should be provided only to sex workers (Gordon & Mwale, 2006; Chamberlain, 2006). The Human Rights Watch (2004: 23) reveals that this change in position happened at approximately the same time that the US announced that Uganda would receive $90 million of PEPFAR funds. The effect was that the discourse of abstinence and fidelity was endorsed at the expense of condom use in a country ravaged by the pandemic.
This brief exposition goes some way to demonstrate ways in which donor imperatives frame and shape discourses in countries dependent on external funding support. As the above demonstrates, discourses on abstinence and fidelity were imposed on developing country agendas, shaping what was and was not possible or permissible in prevention programmes without taking the local context into consideration. Political and economic discourses intertwined to shape responses to condoms. Similar tensions exist elsewhere on the African continent where donor expectations do not match the in-country needs and instead frame an agenda not always in the best interest of the ordinary citizen. Such a tension is noticeable in Namibia, an aspect I come back to later on.

The next section presents a discussion on religious debates which influenced and continue to influence people’s views on sex, human sexuality, and the purpose of sex, with responses to condoms embedded within these.

3.3.2 Religious debates on sex, human sexuality, contraception and disease prevention: implications for understandings and responses to condoms

Condoms are tied to larger debates on human sexuality that have to do with sex before marriage, birth control, concerns about the correctness of family planning, prevention of infection, and disease. Various religions exist in the world today, each with their own set of practices and ideologies when it comes to the purpose of sex and contraception in general and condom use in particular. Most around the world take resolute positions against the availability of condoms in their communities. According to a study by Think (2009), widespread beliefs within different religious bodies in the United States impress upon their followers that abstinence is the only way to protect oneself from impurity and disease: a practice no different in other parts of the world.

Religious bodies disagree over the exact relationship of sex to procreation. For some, the meaning of sexual intercourse is undermined unless every sex act remains fully open to the possibility of procreation. For others, sexual union is a meaningful expression of love even when the possibility of conception is cancelled through the use of birth control. This tension highlights the complexity of issues and debates when one considers condoms and their availability. Any discussion on condoms can thus not be understood outside a larger discussion on the articulation between religion and its teaching on sex and human sexuality.
Catholicism and Protestant faiths\(^2\) are two dominant Christian religious bodies that publicly and explicitly oppose the availability of condoms. At a fundamental level, they believe that making condoms available might encourage followers to engage in risky sexual behavior and inadvertently promote sexual behavior that increases the rate of sexually transmitted diseases and pregnancy. They differ though, on their official position regarding condoms and their use as contraception in family planning programmes and as a method to prevent the spread of diseases such as STIs and HIV and AIDS.

HIV and AIDS poses a new health and social challenge to such religions all over the world (Trujillo & Clowes, 2006) in that great proportions of their members are either affected or infected, forcing a response. In response to the pressures brought upon communities and congregations by the HIV and AIDS pandemic, churches and faith-based organizations (FBOs) have emerged as significant sources of authority in the development and execution of HIV prevention and care initiatives across the world. According to WHO (2004), such groups accounted for about 20% of all agencies worldwide working to combat HIV and AIDS in the early 2000s, and represent 30% to 70% of the health support structure in sub-Saharan Africa where the pandemic manifested in large proportions.

Christian denominations though, are not homogenous in their approach to sex, sexuality, and views on marriage, virginity, contraception, and procreation. It stands to reason, therefore, that they would also vary in their perspectives on condoms. This notwithstanding, they all view sex outside marriage as sinful. The \textbf{Catholic Church, for example, is against all forms of contraception. Marriage is viewed as a sacred relationship in which} husband and wife are urged to remain faithful towards each other throughout their lifetime, avoiding extramarital relationships at all cost. The Catholic Church also advocates abstinence until marriage as a sign of respect for the religion. According to the Church’s catechism, all sex acts must be done only to unite a couple and for procreation (Featherstone, 2001). In other words, sexual acts must be for the purpose of bonding two individuals together and with the possibility of conception.

\(^2\) I limit the discussion to Christianity only, given the focus of the study in a country where almost 90% of the population identify themselves as Christians. Almost half of the Christian population is Catholic, with Lutheran the second largest Christian denomination.
Therefore, any sexual expression outside marriage, contrary to the two purposes, is interpreted as sinful. Condom use in this context falls under the category of artificial contraception or as promoting sex for pleasure, to fulfil lustful desires and is therefore unacceptable and not for its intended purpose of procreation.

The Catholic Church’s position is that the use of condom and other contraception as a form of family planning and prevention of transmission of disease has always been banned and their use is regarded as sinful (Featherstone, 2001: 36). For the Church, only the natural family planning method and abstinence is acceptable. Even though the Church has been one of the major stakeholders in the fight against HIV and AIDS and has been “recognised as being the world’s largest provider of AIDS care”, it still strongly condemns the promotion and distribution of condoms especially to the unmarried (Mwansa, 2011: 18). Its argument has been that apart from the false security given by a condom, sanctioning the use of condoms might be construed as approving or promoting illicit sexual activities and therefore, would compromise the Church’s moral teaching (Casatelli, 2005). A message of abstinence and mutual fidelity to one’s partner in a stable marriage union has always been the principal message by the Catholic Church, as well as the safest method to prevent exposure to sexually transmitted disease such as HIV (Featherstone; 2000).

Condoms thus not only invoke issues of sexual morality, purity, and acceptable sexual norms but also procreation, with the Catholic Church appealing for education on chastity, premarital abstinence, and marital fidelity as the only ‘true’ expressions of human sexuality (Trujillo & Clowes, 2006). As Featherstone (2000) proposes, the Church views human life and human sexuality as inseparable and sacred and makes the point that condoms were designed for the prevention of pregnancy and sexually transmitted diseases that ought not to occur were people faithful and not promiscuous.

On the other hand, Protestants and Pentecostals are said to be more receptive to contraception and the use of artificial birth control; a contrast to the beliefs espoused by the Catholic Church. Collier (2007), Jared (1997), and Oriel (1994) all show that before the twentieth century, practically all branches of Christianity were opposed to contraception. However, many have
changed their positions on this highly sensitive issue. It was the Anglican Communion in 1930 that first issued a statement allowing birth control among people who considered it their moral obligation to limit their children or avoid parenthood (Carlson, 2007; Scott, 2004). Other Protestant denominations also approved the use of condoms and other birth control devices in family planning, combating the spread of STIs, and later HIV infection (Carlson, 2007), justifying this by pointing out that no life is lost in the use of such prevention strategies.

Carlson (2007: 21) reports that the Anglican Church (Church of England) declared that “contraception is not a sin and does not go against God’s purpose.” Similar sentiments were shared by the Evangelical Lutheran Church in America where followers were allowed to use contraceptives. Denominations such as the United Methodist Church leave the choice on birth control and conception to individuals. According to Carlson (2007:24) and Scott (2004:12), the United Methodist Church issued a resolution on “responsible parenthood” urging parents and the community to make sure that every child is delivered into the world with good health, leaving the choice to individuals and couples as to whether to use contraception (except condoms) or not. Similar sentiments are shared by the Presbyterian Church who supported the use of contraceptives, which it considers as part of basic health care. The Eastern Orthodox Church in its early days was against contraceptives. Today though, it allows the practice when used within marriage and with the consent of a spiritual father.

Other pro-life Protestant denominations though, oppose the use of condoms, viewing the practice as sinful (Carlson, 2007:28). Many also view HIV infection as punishment for sinful action, creating a complex intersection between sin and morality, disease and punishment, and condoms and their availability. The following section focuses more specifically on religious debates around the availability and use of condoms.

### 3.3.2.1 Religious debates on the availability and use of condoms

Few if any Christian denominations condone the use of condoms, let alone subscribe to disease (especially HIV and AIDS) prevention messages that encourage and support condom use. A number of scholars (Okunna & Dunu, 2006; Eves, 2008; Messer, 2009; Westen, 2009; Think, 2009) indicate that most Christian denominations perceive condoms to be promoting promiscuity
and irresponsible and illicit sexual practices (De Young, 2001: 170). Linked to procreation debates, they associate condoms with preventing conception (Okunna & Dunu, 2006; Eves, 2008; Messer, 2009). Many also view the promotion of condoms as an immoral, blunt, and misguided weapon in the battle against diseases such as HIV and AIDS.

One of the most outspoken representatives of the Catholic Church, the Pope, has publicly denounced making condoms available as a way to decrease the infection rate of HIV and illegitimate pregnancies among the youth of many countries (Westen, 2009). Pope Benedict XVI claimed that the Catholic Church is at the forefront of the battle against AIDS and that the fight against HIV and AIDS cannot be won through making condoms available. His view was that distribution increases rather than decreases infection (Westen, 2009: 109).

Researchers such as Bosmans, Cikuru, Claeys and Temmerman, (2006); Okunna and Dunu (2006); Eves (2008); Messer (2009) and Think (2009) all show that religious doctrines inadvertently hamper the effective implementation of HIV prevention programmes in that they discourage condom education. Bosmans et al.’s (2006) study in the predominantly Christian Democratic Republic of Congo, which investigated access to condom information and supply in Kinshasa and Bukavu, found that religious beliefs were used as the justification for reducing the ABC (abstinence, being faithful to one partner, and condom) approach to just AB (abstinence, being faithful). They found that socio-cultural barriers and strict obedience to the Catholic doctrine prevented adolescents from receiving accurate and comprehensive sexuality education and that condom supplies were blocked by peer education programme officers (Bosmans et al., 2006). They found that in Bukavu, programme officers advocated abstinence and being faithful as the only method to prevent HIV infections, ignoring any message on condoms because it fell outside their religious beliefs and norms. Instead, they emphasized the risk in the use of condoms, stating that they were unreliable and sometimes even unsafe (Bosmans et al., 2006: 84).

Results from the same study reveal that some young men had no idea where condoms could be obtained for free, despite the existence of a centre that received a free condom supply from international organizations for distribution. When examined, the centre had decided not to
distribute the condoms because “they did not want to encourage young people to have sex” (Bosmans et al., 2006: 85). The study concluded that religion served as a barrier to young people exercising safe-sex choices.

Some religious leaders also go as far as discrediting condoms through misinterpretation of information. Eves (2008), for example, points out that moral condemnation of condoms and the widespread misinterpretation of their efficacy are great barriers in the prevention of HIV and AIDS and teenage pregnancy. Gordon and Mwale’s (2006) study shows that the majority of the Faith Based Organizations’ (FBOs) peer educators in different HIV and AIDS prevention organizations in Zambia were negative about condom use. The message that condoms are not 100% safe was widely interpreted as them being ineffective and thus not worth the effort. Gordon and Mwale’s (2006) report on peer educator experiences in providing information on HIV prevention in Chipata, the capital of the eastern province of Zambia, where one of the respondents pointed out the system used to convey messages to youth that included promoting abstinence only as the solution until youth are at least 20 and married. She explained that she handed out cards to young people with statistics explaining why condoms would not protect them from HIV-infection (Gordon & Mwale, 2006: 72). The same study reports that a youth organization in Lusaka put condoms in a microwave and later tipped milk through them to demonstrate to young people that they are porous (Gordon & Mwale, 2006: 74). The same study also reports on a Russian roulette game which some NGOs use to discourage the use of condoms. The message is that, “… if you have sex six times with a person with HIV using condoms every time, by the sixth time you will have HIV yourself” (Gordon & Mwale, 2006: 77).

The overview above reveals that condom marketing or the lack thereof is not only shaped by religious beliefs and practices around sex, but also by the social and cultural context. Religious denominations have an influence on sexual beliefs, the regulation and suppression of discussions on sex as well as on sexual behavior, with messages from churches often in contradiction to public or secular messages promoting the use of condoms as a birth control and disease prevention strategy. In a study in Mozambique, Pfeiffer (2004) describes the contrasting messages between religious movements and those in the public domain marketing and promoting
condoms. The study highlights the role of churches in mobilizing communities to blame condom marketing for endorsing promiscuous sexual behaviour through explicit and provocative images and slogans as well as in creating the problem of immoral sex and for the increase in HIV infection (Pfeiffer 2004).

The discussion below hones in on religious debates on condoms in Namibia to further situate the study.

3.3.2.2 Religious debates on condoms in Namibia

As part of its treatment and prevention plan, Namibia’s Ministry of Health and Social Services both provides free anti-retroviral treatment to HIV positive citizens, and widely promotes the use of condoms as a part of the ABC (Abstain, Be faithful, use Condoms) approach, as a way to encourage sexually active Namibians to engage in what the government calls ‘safe sex’ (MoHSS, 2000).

Studies on religious influences on condom availability, accessibility and distribution in Namibia are limited. Rigillo (2009) is the only study identified that focuses on the issue. Carried out mainly amongst learners in Windhoek, the study sought to gain insight into learners’ views on condoms. Rigillo (2009) triangulated data by interviewing religious leaders and attending Church services to observe religious messages and practices on sex, condoms, and HIV and AIDS-related topics. Her study found that Christian groups often place themselves in opposition to agencies promoting condoms, devices that prevent not only the transmission of HIV but also act as a barrier to conception (Rigillo, 2009). She reports that to certain Christian groups, “procreation is the main and only purpose of sexual intercourse; thus the use of contraceptive methods constitutes a willful act against life, as well as one against the Christian God” (Rigillo, 2009: 36). Most of the religious leaders from Pentecostal Churches who participated in this study were against making condoms accessible especially to unmarried youth. This is contrary to the WHO’s (2001) report which indicated that the World Council of Churches (WCC) questioned religious resistance to condom promotion.
Rigillo (2009) found that the Evangelical Lutheran Church adopted what it called the ABCD strategy, which promotes a hierarchy of HIV prevention behaviours. They advised members, in the first instance, to abstain (A) or be faithful (B). If members could not adhere to either, then condom use (C) was encouraged. Failing this, ‘D’ denoted the consequence: death (Rigillo, 2009). Namibia’s Catholic Church has shifted from the dominant position already articulated earlier in this chapter. While a large promotion of members remain resolute on not making condoms available, Catholic AIDS Action, the largest HIV and AIDS service organization in Namibia, has successfully built partnerships with promoters of condoms, such as the Washington-based Social Marketing Association (Rigillo, 2009). In contrast, Rigillo (2009) Pentecostal groups occupied with spreading the message that condoms are ineffectual in the prevention of HIV, using avenues that include the media and even political platforms to spread this message. Rigillo’s (2009) report on religious leaders’ perceptions of condoms reveals that some construct condoms as prone to unreliability because they are ‘made’ by humans who themselves are not infallible. Others depict HIV a virus having ‘human’ qualities, intelligent enough to either escape from the condom or sufficiently adept to attack from within the condom.

Rigillo’s (2009) study reveals a tension between safe-sex messages to prevent HIV infection and condom promotion and religious perspectives in Namibia. Views emerging from religious denominations reported elsewhere in the world (De Young, 2001; Bosmans et al., 2006; Gordon & Mwale, 2006; Mutenda, 2004) also manifest within certain religious sectors in Namibia. Common amongst these is that nearly all religious leaders express doubts about the efficacy of condoms in protecting users against the transmission of HIV, largely choosing to preach against them and to discredit the public (and government) health messages that promote their use. Justified by their belief in condom ineffectiveness, religious leaders argued that condom promotion should be blamed for a rise of HIV infection across Africa, rather than a solution to its spread (Rigillo, 2009). Some of the religious denominations in Namibia cited Uganda’s success in the fight against HIV and AIDS as an example of “behaviour change rather than condom promotion in particular, a change towards behaviours concurrent with Christian lifestyles” (Rigillo, 2009: 49). They felt that Uganda provided proof that an abstinence and faithfulness-based approach was able to facilitate behavioural change among individuals by reducing the amount of casual sex taking place outside of marriage.
Although many churches around the world, including Namibia, remain conservative in their views on condoms, some literature shows a shift in perspectives by some churches and by individual religious leaders who observe the value of condoms for HIV prevention and as birth control. The next section presents insight into campaigns by religious denominations and some religious leaders towards the prevention of the spread of HIV and AIDS amongst youth in particular.

3.3.3 Religious organizations, disease prevention, and condom promotion

Notwithstanding reluctance and restraint amongst Christian denominations in Namibia and elsewhere in the world, a number of religious organizations and leaders have seen the need to reframe the dominant position adopted by the Church and rather respond to current social realities brought about by diseases such as HIV and AIDS. Many have worked alongside advocacy groups and health organizations to promote safe sex practices, including the use of condoms. In Senegal, in which more than 90% of the population is Muslim, De Young (2001) reported that the spread of HIV slowed dramatically after Islamic and Christian leaders joined a government HIV and AIDS prevention campaign advocating condoms along with abstinence and fidelity. The South African Anglican Archbishop at the time also promoted HIV and AIDS education that incorporates messages on the use of condoms (De Young, 2001). Religious structures like the World Council of Churches, representing 342 Protestant and Orthodox Christian Churches around the world, has become an outspoken supporter of all forms of prevention including condoms (De Young, 2001). WHO (2003) reports too that some Muslim leaders in Uganda and elsewhere around Africa have drawn back from actively promoting condoms but do not condemn their use. The report further indicates that monks who use Buddhist teachings on moral conduct do not prohibit condom use. Such a shift in perspectives shows how discourses are socially situated and context bound and are not only open to contradiction but also change (Foucault, 1989).

An example of change in religious positions is found in Uganda, the first country in Africa to be ravaged by the HIV and AIDS pandemic. With the government’s effort that included close working relations with religious and other non-governmental organizations, the country was able
to curb the pandemic in the 1980s and 1990s (Green, 2001). In the words of Edward Green, a Harvard medical anthropologist:

Uganda has pioneered approaches towards reducing stigma, bringing discussion of sexual behaviour out into the open, involving HIV-infected people in public education, persuading individuals and couples to be tested and counseled, improving the status of women, involving religious organizations, enlisting traditional healers, and much more (2001: 79).

Similarly, the United Nations Population Fund (UNFRA, 2010) reports that the Senegalese government responded to the first cases of HIV and AIDS reported in 1980s with a launch of a national HIV and AIDS programme including prevention campaigns. Religious leaders were integral to the process. They participated in advocacy campaigns, using mosques as platforms to support the fight against the pandemic (Hasnain, 2005). Churches in the country followed suit; a process that has enabled the country to retain a low infection rate compared to other African countries (Hasnain, 2005). The use of condoms was an important feature in such initiatives. Similar approaches to curbing a pandemic were reported in Zimbabwe where the United Nations Population Fund (UNFPA) sponsored a workshop for six Christian denominations and announced that condoms could be used within the family to prevent HIV transmission (UNFPA, 2010). This signaled a major shift from statements in recent years that ‘condom use was a sin’ by churches in the region. Churches in this country collaborated in an effort to prevent the further spread of HIV. Many participated in HIV prevention activities including advocating the use of condoms, voluntary counseling and provision of care to people living with HIV and AIDS.

A study by Arrunda (1994) in Brazil that used structured interviews with selected parents and religious leaders, reports that the Catholic Church’s position in the 1980s was vehement opposition to condoms, with the influence felt on government structures that sought to promote their use. This study indicates that the Church’s influence on the government, however, decreased over the years to the extent that government pamphlets began to carry specific and graphic instructions on how to use condoms, making them even available in schools. The Church participated in health care for HIV-positive people without moral condemnation. Such tolerance from the Church resulted in the Brazilian government taking an initiative to provide condoms in schools because it received less opposition from religious organizations (Arrunda, 1994). Indeed,
results from a more recent study by UNAIDS (2009) among parents in Brazil that examined perspectives on whether the Ministry of Education should make condoms available in schools indicates that most of the parents from the Roman Catholic Church were forthcoming and agreed to the idea. The study found that 65% of 7659 parents who answered the survey confirmed that 45% of learners, aged 13-19, were already sexually active. Parents suggested that these learners needed to be provided with condoms in school to place them in a better position to protect themselves against HIV and AIDS and teenage pregnancy (UNAIDS, 2009).

Religious perspectives however are not solely accountable for shaping responses to condoms and their use. In the next section, I present social and cultural debates on the issue. Like those already described in the above, such debates are socially and culturally constructed, but also are contextually situated.

3.3.3 Social and cultural practices that shape human sexuality, sex, and condoms

As I indicated at the outset of this chapter, no discussion on condoms is complete without an understanding of their link to larger debates in society on human sexuality, conception, and disease. Oshi, Nakalema and Oshi (2005: 176) argue that “cultural factors play an important part in the determination of sexual behaviour in a particular community.” Likewise, people are social beings who live and make meaning of their lives in a social context. Individuals are not isolated from social influence and are shaped by beliefs, values, and practices in the community where they live. Group influence on important aspects of daily life also plays a role not only in shaping the aforementioned, but also in social action, with sexual behaviour being no exception. Oshi et al., (2005) make the point that individuals are shaped (and shape) messages conveyed through participation in interactional processes. They are also active interpreters of such messages. It stands to reason that individuals living in the same community and receiving the same message on a particular topic are likely to be shaped by the same beliefs, values, and meanings on the issue. Perspectives on condoms are no exception, with several studies attesting to this as I indicate later on in this section.

The previous section highlighted the role of religion in shaping positions and perspectives on these key constructs and the implication of this for any discussion on condoms. The section that
follows extends debates by focusing on social and cultural practices within which debates on condoms are embedded. I begin though with a section on conceptions on childhood, followed by perspectives on adolescence, to situate the discussion on who can speak about sex, how it can be spoken about, and, as it relates to this study, who has a right to condoms. This is followed by a section on studies that highlight perspectives and debates on sex and human sexuality, fertility, virginity, sexual pleasure, body fluids and the importance of semen; all of which intersect to impact the uptake of condoms as a safe sex and prevention measure against HIV infection and pregnancy. As it relates to this study, these shape responses to making condoms available to adolescents in school.

3.3.3.1 Conceptions of childhood and the sexual subject

Societies around the world have their own meaning and interpretation on the stages that individuals progress through in life as well as when it is appropriate to start engaging in sexual relations. Such meanings are integrally linked to how they perceive childhood in general and in relation to sex, marriage and as it relates to this study, schooling in particular. The concept of childhood is a complex and is capable of holding a range of meanings that are difficult to define. It is conceptualized differently from place to place and its meaning has relevance in this study since as a discourse- as I show later on in the analysis it, shapes people’s views on whether or not youth (adolescents) ought to have access to condoms in school. Cunningham (1986) makes a useful distinction between childhood and children, defining the former as “a way of thinking; a discourse about young people which together forms a shifting set of ideas” (1986: 1). In contrast, he states that children “… are concrete actual living individuals who will have socially constructed characteristics but also specific biological and physical characteristics” (Cunningham, 1986: 1). This distinction is useful because the meanings associated with childhood have implications for the main focus of this study.

To most of us, the notion of childhood is self-evident because we all ‘know’ and recognize a child when we see one. But childhood has not been always been self-evident. The work of Philippe Aries, a French social historian, along with that of Lloyd de Mause, an American psycho-historian, has been most influential in the history of childhood. Aries put forward the view that “[I]n medieval society the idea of childhood did not exist: this is not to suggest that
children were neglected, forsaken or despised. The idea of childhood is not to be confused with affection for children: it corresponds to an awareness of the particular nature of childhood, that particular nature which distinguishes the child from the adult, even the young adult. In medieval society this awareness was lacking” (1962: 125). He stresses the extent to which there was little accuracy during the mediaeval period in respect of counting things such as years of age, leading to childhood being ill-defined and not clearly demarcated by milestones. A further complication was the high percentage of mortality amongst infants at the time (Aries, 1962).

Aries (1962) makes the point that in early centuries, childhood was viewed as a distinct category whereas during the Middle Ages, children were defined as “adults-in-the-making” or seen as ‘small’ adults. It was only gradually in the sixteenth and seventeenth centuries, with the onset of formal education and under the powerful influence of religion-based morality that children became separated from adults in the way that we understand it today. He points out that this is “… the period when children evolved from a state of invisibility to the center-stage” (Aries, 1962: 127). This period also witnessed the rise of religious and moral authority by parents over children (Aries, 1962). Like Aries, De Mause also traced the conception of childhood from ancient to the medieval and modern ages. De Mause (1976) traces the progression from childhood perceived as a state where parents were unable to see their offspring as separate beings with any particular needs to the stage where children have a distinct identity.

The history of childhood in Africa has not been extensive or where it does exist, not sufficiently detailed (Cunningham, 2006). It is beyond this study to trace this history as it largely relates to slavery. Suffice it to point out that, as in the other parts on the world, the concept of childhood in Africa is not very different from the foregoing discussions in that it shares some similarities in its historic continuum. It is also understood as a category in a social class in which children function as social beings (UNICEF, 2011). Similar to the previous discussion, in Africa, childhood is socially constructed and thus contextual. Ryan (2008) points out that the debate on children has deepened as a result of the growing rate of globalization and the changing roles of children within the socio-cultural as well as the political context of modern societies. These modern global trends have complicated the concept of childhood in many societies- particularly in Africa- because they have interrupted the commonly accepted roles and expectations of children.
The concept continues to evolve and undergo transformation especially in countries that have undergone major economic, socio-cultural, and political changes. It has also been influenced by major diseases such as HIV and AIDS, which have had an effect on family dynamics.

Ryan (2008) points out that over the past two decades, researchers, mainly sociologists, have created a progressive body of work that questions some of the most commonly held views on children and youth. Different fields of study define childhood in particular ways, with the anthropological and ethnographic literature on childhood from the middle of the last century offering a number of definitions which are contradictory and contested. The challenge in understanding and debates on its meaning is encapsulated by Jenks when he posits:

After centuries of debate and practice, we have still not achieved any consensus over the issue of childhood. Despite a long cultural commitment to the good of the child, and more recent intellectual engagement with the topic of childhood, what remains perpetually diffuse and ambiguous is the basic conceptualization of childhood as a social practice (1996: 2).

Changes to the social structure of any society have an impact on conceptions of childhood in that particular society. Since it is a social construct, childhood varies across settings and contexts and cannot be taken to denoted to a single set of characteristics. Similarly, constructions of ‘youth’, ‘adolescence’ and ‘teenager’ are also not without controversy, as I outline in brief in the next section. This discussion on childhood and on adolescence is important because it has implications for explanations later on concerning who should have access to condoms and the positions of schools in such a debate.

3.3.3.2 Conceptions of adolescence, youth, teenager and the sexual subject

Different researchers outline the different stages children go through before adulthood. However, because of their situated nature there is no agreement on when one phase starts and ends, and another begins. In other words, constructs of childhood, adulthood are socially or culturally determined. Like childhood, the term ‘adolescent’, ‘youth’ or ‘teenager’ are recent (modern) concepts with Luker (1996) in Bunting (2005: 21) stating that they were only introduced at the turn of the 20th century. The concepts ‘teenager’, ‘youth’ and ‘adolescent’ often are used interchangeably, but they do not always mean the same thing. To Altschuler, Strangler, Berkley and Burton (2009: 23), ‘youth’ can refer to “… the entire time of life when one is young,
including childhood, but often refers specifically to the time of life that is neither childhood nor adulthood but rather somewhere in between.” Youth can also signal a particular mind-set and in modern times, is often age-related, often being denoted as the period from 16-24 years of age (Altschuler et al., 2009: 23). Conceptions of these terms, however, vary from author and country to country and are thus situated and contextual. I expand on the concept of adolescence\(^3\) next.

Like childhood, the term adolescence has different meanings, with little consensus as to its onset. Different authors propose that adolescence is a transitional period between childhood and adulthood (Christiansen, Utas & Vigh. 2006; Nsamenang 2002). The UN Convention on the Rights of Children (CRC) and the national law in Namibia recognize that adulthood begins at 18 years of age when childhood ends (Coomer & Hubbard, 2009). Ansell (2005) suggests that adolescence begins at the onset of puberty; a time when males and females are physically able to procreate. But, conceptualizations of adolescence and youth differ from place to place, mediated as childhood is, in complex social and cultural contexts. The literature does not distinguish between traditional and modern conceptions or their underpinning premises. Nsamenang (2002) for example, argues that the literature on adolescence is dominated by Eurocentric and western conceptions of the term. Ansell (2005) corroborates this, noting that western constructions of adolescence are generalized; not only implying universality in experience but also commonality in conceptions of the shift from childhood into adulthood. I do not rehearse the traditional and modern debates here but illustrate in the next section, how these impact decisions about key elements of social life that have an effect on making condoms available in school. In brief, I trace three schools of thought in the literature pertaining to conceptions of adolescence.

Some researchers presuppose an adolescent culture in which experiences of adolescents are perceived to be similar across cultural boundaries (Christiansen et al., 2006). This approach presupposes that adolescent experiences are inherently universal. Such a view gives credence to adolescence as a cultural category in which the individuality of adolescence and agentic potential of autonomy is emphasized (Nsamenang, 2002; Ansell, 2005). Such an argument though, delinks adolescence from the social and cultural context in which it derives its meaning and thus can be

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\(^3\) The term adolescence, teenager, and youth are used interchangeably in this work even though people in the community where the study was located, did not subscribe to the former two; stating that no term or category denoting such a phase existed in their language or practices.
regarded as disassociated. One cannot underestimate the fact that adolescents’ individual choices are shaped by circumstances within their immediate environment, and this is not always due to their age. This is emphasized by Christiansen et al. (2006: 14) who point out, “… there is no universal physical or psychological threshold” from childhood to adulthood.

A second conception is one that assumes adolescence to be a development stage with distinct physical changes (Christiansen et al., 2006). Adolescence is understood to be process of becoming: not yet adults, but no longer children. For example, females are still considered as children when they have the ability to procreate, but they become adults when they fall pregnant, have children, and start families (Christiansen et al., 2006: 14). This highlights a gender-based dimension not articulated in the first conception. Such a conception is said to be Eurocentric and western (Nsamenang, 2002; Ansell, 2005).

The third perspective locates adolescence as lived experience (Olum (2010). The argument here is that adolescence is a process of being and becoming. This approach calls for a contextual understanding of adolescent experiences as well as appreciating that adolescents are active in constructing their own realities. As a result, it recognizes that individuals are not only subjected, but also actively contribute to forming their identity; with adolescence being no different. Christiansen et al. (2006: 11) note that adolescence, therefore, is “… neither a social or cultural entity in itself, or a rigid developmental life stage ... but rather youth position themselves and are positioned” in society. Christiansen et al. (2006: 12) further posit that the movement from childhood to adulthood is “saturated with power, authority, and constructions of social worth and is understood as gendered, cultural, historical as well as biological and having different degrees of agentic potential.” The perspectives on adolescence as it occurs with Foucault’s views on power as pointed out in Chapter 2. Foucault (1978) does not consider individuals to be entirely enslaved by power relations because, as he emphasizes, people are both subject to power and subjects of power.

Despite a paucity of research in Africa on conceptualizations of adolescence, there are a few studies that offer relevant perspectives on the term. For example, Macleod (2003: 421) raises several issues with regard to literature on adolescent females in South Africa that interprets
adolescence as a transitional period. Primarily, she argues that adolescent girls are neither nor children nor adults but their behaviour consists of both identities. Macleod (2003) also argues that there are power relations between adolescents and adults and, as a result, the sexuality of adolescents is viewed more in terms of childhood than adulthood. Shaningwa (2007) corroborates such views in the findings on study on education-related challenges amongst teenage mothers returning to school in Kavango Region. Shaningwa (2007: 60) established that there are cultural connotations which perceived every mother as an adult in the society. As a result, girls who had children were perceived to behave differently (as adults) despite their being of the same age as peers who did not have children.

To understand the dilemma brought about by notions of adolescence and their intersection with the main issues raised in this study, it is important to understand debates regarding virginity, fertility, childbearing, early marriage, notions of purity and family status as I show below.

3.3.3.3 Traditional and modern debates on adolescence, early marriage, and schooling

Traditional and modern conceptions of adolescence collide to animate the complexity in issues relating to sex education in general and making condoms available in schools; issues that have to do with early marriage, virginity, fertility, and childbearing, and family status.

In traditional societies, early marriage was (and to a large extent still is) underpinned either by economic imperatives, protection of virginity, the link between family status and premarital sex, beliefs about fertility, and the value attached to childbearing, with age not always a marker taken into account in determining readiness for marriage. Parents’ wishes played an important role in such a determination (UNICEF, 2005). Early marriage was not uncommon, with parents viewing this as a way out of poverty, whether this was from the income of bride-price (dowry) to the day to day maintenance of the girl or even from considerations of safety as attached to the married status (UNICEF, 2005). With parents assuming that their female children were better off and safer with a regular male guardian who is at the same time their husband. Such a tendency that offers financial and material gain is still apparent in many communities today, even though the practice manifests in different ways. A new dimension of the economic discourse in early marriage is that adolescent girls are making decisions by themselves to date elder men for money
or material gain instead of such a practice being imposed by their parents. Foucault (1978) offers a way to understand this scenario. For Foucault, discourse is both an instrument, and an object of power. In this situation, Foucault explains that discourse transmits and produces power; or it reinforces it (Foucault, 1978: 101). Put differently, adolescents assume power under the same economic discourse to decide who they date and for what reason.

Material gain is not the only reason put forward for early marriage. Studies indicate traditional marriage patterns especially in Africa where parents encouraged early marriage as a means to preserve female virginity (UNICEF, 2005). In such instances, the onset of menstruation rather than age becomes the marker that distinguishes when a girl is ready for marriage. The argument is that marriage should not be long after the onset of menstruation to curb sexual desire and the temptation to engage in premarital sex. UNICEF (2005) report indicates that many African societies consider premarital sex as the consequence of the prolonged period between puberty and marriage. This belief is reinforced by the significance attached to notions of the ‘virgin bride’ (UNICEF, 2005). In many cultural contexts, a girl brings disgrace to the family should she become pregnant out of wedlock. Parents attribute the existing trend of teenage pregnancy and HIV infection amongst youth to the reduction in coordinated early marriages common in more traditional contexts. The valorization of early marriage, whatever the reason, impacted girl-children more than it did their male counterparts. Opportunities brought about by the introduction of schooling and modern regulations on marriage have changed practices as I show below.

Modern discourses that have emerged from the spread of Christianity and colonialism have influenced the African marriage practices (UNICEF, 2005). The modern concept of formal schooling together with Christian beliefs and norms imposed on many African communities have changed marriage practices, including those of early marriage. In many contexts, the economic imperative has given way to new, modern discourses in which parents now expect girl-children to complete school in order to become independent. Moreover, statutory laws, introduced in modern times, restrict sexual relationships with a minor. For example, according to the Namibian Constitution, the age of consent is 16 years of age and it is regarded as statutory rape if one engages in a sexual relationship with someone younger than this age (Coomer, & Hubbard, 2009;
Amoo & Skeffers, 2008). In addition, the sensitization of statutory laws such as the Convention of Rights of Children, the United Nations Convention on Consent to Marriage, Minimum Age of Marriage has contributed to a decline in early marriage (UNICEF, 2005; Hubbard, 2009). However, in some traditions the age of consent for a sexual union is still a matter for the family to decide or a tribal custom. In most cases, this still coincides with signs of puberty and menstruation.

Two points arise from the foregoing discussion. First, tradition is subsumed in modernity as is illustrated by early marriage still being perpetuated and mediated by certain traditional customs and not only by modern conventions. Such a stance supports Foucault’s (1979) conception of power and subjectivity, that “people choose to probe how discourses influence their lives and through this they become active participants in shaping and reproducing themselves” (in Kendall & Wickham 1999: 53). Second, the discussion above also illustrates how discourses evolve and change over time as well as the tension they create. Foucault (1976: 27) maintains that discourses change and become a “new regime of discourses.” He did not believe that the same phenomena would be found across different historical periods. That is why Foucault (1989: 160) posits that discourses are multiple in the “sense that they undergo transformation”. Not only have practices changed, but the discourse on adolescence itself has been transformed with the continuum and pathway from childhood to adulthood being extended due to schooling.

The next section presents research that illustrates the complex intersection of the debates highlighted in all sections in this chapter and their implication for presenting condoms as a birth control and disease prevention strategy in general, and making them available to school-going youth in schools in particular.

3.3.3.4 Societal discourses on sex and condoms
Discourses on sex in many societies around the world incorporate perspectives, beliefs, and values associated with fertility, body fluid, procreation, and sexual pleasure. With regard to the former, many societies around the world place high worth on fertility. The ability to conceive is usually linked to manhood, masculinity, strength, vigour, and procreativity on the part of males. Women who are unable to bear children are often frowned upon, and in some instances even
shunned. Body fluids, especially semen, are therefore regarded as sacred, with many societies against the ‘wastage’ (of semen). It is obvious that any discussion on the use of condoms has implications for such beliefs and will impact attendant sexual practices.

For example, in the Ayurvedic⁴ tradition, semen is integral to conceptions of fertility and is seen as one of the most important of the “… seven vital fluids of the body and harmony of all these fluids is considered to produce good health” (Ghule, Balaiah and Beena, 2007: 4). According to this tradition, semen is precious because “… it takes 40 days for 40 drops of food to be converted into one drop of blood, 40 drops of blood is needed to make up one drop of bone marrow and it takes 40 drops of bone marrow to make one drop of semen” (Ghule et al., 2007: 4). Thus it is understandable that men in this culture would want to preserve the belief and as far as possible, conserve this valuable fluid, using it for the primary purpose of procreation. Fertility amongst women is also highly prized with their status in society being confirmed when they conceive. Within this context, a study was conducted of the young men and women’s perception of condom use by Ghule et al., (2007). The results show reluctance and a total rejection of condoms by couples, either as a form of birth or as a disease prevention device. Some participants proposed that doctors advised against their use until after they had their first child.

The social importance attached to fertility, birth and to marriage is also highly regarded in different communities in Africa. So is the association of sex and female pleasure. As with India, beliefs on the importance of sex for procreation and the associated value of semen directly link to perspectives on condoms and their use. Such perspectives were traceable in studies in Tanzania, Zambia, and Democratic Republic of Congo (DRC) (Hounton, Carabin & Henderson, 2005). Participants showed commonality in their beliefs about semen and its purpose in the sexual act. Men in the DRC and Zambia believed that semen was necessary for women to reach orgasm- something that condoms would prevent-, whereas participants in Tanzania and Zambia participants linked semen to procreation, viewing the use of condoms as ‘wastage’ of life.

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⁴Ayurveda is one of several traditional medical systems that originate from the Indian subcontinent. It is now represented as the indigenous Indian medical tradition. Others are Siddha and Yoga.
Studies by Hounon et al., (2005) as well as one by Coast (2007) report findings similar to the above where respondents questioned the use of condoms in relation to fertility, women’s pleasure, and the value of sperm. Coast’s (2007) study analyzed the socio-cultural significance of sperm in the context of condom use amongst the rural Maasai\(^5\) in Kenya and found that the local population viewed condoms negatively because they perceived them to counter fertility, waste semen, were not Maasai, and interrupted female sexual pleasure. The Maasai also believed that semen was important for the physical growth and development of the breast of an entino\(^6\) (Coast, 2007). The results showed that participants were unable to conceive of a sexual act with a condom not only because of the value attributed to semen in initiation practices, but also in fertility.

Similarly to the above, a qualitative study carried out by Bond and Dover (1997) in Zambia involving young men and women in focus group discussions during HIV training reports that notions of masculinity, male potency, and good sex were represented by semen. They report that in Chiawa, a rural chieftaincy in Lusaka Rural Province, semen holds such value that it is used in initiation practices where an elder (usually the grandfather) presents potency medicine (usually an herbal mixture) for young men to take throughout their lives to ensure potency. The idea of ejaculation into a condom went against beliefs that vaginal ejaculation translated into men not only fulfilling their procreation roles, but also allowing for female pleasure: experiences that would be prevented by the use of condoms (Bond & Dover, 1997).

As with those already mentioned above, Kaler’s (2002) study on men’s perceptions of condoms in Malawi showed that they (men) viewed flesh to flesh as the ideal sex, believing too that women were deprived of Vitamin K if they did not obtain semen from the sex act. Another study also in Malawi, by Munthali and Chimbiri (2003), posed questions to young men about the cost of condoms and condom use and its associations of fertility. Their responses reinforced views already articulated above, showing the complex intersection between demonstrations of manhood, fertility, and pleasure.

\(^5\) Maasai is an ethnic group of semi-nomadic people in Kenya and northern Tanzania. They are among the best known of African ethnic groups due to their distinctive customs and dress.

\(^6\) Entino is a young circumcised Maasai girl
There were also views that condoms militate against ‘successful’ sex (Kaler, 2004). A study by Befeno (2004) amongst men in Zambia reveals that the community believes that condoms prevent good sex because they prolong the sex act. This characteristic is viewed unfavorably because longer sex reduces the number of ‘rounds’ or possible ejaculations. With regard to the link between condoms and pleasure, Khan et al.’s (2004) study found that men were concerned with their own as well as female pleasure, reporting that condoms reduced sexual pleasure. Men commonly claimed genital “desensitization” and “reduced pleasure” when wearing condoms (Khan et al., 2004: 16). Some young men claimed that their bodies were not accustomed to a ‘foreign’ object and that their minds were habituated to process the idea of sex without the use of a condom. Men advanced the notion that it not only was loss of pleasurable sensation but also discomfort that served as a deterrent to regular use of condoms (Crosby et al., 2005). Some men in another study by Khan et al. (2004) claimed sexual excitement as the cause for not remembering to use a condom. They said it was also time-consuming and that they usually did not have time to waste; a finding consistent with those from two cross-cultural studies by Browne & Minichiello (1994) and Flood (2003) respectively, which highlight men’s perception of an ‘uncontrollable’ sex drive. Once aroused, men believed they had little or no control over their desires, thus reducing the likelihood of them wearing a condom. The literature shows that condoms are perceived to be diametrically opposed to practices pertaining to sex that people hold dear in communities. Studies like those by Miller, McCoy, Olson and Mallace (1986), Carrol and Hyde (1985), Abraham (2001), and Ghule et al., 2007) all show the difficulty of attempting to insert discussions on condoms where the views expressed above manifest.

The use of condoms also invoked issues about trust and intimacy. Gordon and Mwale (2006), for example, reported that in some African cultures, requesting condoms was interpreted as not trusting one’s partner. Khan et al. (2004) study on the other hand confirmed men’s perspectives that condoms served as a barrier to emotional closeness, reporting that both married and unmarried men voiced such a sentiment. They claimed that condoms destroyed the direct contact between partners, the purpose for which they believed sex was created. According to men in this study, if a man’s semen is not ejaculated inside a woman's body, then it is not a “pure” sexual interaction (Khan et al., 2004: 23). Similar findings on intimacy and the non-use of condoms had been reflected in earlier cross-cultural studies by Flood (2003) and Dilger (2003) respectively.
Both studies demonstrated how the concept of not using a condom is constructed in the minds of many male respondents as emotional closeness to a sexual partner. Therefore, sex without a condom for these men constitutes a way to establish emotional responsibility and faithful relations with their sexual partners (Flood, 2003).

The issue of cost was also raised in studies on the use of condoms. One such is a study by Thomsen et al., (2004) who showed that participants were concerned about the cost of regular condom use. Another by Crosby, Yarber, Sanders and Graham (2005) that was conducted as a cross-sectional study of 206 students age 17 – 24 attending a private university in the southern United States examined experience in the use of condoms. The purpose of this study was to identify prevalence and types of condom-associated discomfort among university students. One hundred and ninety-four students responded to the question that associated discomfort with condom use. The result showed that of these 206 students, 31.4% indicated having a recent problem with the way a condom fitted or felt. Male (29.2%) and female (33.3%) equally reported discomfort with condoms during intercourse.

3.4 Chapter summary

Though the study is situated into school context, this chapter reviewed literature on societal aspects that shape perspectives on condoms. To situate this work, the chapter began with a brief yet important overview on the evolution of condoms, tracing early and recent debates. The discussion showed that even though condoms started as a predominantly Western concept, accessible only to the elite for use to prevent diseases such as syphilis, recent diseases such as HIV and AIDS have brought the complexity in debates on condoms to the fore, with their taking on new meanings in developing country contexts where the pandemic manifests mostly through heterosexual encounters. I showed that even though dominant discourses that embed discussions on condoms remain consistent, new discourses have also emerged; framing what is said and believed about the use of condoms. I made the argument that no debate on condoms can be complete without a discussion on the broader issues that frame such discourses, which include broader debates on sex, human sexuality, birth control, and disease. The discussion showed the intersectionality in these debates in the context of discussions on condoms since these, I argued, not only mediated perspectives and responses but also social action. The chapter continued with
a section focused on aspects of social life that are tied up in discussions on sex and human sexuality. This section focused on perspectives, beliefs, values, and practices that had to do with childhood, adolescence (used interchangeably with youth and teenager in the literature), fertility and early marriage, sexual pleasure, virginity, body fluids (especially semen), and their convergence with debates on condom use. The main argument in this conceptual chapter, therefore, was that any work that examines perspectives and responses to condoms in schools needs to consider and gain insight into the broader societal discourses in which the concept is embedded and the meanings people ascribe to these. Such an understanding is underpinned by a Foucauldian (1976; 1989) understanding of subject formation, subjection, the place of discourse and power in social life.

The next chapter focuses on the context of schooling, highlighting debates on sex education, the place of schools in the prevention of pregnancy and HIV infection, and making condoms available to school-going youth.
CHAPTER 4 SEX EDUCATION, SEXUALITY, AND CONDOMS IN SCHOOL CONTEXTS

4.1 Introduction
The accessibility, availability, and distribution of condoms in schools are not only influenced by the discursive context described in the previous chapter, but also by educational institutions and structures as well as by school policies and practices. The debate on whether condoms should be made available to learners is connected to whether school-going youth are assumed to be sexually active. Debates on whether or not youth should obtain information on sex and whether sex education should form an integral part of the school curriculum also influence debates on condoms made available in schools.

This chapter begins with a discussion on debates on sex education. I start this section with a broad discussion of the controversy around condoms in schools which is characterized by claims over power and jurisdiction over youth. As presented in Foucalt’s (1979, 1980, 1982, 1988, 1996) account discussed in Chapter 2, there is no absolute and stable power and one cannot tell who owns or lacks power because it operates in a complicated and dynamic manner in society. I follow this with an analysis of research on the degree to which teacher are prepared and find it acceptable and comfortable to discuss issues related to sexuality and sex with youth (learners) in school. I end the chapter with research focused on the availability, accessibility, and distribution of condoms in school. Together with Chapter Three, this chapter situates the thesis conceptually.

What follows is a discussion on discourses relating to sex education and sexuality discourses in school.

4.2 Sexuality discourses in the public domain and debates on sex education in schools
Resistance and reluctance to offer sex education, and to making condoms accessible to youth attending school are socially and culturally rooted (Gonzales, 2000). Researchers such as McGinty and Mundy (2009) attribute this to social values, perceptions, and attitudes towards sex as I have already outlined in previous chapters. My argument so far suggests that while the need for sex education as well as the promotion and distribution of condoms in school might be
compelling (for reasons articulated in Chapter 1), the impact of social and cultural contexts in which schools exist cannot be ignored due to their mediatory role. Deliberations on sex education in general and whether or not schools should offer sex education are embedded in debates about sex and sexuality in society (as articulated in Chapter 3). How sex is (or is not) discussed, by whom, the conditions under which it can be discussed and who authorizes and legitimates discussions (Foucault, 1976) are all factors that take effect in considering debates on sex education.

UNAIDS (2009) reports that people around the world, particularly those in contexts where tradition and modernity intersect, find discussions on making condoms accessible to youth offensive because in such societies sex issues are not habitually discussed openly or publicly. People who have the courage to bring up the subject are often regarded as having received wrong education or are associated with sex-workers or perceived to be sexually active (UNAIDS 2009). Sex has also rarely been a comfortable topic in parent-child communication in many parts of the world. Many parents report being unable, unwilling or uncomfortable talking about sex, with some acknowledging a lack of knowledge on how to broach the subject (UNAIDS, 2009: 26). As can be imagined, the situation of not discussing sexual matters openly poses a challenge to discussions on the accessibility, availability, and distribution of condoms in schools. Treating sex as a topic relegated to the sacred and private spheres of life is thus not uncommon around the world.

The previous chapter highlighted the strong social and cultural norms in most parts of sub-Saharan Africa that work together to restrict (and at times suppress) open discussions on sex. The common belief is that teaching children about sex might encourage them to engage in sexual activities (Bosmans et al., 2006). These norms include amongst others, children not being expected to pose questions about sex and sexuality to parents, and parents not discussing sex and sexuality matters with their children. Nzioka (2001: 115) makes the point that the common belief is that young people’s involvement in sexual activities is “premature, immoral or at least unfortunate”. Such expectations do not account for issues of desire or choice and are often in conflict with the realities young people face regardless of whether their sexuality is seen as socially acceptable or not.
In India, for example, sex and sexual issues are not part of the general public discourse; hence the culture of silence pervades (Ghule et al., 2007). In the first place, there is no commonly understood language to use to express sexual feelings. Ghule et al. (2007) make the point that medical and health professionals are comfortable talking in terms of sexual anatomy, but not about desire or emotions attached to the topic. While a well-developed literary language exists, very little in the local languages provides access to such discussions. The use of euphemisms, metaphors, and vague or vulgar language to denote sexual concepts is common (Ghule et al., 2007). There is also a gender and moral dimension to this, with social and cultural expectations being that “good women do not talk about sex, we may have sex but we do not talk about it” (Carrol, Volk & Hyde, 1985: 136).

An empirical study conducted by !Nara Training Centre in Namibia reported similar findings of silence about sex and sexuality matters in communities (Edwards, 2004). This research was conducted in the informal settlements of Windhoek to explore the socio-cultural and structural determinants of the HIV and AIDS pandemic. The silence regarding sex and sexuality was not only prevalent amongst adults but it manifested itself amongst adolescents. Edwards (2004) underscores that despite the fact that heterosexual intercourse is the main mode of HIV transmission in Namibia; people still seemed unable to discuss sex at public and inter-personal levels. As in India, sex is still something that people do, but do not talk about; as Edwards (2004: 59) calls it, the absent-present.

In summary, teaching sex education in school is mediated by social and cultural norms that authorize who is and is not allowed to speak about sex, the conditions under which this is permissible, the contexts and scope of permissibility, as well as the knowledge (information) that might be spoken about (Foucault, 1989). Schools are institutions regulated by their own internal logic. Davidoff and Lazarus (2002) point out that schools are independent institutions with independent rules and regulations that shape practices. However, schools are not isolated entities but rather are situated and influenced by the social and cultural context where they are situated (Davidoff & Lazarus, 2002). As such, communities shape discourses on sex education in schools. Competing discourses (often constrained by lack of open dialogue on sex-related
matters in the public domain) collided and conflict with one another in discussions on whether sex education should be taught in schools, and whether condoms should be made accessible to learners. I highlight some current debates in the next section.

4.2.1 Perspectives on sex education in schools

School-based sex education is widely recognized as a tool for fighting HIV and AIDS prevalence and for curbing teenage pregnancy (WHO, 2004; Nambambi and Mufune, 2011). Nambambi and Mufune (2011) point out that the successful implementation of a sex education programme requires willingness on the part of all stakeholders (teachers, parents, community leaders, and the recipients, learners) to openly discuss issues considered taboo in many societies around the world.

A study on views about sex education in schools (Reising, Kaplan & Naylor, 1995) shows considerable diversity in parent and learner opinions on the issue. Opposition to sex education stemmed from social beliefs, with parents expressing their preference for having sex-related discussions with their children instead of leaving it to teachers. The issue of sexual intercourse is a controversial topic and parents felt they had the right and obligation to be primary informants concerning safe sex practices amongst their children. They also felt that with schools offering sex education, they would be losing lines of communication with their own children (Reising et al., 1995).

Reising (2005) conducted a follow-up study on learner and parent views on the association between the greater availability, and use of condoms, and HIV-infection. Parents indicated that if children received sex education at a young age, they might be coerced into becoming sexually active. They expressed a-sexual views of children, proposing that between the ages of 12 and 14, children progress through a latency period where they have no sex hormonal drive. Early exposure to sexual stimuli, in their view, might corrupt their minds and cause premature development in sexual interest (Reising, 2005). Parents raised concerns that receiving sex education in primary school especially was premature and would promote unhealthy sexual desire and behaviour (Reising, 2005).
The same study points to some learners concurring with parents; arguing that the school environment was an inappropriate place to promote safe sex (Reising, 2005). This cohort felt that the environment should be conducive to learning and teaching and having condoms readily available distracted learners from their academic studies. In this study, some learners claimed that sexual relations in school were already a distraction for the adolescent, arguing that making sex education available would further divert learners from completion of academic tasks. Like some parents, a number of learners also proposed that sex education in schools might promote promiscuity especially amongst boys (Reising, 2005). There was also a feeling that teaching children about different contraceptives takes away a parent’s legal and legitimate right to raising their children in the way they choose. It was reported that sex education at school might contradict parents’ wishes for a programme that promoted abstinence-only (Reising, 2005).

Parents, however, are not the only stakeholders in decisions on sex-education in schools. Teachers are the mediators of sex-education as well as in making condoms accessible and available in schools. It is important to understand what position teachers hold with regard to sex and mediating sex-related material, as well as their perspectives on both issues is important to understand since these issues will have implications for making condoms available in schools.

Different studies have shown that teacher attitudes are shaped by the community in which they find themselves, as well as by the social and cultural practices that shape their daily lives, and issues pertaining to sex and sexuality are no different (Gonzales, 2000; Chinsembu, Siziya, Rudatsikira, & Muula, 2008). The debate on whether sex and sexuality topics should be discussed with adolescents in general and in school in particular not only has an influence on how teachers consider their roles but also how they position themselves.

A number of studies provide evidence of teachers’ reluctance to teach sex-related topics. The possibility of teaching sex education and distributing condoms in schools has created discomfort among learners and teachers in Nepal. Polkharel, Kulcyki and Shakya (2006) carried out a study among adolescents in eight schools in the Nawalparasi District in the Western Region of Nepal to investigate whether teachers and learners were comfortable with the content of sex education as a subject and the aspect of distributing condoms in school. They interviewed eight teachers
responsible for teaching the subject and also collected data amongst 452 learners. Four focus group discussions were held with a select sample from the larger group. Their study reported that sex education received little attention, with little known about how well the material provided was covered. The study found that youth confirmed that they did not obtain any sex education. Polkharel et al. (2006) report that most of the teachers were reluctant to mediate sensitive topics and feared criticism by colleagues and society for discussing a taboo topic in public. Moreover, teachers were emphatic about not distributing condoms to learners. The study showed that reluctance to teach sex education and distribute condoms had to do with fear by teachers on how they would be perceived and positioned in the community. Fear emanated from the community’s belief that sex was a private matter and exposure to it might ruin children (Polkharel et al., 2006). Teachers themselves held the belief that learners were too young to discuss issues related to sex and that they might not be provided with condoms because they were unmarried (Polkharel et al., 2006).

In Africa, Oshi et al. (2005) analyzed how teachers perceive passing knowledge on HIV and AIDS prevention in sex education classes in the context of cultural and social norms, which restrict open discussions on sex. They conducted in-depth interviews with 60 teachers drawn from secondary school teachers in Eastern Nigeria. The interviews were supplemented with five focus group discussions, and content analysis of teachers’ lesson preparatory notes. Fear of persecution by the parents and guardians, expulsion from church, loss of jobs and social ostracization were put forward as factors that constrained teachers from offering sex education (Oshi et al., 2005). All the teachers cited religious beliefs that prohibited open discussions about sex, especially with young children, to be the most compelling reason for their reluctance. The upshot was a lack of willingness to teach about how to prevent the sexual transmission of the HI-Virus as well as on how to prevent pregnancy (Oshi et al., 2005).

Namibia, like other African countries, shares similar challenges to those documented by Oshi et al. (2005) when it comes to teaching sex education in schools. Three challenges emerge in this context: namely the curriculum design, teacher preparedness, and levels of comfort in teaching about sex and sexuality. Concerning the curriculum, the Namibian educational authorities integrated HIV and AIDS education into Life Science and Biology subjects and have Sexual and
Reproductive Health (SRH) as part of the Life Skills syllabi (MoE, 2010). However, a review by the Joint-Agency Team of UNESCO, UNFPA and UNICEF identified gaps and shortfalls in Namibian’s effort to provide comprehensive SRH to learners. The Joint Inter-Agency Team was commissioned to analyze the curriculum to assess the content, quality, and delivery modes of SRH (UNESCO, 2011). The agency found that the Life Skills curriculum provided the framework for teachers to discuss some but not all sex-related topics. Missing in the curriculum were topics about responsible sexual behaviour, and the appropriate time to introduce protection against pregnancy (family planning) and HIV infection (UNESCO, 2011: 58). While condoms are made available to schools, they did not necessarily form part of discussions in the delivery of the curriculum.

The second challenge relates to levels of comfort and preparedness amongst teachers. Like teachers in Africa and other parts of the world, Namibian teachers also found it difficult to discuss sex in public. Their reasons for this, however, were different from those offered by the teachers in the Nigerian study. Gonzales (2000: 119) observed that teacher resistance in Namibia to teach sex education stemmed from the fact that they were not consulted and their concerns were never heard. A later study found similar trends in reasons for teacher reluctance in teaching sex-related topics. Nambambi and Mufune (2011) observed that teacher attitudes were shaped by the community in which they resided, with debates on whether sex and sexuality topics were appropriate for teaching to adolescents, making this a controversial issue. Teachers showed reserve due to the positions they held in the community.

A number of studies in Namibia also observe discomfort amongst teachers which is due to ill-preparedness. McGinty and Mundy (2009) found that many teachers in Namibia still feel inadequately prepared or even unwilling to teach learners about HIV and AIDS. Other studies showed that teachers defaulted to selective teaching by avoiding topics they considered sensitive (Rompel, 2001; Mufune, 2008; McGinty & Mundy, 2009; Chinsembu, 2010; Nambambi & Mufune 2011). They also avoided topics they were uncomfortable in teaching. Learner perspectives are also instructive. They found teachers boring, with their not taking sex education seriously because it is a non-examinable subject in Namibia. Mufune (2008), in a study on stakeholder perceptions and attitudes towards sexual and reproductive health education in
Namibia, found that some learners find their teachers uninspiring when it comes to SRH education.

In sum, sex education in schools is not without controversy. Reluctance by teachers emanates from a variety of sources that have to do with the social and cultural context, unpreparedness, and curriculum constraints. The positions teachers held in the community also emerged as a constraint. Put differently, there was fear that led to compliance and silencing of discussions about sex and sexuality.

The next three sections focus on debates on the accessibility, availability and distribution of condoms respectively, all within the highly charged context of sex education and bringing discussions on sex into the public domain. I begin first with an overview on parent consent and government authorization on condoms in school. I follow this with a discussion on the religious, moral, and social and cultural perspectives on making condoms available in schools. The second section gives an account of debates about making condoms easily available in schools, while the final section pertains to the distribution of condoms in schools.

### 4.3 Availability, accessibility, and distribution of condoms in school

Debates on the availability, accessibility, and distribution of condoms in schools are not new nor are they uncontested. These range from debates that focus on abstinence and condom efficacy to those that examine the methods in which condoms are distributed which contribute to reluctance by learners to obtain condoms in schools. While intertwined and often inseparable, in this study, availability refers to whether or not condoms may be found in schools and accessibility refers to those places in schools where condoms are held in reserve. Distribution is associated with the method of how, where, by whom and when condoms are provided to learners.

#### 4.3.1 Parent consent and access to condoms in schools

Controversy on the distribution, accessibility and availability of condoms in schools is not uncommon for those in developing countries. Most studies report negative responses to condoms in schools. For example, Kirby (2000) reports on the same controversy in his study on school-based interventions that seek to prevent unprotected sex and HIV. He found that in some schools
in the United States of America (USA), teenagers must have permission from parents before they can obtain condoms, while at other schools teenagers are free to receive condoms without the mandatory involvement of parents. This study further reveals that the condom controversy was not really a debate over the idea of making condoms available in the public schools. Rather, the real debate was whether a school required some form of parental involvement in the learner decision to obtain condoms at school (such as by parental consent or by parental notification). It claimed that a minority of parents furiously protected their rights and rejected the idea of schools making condoms available to their children without mandatory parental consent.

Condom availability in the USA has been characterized by contestations amongst parents, school managements and the government policies and programmes. This tension has resulted in court cases where parents sued the government for infringing their rights to bring up their own children in their own way (Furstenberg, Geitz, Teitler & Weiss, 1997: 124). Some schools made condoms accessible to learners through Health Resource Centres (HRCs), which were located in middle and high schools to promote safe sex amongst learners (Furstenberg et al., 1997). HRCs provide reproductive health information, condoms, and general health referrals to learners. All learners in the participating schools were taught about the importance of abstinence, but they were only provided with condoms if they chose to become sexually active. The study in the Philadelphian schools’ initiative to make condoms available to learners did not go unopposed. Parents challenged that action in court and their case was dismissed on the grounds of lack of legal standing. The court ruled that parents had denied their children access to a programme which was sanctioned by the government and perceived not to be harmful (Mahler, 1996: 1).

A popular argument against making condoms available in schools has been that it promotes unsafe sexual activities amongst learners in the event condoms are not available (Bruckner & Bearman, 2005). Put differently, the argument is that once learners are sexually active, they might continue to have sex irrespective of their access to condoms. However, these assumptions run contrary to findings by Furstenberg et al. (1997) that evaluated a program that sought to make condoms available in schools. The findings reveal differences between sexual activity and safer sex practices. There was no statistical significance between schools with or those without the programme. The statistics show a slight increase in sexual activity in the schools where the
programme was implemented during the first year. However, by the third year, safe sex practice and awareness was higher statistically in schools with the programme (Furstenberg et al., 1997).

In 1993, Seattle made condoms available to learners in 15 selected local high schools. In some schools, condoms were freely available in baskets in the bathrooms, while other schools made them available in various locations through dispensing machines that charged 25 cents. After two years of the programme, a survey showed that 48% of sexually active learners obtained condoms from the school. Some of the 52% sexually active learners selected not to use condoms with their partners, while others felt they lacked privacy when obtaining condoms from dispensers (Brown, Pennylegion & Hillard, 1997). In addition, many learners cited alternative sources for obtaining free condoms in Seattle. The results from this study show that a high percentage of learners took condoms when they were made available, but showed a significant decline in reported condom use (Kirby, 2000). Though the goal of distributing condoms was reached, the primary goal of increasing contraceptive or protective use was not affected by condoms being available in schools.

Controversies concerning the availability, accessibility, and distribution of condoms in schools are not limited to the USA and other first world countries. A study carried by Obbo (1995) on the influence of dominant elite voices on access to and the use of condoms in Uganda reveals that parents were against the government’s intention to make condoms available to learners in schools. The study solicited parent and community leader views through questionnaires and focus group discussions. Obbo (1995), reports that some parents were opposed to condoms being made available to learners as they felt that it would promote promiscuity, which was against their beliefs.

Contrary to debates in other countries, a study conducted by Kaburi and Orpinas (2009) in Kenya using in-depth interviews amongst parents and teachers found that there have been some positive perceptions towards making condoms available in schools. Some schools made condoms available to learners who are sexually active, often through school-based health services. This study shows that teacher counselors, library teachers, and school principals distributed condoms in 20 Kenya secondary schools where condoms were made available to learners (Kaburi &
Orpinas, 2009). Most schools made condoms available through more than one source and almost all offered them as part of a comprehensive programme, which included education, counseling, and other sex education activities. This study further revealed that teachers and parents were in support of the programme, with the only restriction being that learners should be limited on the number of condoms they might obtain. They indicated that distributing condoms would help to reduce the risk of HIV and AIDS amongst the youth.

Positive responses notwithstanding, there was some reluctance from a group of parents sampled in the same study. The researchers report that some parents held religious views on the matter and cite the age for sexual debut and marital status as grounds for disapproving of the idea of making condoms available. The study further noted that some parents considered HIV and AIDS to be a disease that affected those who transgressed against God. Consequently, they did not see HIV and AIDS prevention as a sufficient reason to distributing condoms in schools (Kaburi & Orpinas, 2009).

An overview of debates on accessibility, availability and distribution of condoms in school revealed that the dominant views are embedded in the jurisdictions over learners/children and parental consent. This is related to the arguments against the introduction of sex education in schools presented earlier. Many parents felt that sex education programmes infringe on their parental rights and denied their religious liberties. They preferred handling matter pertaining to sex (including condoms) in the private space of the family.

Debates on making condoms available in schools were not limited to parent consent and government sanction but were also mediated by moral, religious, cultural, and ideological views on condoms. The notion of abstinence was also prominent in this debate as many argued that condoms would impact learner decisions on remaining virgins until marriage.

4.3.2 Availability of condoms, abstinence, and sexual debut in school
Debates on whether schools should make condoms available have been topical and are not without controversy. Central in these debates is whether school-going youth should be provided with information about safe sex practices in order to protect themselves from rising sexually
transmitted infections (STIs), HIV infection, and teenage pregnancy or whether they should be taught to abstain till marriage. The majority of studies that were reviewed focused either on advocacy to promote abstinence, or on challenges associated with access to rather than the availability to condoms, and the complex interaction between sexual debut and social and cultural practices about sex. Some studies also highlighted that making condoms available was also tied up with moral and religious perspectives on aspects already described in the previous chapter.

Abstinence-only programmes have been popular, and Masters, Beadnell, Morrison, Hoppe, and Gillmore (2008: 89) considered it as education programmes that teach youth to abstain from sexual activity until marriage. Such programmes also restrict information on condoms and contraception. Supporters of such an approach to ‘safe sex’ believe that teaching about contraception (including the use of condoms) might promote sexual activity amongst adolescents and encourage sexually promiscuous behaviour. They are of the view that teaching about abstinence only would delay the onset of sexual activity (Masters, et. al., 2008).

Virginity pledges are one such example of an abstinence-only programme and have been used to influence learners to make an abstinence pledge. Bersamin, Walker, Waiters, Fisher and Grube (2005) conducted a study in the USA amongst school-going youth aged 16-18 years that examined the association between formal and non-formal virginity pledges and the effect these had on sexual activity amongst youth. Using a cross-sectional survey on a stratified random sample to gather information, the authors concluded that the formal virginity pledge did not appear to reduce the likelihood of abstaining from sexual intercourse or oral sex until youth were older. This study further revealed that there was no significant difference between learners who did or and those who did not take a virginity pledge. The study highlights, however, that individuals who made the pledge were less likely to use contraception once they started engaging in sex. These results indicate that in abstinence-only programmes, individuals who become sexually active might remain uneducated about ways to protect themselves and might be at an increased risk to engage in risky and unprotected sex (Bersamin et al., 2005).
Studies on learner perceptions on abstinence, the use of condoms and sexual debut were prevalent too. A quantitative study by Oshi et al. (2007) in 25 secondary schools in Nigeria investigated learner perceptions on abstinence and condoms. This study revealed that differences in learner choice stemmed from differences in negotiating power based on social constructions of masculinity and femininity in that context. Oshi et al. (2007) reported that boys claimed that it was not possible to abstain or use condoms because they felt the need to conform to a dominant social script on what it means to be a man in the community, which included not using a condom and having more than one girlfriend. Oshi et al. (2007) reported that boys were worried that if they were not in sexual relationships from a young age, their fertility would be at stake when they married.

Bosmans et al. (2006) studied how a rights-based approach could contribute to an effective and appropriate response to the sexual and reproductive health needs of Congolese adolescents. They conducted focus group discussions with adolescents and interviews with peer education programme officers in Kinshasa and Bakavu in April – May 2004. When they asked their participants whether they knew boys and girls of their own age who had already had sexual relations the study revealed a common answer was that there were many adolescents, including friends, who did not wait until marriage to have their first sexual experience and did not necessarily protect themselves. In a survey conducted in Nyanza province in Kenya with young people, aged 11–16 years, Maticka-Tyndale et al. (2005) found that 56% of a sample of over 4000 boys and 50% of a sample of over 4000 girls reported to be sexually active. Many had experienced violence or force regarding sexual encounters.

Gordon and Mwale (2006: 70) make the point that making condoms available in Zambia “…involves a mass of often conflicting moral, religious, cultural, and ideological and human rights arguments”, which tie in to the discussion so far which have to do with either making condoms available or promoting an abstinence-only agenda. They conducted a study through interviews and observations of activities and events they were involved with in HIV and AIDS awareness programmes amongst adolescents in Zambia. Gordon was responsible for providing technical support to community-based programmes and Mwale was the head of an NGO working with adolescents and young people in the Eastern Province of Zambia in 2005 and 2006. The study
established that the shift in emphasis to abstinence became apparent in 2003 when the Ministry for Education banned NGOs from distributing condoms at or near school sites. Many programmes promoted abstinence-only messages, not only for HIV prevention but also for a “healthy person who values his or her body” (Gordon & Mwale, 2006: 72). As a result, it became difficult to access condoms especially in the rural areas because most HIV prevention programmes were restricted by the prevalent messaging at the time.

In another study conducted in Zambia on views about abstinence and virginity using focus group discussions and individual interviews, Mutenda (2004) reports of concerns that providing condoms to the young people would reduce the power of the abstinence message and in due course increase infection rates if condoms were then not constantly available. HIV and AIDS organizations were compelled to promote abstinence-only in an attempt to eliminate HIV infections amongst the youth because condoms were said to be not 100% effective (Mutenda, 2004). Zambian traditional counselors who participated in the study cited that young people who have strong sexual feelings and who were unable to abstain should marry early rather than use condoms. Youth in the study on the other hand, felt the need to have condoms made available and that these should be free (Mutenda, 2004). The study revealed that young people acknowledged their sexual activity and that denying them access to condoms was ill-conceived.

Contrarily, literature from other parts of the developing world indicates that teaching abstinence-only does not always guarantee that adolescents will not engage in sexual relations. Studies show that young people taught abstinence only may delay sexual debut for a year, but that when they do have sex, they would be more likely to have unprotected sex, with negative consequences (Hearst & Chen, 2004). Hearst and Chen (2004) further report that teaching young people about condom use does not necessarily promote sexual activity and that providing comprehensive sexuality education has potential to both delay sexual debut and increase the practice of safer sex once youth become sexually active.

In a nutshell, the debate about making condoms available in school emanates from notions on debates rehearsed in the previous chapter that have to do with abstinence, virginity, and fidelity. Moralistic views also persist in discussions on making condoms available in school.
In the next section I review studies on how learners access condoms in school. This section pays particular attention to factors which either enable or constrain learners’ access.

4.4 Accessibility of condoms in school

The difficulty of making condoms available notwithstanding, the question of accessibility remains. Questions too remain on who has control over condoms and under what conditions can learners access condoms in school. There was little or no research to situate the current study with regard to these issues. Most of the available research focused on the accessibility of condoms in public spaces such as health facilities.

Kirby and Brown (1996), Meekers and Ahmed (2001), Kirby (2002), Martinez-Donate, Hovell, Sipan, and Hernandez-Sanchez (2005) and Zeller, Martinez-Donate, Hovell, Sipan, Blumberg, Carrizosa and Rovniak (2006) all report that the majority of youth worldwide do not feel that condoms are readily accessible, even in areas where there is wide-spread availability. A study carried out by Zeller et al. (2006) in two secondary schools in Tijuana, Mexico, surveyed learners with the view to examining school-based condom availability programmes (CAPs) that made free or low cost condoms accessible to learners through trained personnel or through unmanned systems such as vending machines or baskets in schools. The study found that a total of 570 learners used the CAP at least more than once than during the three months in which the programme operated in each school (Zeller et al., 2006). They also found that only 65% of youth reported visiting the programme to obtain condoms. The study also showed that while girls held more positive attitudes toward condoms and CAPs, they were nonetheless less likely to and not confident about collecting condoms from the available dispensers. Compared to boys, girls in the study were less likely to report that obtaining condoms was a reason to visit the CAP and to request condoms (Zeller et al., 2006).

Meekers and Ahmed (2001) report similar results in an earlier study that investigated the extent to which poverty affected sexual activity, knowledge about HIV and AIDS, willingness to test for HIV infection, and access to condoms among young people in Botswana. Using a questionnaire, the study sampled 2250 secondary and tertiary students. Like the above, this study
reported that secondary school females describe being afraid to attend health clinics to ask for condoms because they knew that nurses would ask questions about their use of condoms and their age. Boys in the out-of-school group within the same study were, however, willing to go to a “window” at a public hospital where boxes of condoms were kept and distributed without any questions asked (Meekers & Ahmed, 2001).

Unlike in the case of boys, making condoms available to young girls and women seems to create different challenges, many of which relate to perspectives on gender and sex and not only on where, how and by whom to make these available. A study by Hoffman, Mantell, Exner and Stein (2004) on how to increase condom access amongst young females revealed that the strategies for making health-care workers distribute condoms may play a role in making condoms accessible to girls and women. However, the extent to which girls felt comfortable asking for or taking condoms in a public space remained a challenge.

Another study in Mexico reported that youth were denied to access condoms, especially in more conservative cultures and poorer parts of the country. For example, Martinez-Donate et al. (2005) conducted an informal survey with staff from 34 condom selling points in Tijuana, Mexico. The results showed that “… condoms were visible in 91% of the establishments, but in 47% of the cases condoms were out of reach for customers and they had to be requested from store employees to give them.” The participants mentioned different factors that interfered with condom acquisition. About 60% of the respondents reported that the youth buying condoms were visibly embarrassed and uncomfortable (Martinez-Donate et al., 2005).

Abdool Karim (2002) reports that youth find it difficult to access condoms from health facilities or pharmacies in South Africa. He states that even though condoms are available for sale in many urban areas, their cost is excessive. When condoms are available free of charge, as is the case at public health facilities across South Africa, their accessibility remains problematic.

While brief, this section illustrates tensions in accessing condoms. In the next section, I present different methods by which condoms are distributed to teenagers. I will also highlight as to how each method enables or constrains them from acquiring condoms.
4.5 Distribution of condoms in school and out of school

Different studies cite a host of distribution strategies employed out of school in particular, with very few if any studies examining strategies by schools to distribute condoms or make them easily accessible. In as far as out of school strategies are concerned, condom social marketing, traditional and non-traditional outlets, use of unmanned condom depots, or health-care facilities are most common. Studies have confirmed that lack of access to condoms presents a fundamental barrier to HIV prevention across most of sub-Saharan Africa (Bosmans et al., 2006). One approach to enhance the accessibility of condoms is to promote their informal distribution outside of health facilities through existing social networks (Cohen, 1999). This approach represents an important way to expand the distribution of condoms to reach groups who may not be able to purchase condoms or find it difficult to collect from public health facilities. Even though the studies I draw on below were not all carried out in schools, their relevance for this study lies in them providing insight into discourses that shape people’s perspectives on the distribution of condoms in general. This is an aspect that may also have implications for understanding discourses on the availability and accessibility of condoms in schools.

A study by Myer, Mathews, Little and Abdool Karim (2002) investigated the prevalence and practices of informal condom distribution in four regions of South Africa. They administered a questionnaire to individuals procuring condoms at 12 public health facilities where 554 individuals were interviewed. According to Myer et al., (2002: 173) informal distribution of condoms was defined as “having given or received condoms (either commercial brands or free condoms distributed by the government) from any individual other than a partner or a health care facility worker”. Their results indicate that informal condom distribution is commonplace among individuals procuring public sector condoms in South Africa (Myer et al., 2002). It further revealed that individuals who were likely to report informal condom distribution were more likely to be males who had relatively high levels of education and were also more likely to have more than one sexual partner (Myer et al., 2002: 176). Levels of comfort as well as power relations between older and younger people both played a role in access to condoms. Both men
and women reported “discomfort with giving condoms to individuals of the same age or younger and receiving condoms from individuals who were older” (Myer et al., 2002: 176).

Another method reported in the literature, is the use of condom depots (UNAIDS, 2009). UNAIDS (2009) reported that this method recorded an increase in people who accessed condoms without having a personal contact with someone. The report indicates more condom uptake in the unmanned depots placed in the hospital and in public places when compared to other unmanned depots in offices and banks. The UNAIDS Inter-Agency task team on gender and HIV and AIDS (2000) also reports that condom uptake was higher in non-traditional outlets such as bathrooms, walk-ways, hotel rooms and dispensers compared to the traditional outlets such as health facilities (UNAIDS, 2000).

A study conducted by Exavery, Lutambi, Mubyazi, Kweka, Mbaruku and Masanja (2012) in Mpwapwa and Mbeya rural districts of Tanzania assessed the extent of and factors associated with acceptability of condom promotion and distribution among 12–19 year-old adolescents. Participants in this study answered a structured questionnaire that sought to understand condom promotion and distribution among youth in the region. A small proportion (37%) of adolescents agreed that the promotion and distribution of condoms among them and their peers both in and out of schools is worthwhile. The results also show that some participants argued against condom promotion and distribution citing that they were too young to be sensitized about condoms and that condoms would encourage early sexual debut and experimentation (Exavery et al., 2012). Exavery et al. (2012) acknowledged the need for studies to probe the link between condom distribution and sexual behaviour amongst youth.

4.6 Chapter summary
This chapter provided an overview of the literature on sex education and the debates on whether this should be a feature in the core curriculum of schools. Different studies provided perspectives on how adults advocate abstinence despite knowledge on the sexual activity of youth. The chapter also highlighted difficulties parents had with lack of agency over their children’s sexual choice, were sex education to be left in the hands of schools. The discussion underscored teacher discomfort in teaching sexuality topics as well as in making condoms available in school. The
constraints in introducing sex education and bringing sex-related discussions into the public domain were evident in research this chapter reported on.

Few studies report on accessibility and distribution of condoms in public spaces with few if any, reporting on accessibility, availability, and distribution of condoms in school, the primary focus of this study. In addition, no studies analyze discourses shaping beliefs, values, and perspectives using Foucault’s theory on discourse as an analytic framework as this study does.
CHAPTER 5 RESEARCH DESIGN

5.1 Introduction
Research design is a blueprint for conducting a study that maximizes control over factors that could interfere with the study’s desired outcome (Burns & Groves, 2005). This chapter describes the research design and methods used in this study. It presents the research question, orientation, and the target population and describes the research instruments used in collecting the data and how it was analyzed. Other aspects such as the validity and triangulation, the limitations of the study, the ethical protocols and the significance of the study are also discussed.

5.2 Research goals and research question
This study examined the dominant discourses shaping perspectives on and response to the accessibility, availability, and distribution of condoms in some schools in the Kavango Region of Namibia. The study adopted a mixed methods approach because of the nature of the topic and the research objectives, as I detail below.

The main research question is: What are the dominant discourses shaping perspectives on the accessibility, availability, and distribution of condoms amongst learners, teachers, parents, religious and traditional leaders, as well as traditional healers in some schools in the Kavango Region, Namibia?

5.3 Research orientation
The study used both qualitative and quantitative methods, in other words, a mixed methods approach. Many definitions of mixed methods exist in the literature. Mixed methods in this study is defined as an approach that focuses on research questions that call for real-life contextual understandings, multi-level perspectives, and cultural influences, and employs rigorous quantitative research that assesses the magnitude and frequency of constructs as well as rigorous qualitative research that explores the meaning and understanding of constructs (De Vos, Strydom, Fouche, & Delport, 2005). Such research also intentionally integrates methodological orientations and methods to draw on the strengths of each.
Mertens (2009) notes that mixed methods studies are those that combine qualitative and quantitative approaches into the research methodology of a single study. According to Morse and Niehause (2009), mixed methods like any other method must begin with the assumption that investigators gather evidence based on the nature of the question and theoretical orientation. Mainly deductive, quantitative methods are ideal for measuring the pervasiveness of “known” phenomena and central patterns of association, including inferences of causality. On the other hand, qualitative methods, which are mainly inductive, allow for identification of previously unknown processes, explanations of why and how phenomena occur, and the range of their effects (Hesse-Beder & Leavy 2007). Mixed methods approaches, therefore, are more than simply collecting qualitative data from interviews or collecting multiple forms of qualitative evidence such as observations and interviews or multiple types of quantitative evidence such as surveys and diagnostic tests (Morse & Niehause, 2009). It involves the intentional collection of both quantitative and qualitative data and the combination of the strengths of each to answer research questions. De Vos et al. (2005) state that mixed methods may also provide a basis for triangulation but more often they become the source of different ways of conceptualizing the problem. They might set out to look at the same things from different points of view, but it often turns out that the viewpoint implies such different ways of seeing, that the lines of sight do not converge.

I outline each component of the study below, showing how quantitative and qualitative components were employed.

**Quantitative component**

The role and function of the quantitative component in this study was limited to the initial phase of the study; with the primary goal a device to assist in the initial framing and sampling. The quantitative component included a large sample of learners only. Through a questionnaire administered to all Grade 12 learners in Kavango Region, the results from this component of the study contributed to sampling, refining questions for the main study, and situating the results derived in the main component of the study. Put differently, while the results of this component of the study reflect in Chapter 6 and thus form part of the results chapters, they were used as sampling and framing devices. Making condoms available and accessible in schools is based on
the assumption that learners are sexually active, and this assumption needed to be tested. As will be shown at the end of Chapter 6, these results provided insight into perspectives from a larger population of learners so as to assist in the design of interview questions, and in selecting the sample of learners, though not as a continuous feature in the subsequent analysis.

I gathered data through a questionnaire that I describe later on. This enabled me not only to explore the perspectives on whether learners have sexual relations while still at school, but also their attitudes and perspectives on the accessibility, availability, and distribution of condoms in schools in Kavango Region. The questionnaire was also used to establish possible barriers in condom distribution at school and how to address them. The quantitative component of the study was analyzed before I moved to the main study, which involved the qualitative stage. I detail the target group and the development of the questionnaire later in this chapter.

**Qualitative component**

I used qualitative methodology in the main stage of the study. Qualitative research is a systematic subjective research methodology used to describe life experiences and give them meaning (Cresswell, 2003). Cresswell (2003) defines qualitative research as “… an inquiry process of understanding based on distinct methodological traditions of inquiry that explores social or human problems; Christensen, Johnson and Turner (2011) propose that qualitative research relies primarily on the collection of non-numerical data, such as words and pictures. Zimba (2010) concurs and describes qualitative research as a systematic, interactive, subject-based approach used to describe life experiences and give them meaning. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants, and conducts the study in a natural setting (Cresswell, 2003: 15). According to De Vos et al. (2005) qualitative methodology provides rich data about real life, people, and situations and it is more able to make sense of behaviour and to understand it within its wider context than quantitative methods.

Qualitative research studies are useful when they employ “rigorous data collection procedures of inquiry” and begin with a “single focus that seeks deep detailed understanding” of a phenomenon being studied (Creswell, 2003: 20-21). In the case of this study, employing a qualitative approach to the research seemed appropriate given that I sought to identify the dominant
discourses amongst learners, teachers and parents on the availability, accessibility and distribution of condoms in schools.

Within this qualitative research framework, I adopted an interpretive orientation in my study, which considered the experiences of individuals as the main source of interpreting social reality. According to Cantrell (1993), the interpretive paradigm allows the researcher to understand phenomena being studied and to interpret meanings within the “social or cultural context” of the participants. Nieuwenhuis (2007: 178) summarizes the assumptions underpinning this orientation by putting it this way: “[H]uman life can only be understood from within”. It cannot be observed from some external reality. Interpretivism, therefore, focuses on people’s subjective experiences, on how people ‘construct’ the social world by sharing meanings, and how they interact with or relate to each other. In this study, it included learner, teacher, parent, religious leader, traditional leader and traditional healer perspectives and experiences of the phenomenon, as I describe in more detail later on in this chapter.

5.4 Sampling site and participants
A population is the entire group of persons or objects that is of interest to the researcher (Brink, Van der Walt & Van Rensburg, 2006). Burns and Grove (2005) further define a target population as a set that has certain specified properties. The population criteria establish the target population; that is, the entire set of cases about which the researcher would like to make generalizations and who meet the sampling criteria (Burns & Grove 2005).

Because of time, money and personnel, however, it is often not feasible to pursue the use of a target population. An accessible population that is the portion of the target population that meets the population criteria, to which the researcher has reasonable access, is used instead (Burns & Grove 2005; Polit & Beck 2004).
5.4.1 Research site
A study to understand my chosen phenomenon was conducted in secondary schools in the Kavango Region in Namibia. Kavango Region was chosen as the target research site for the following reasons: 1) Convenience- given that it is the location where I work; 2) It is the Region with the highest teenage pregnancy rate; 3) It is among the Regions with the highest prevalence of HIV among the youth.

The choice of the target participants was, in addition to the constraint of resources and time, in large part generated and dictated by applying the Foucauldian model to the phenomenon, viz. condom distribution (accessibility, availability & distribution) in schools for the prevention of HIV infection and teenage pregnancy, in this context to general a likely list of participants or perspectives on the main focus dictated by the model, viz. discourse, power, subjectivity, surveillance and resistance. This pointed to the following target participants who were purposefully selected: 1) high school learners who are potentially sexually active; 2) high school teachers; 3) parents; 4) local traditional leaders; 5) traditional healers; 6) local religious leaders.

5.4.2 Participants sampling plan
I used two stages to make the sample selection. My target population is thus presented below in relation to each component of my study. This also signals the sequence of the research. All participants were purposefully sampled as McMillan and Schumacher (2006) points out that purposeful sampling involves choosing participants considered to be knowledgeable and informed about the topic of the study.

Quantitative component
This stage included a sample for the quantitative component of the study which aimed to gain insight into perspectives on condom accessibility, availability and distribution from a large sample of learners through a self-administered questionnaire that I discuss in detail later on. I wanted to gain an understanding of different trends in schools and contextualize the information

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7 There are 324 schools (267 primary schools including one private school, 45 combined schools including one private school, 1 junior secondary school, and 11 senior secondary schools including two private senior secondary schools). According to the Education Management Information System for Kavango Education Region’s 15th School Day Statistics (2012), there are 77,518 learners (37,977 females and 39,541 males) and 2,564 teachers.
to take a macro picture of how the phenomenon manifested in the region. All full time Grade 12 learners (1100) in nine of the eleven senior secondary schools in Kavango Region were targeted. These nine schools were selected because they are the only government schools offering Grade 12 (my research population) in Kavango Region. The rationale for focusing on Grade 12 learners is because they are between the ages of 17-22 and are generally believed to be sexually active and at high risk for contracting HIV and/or and becoming pregnant (see Chapter 1). In the end though, only 792 learners responded to the self-administered questionnaire this represents a 72% return rate of the 1100 questionnaires that were distributed.

**Qualitative component**

The second stage of the study was qualitative which as the main component of the study aimed at understanding the phenomenon being studied in schools by getting deeper into trends as well as re-examining some outcomes of the quantitative phase.

This component targeted six population groups, namely learners and teachers who are within the two selected schools, and parents, traditional leaders, traditional healers and religious leaders. The point that I have to make here is that one cannot abstract institutions and other social structures from the society of which they are part. Schools as learning institutions (which is my research site) are influenced by the milieu in which they exist. These selected groups are considered as holding the moral authority of their community and their views provide the society’s impacts on the culture of institution such as schools. The selection for the sample was as follows:

**Learners**

Forty Grade 12 learners (twenty boys and twenty girls), from each of the two selected schools participated in this phase of the research, which was mainly in the form of focus groups that I detail later on in this chapter.

Willingness to participate was the overriding criterion for participation in focus group discussions. While this was the case, the forty learners were also selected on the basis of the overall responses in the learner survey. Divergent and interesting views held by learners in the
school, together with the leadership positions they held in their respective schools, had an influence on the selection process. The groups of learners comprised of 16 Learners Representative Council Members who were all in Grade 12 (eight from each of the two selected schools) and six Class Representatives (three from each of the two selected schools) and 18 members of Teenagers Against Drugs and Alcohol (TADA) group (nine from each of the two selected schools) who were purposefully selected by the fact that they are the central features of learners’ populations at schools, and are in a position to express views on behalf of their fellow learners.

Teachers
The principal, school counselor, and a Life Skills teacher were selected to participate in the focus group for teachers at each of the two selected schools. This group was purposefully sampled because they are the ones who directly deal with learners’ social well-being at school, particularly on HIV and AIDS, and teenage pregnancy related matters. The school principals were selected by virtue of their being responsible for the management and day-to-day operations of the school as well as for having the authority to oversee all programs implemented in their schools. School Counselors were selected because they are responsible to providing guidance and counseling to learners on different aspects in life; while Life Skills teachers are charged with guiding learners and providing them with information on how to make responsible decisions in life especially on sex related matters. While the group included the principals, I refer to them as “teachers” in the rest of the thesis.

School Board members and parents
The school-board members are proxy for parent voices and were thus key informants to provide insight into discourses shaping availability, accessibility, and distribution of condoms in schools. Three out of six school board members (including the school board chairperson) from the two selected schools participated in the study purposefully selected. The two school board chairpersons were selected by virtue of their positions of heads of the bodies that represent parents at school while the selection of the other members who were interviewed was based on their willingness and availability. Thereafter, I conducted an additional focus group discussion with three ordinary parents who were not members of the school board. These views represent
parent perspectives in this study. I asked the principals of the two selected schools to give me a list and residential addresses of parents who have their children at these schools. Considering time and cost, I purposefully selected three parents from each school.

**Traditional leaders**

Three traditional leaders from Kavango Region participated in individual interviews. They were all prominent figures in their respective jurisdictions serving as members of Chief Council in their Tribal Authorities namely, Shambyu, M bunza and Kwangali ⁸; I was unable to meet two other traditional leaders from Gciriku and Mbukushu tribal districts because of their tight schedules (were not available). These leaders were purposefully selected by virtue of the positions they held in their respective traditional authorities. Despite these traditional leaders being members of their respective Chief Councils, they were all charged as official spokespersons of their respective tribal authorities. Therefore, these respondents were picked considering that their views represent traditional authority’s perspectives on dominant discourses about condoms in school.

**Traditional healers**

Three traditional healers (one from each of the Shambyu, M bunza and Kwangali tradition kingdoms ⁹ were interviewed individually. They were purposefully selected based on their willingness and availability to participate in my study. I asked the traditional leaders who participated in my study to recommend to me at least two traditional healers within their respective traditional kingdoms. Despite them being too busy with their schedules most of the time, from the two recommended traditional healers I interviewed one from each traditional kingdom who was willing and available. They are acclaimed healers renowned for their ability to provide medical services on different diseases in Kavango Region. They all serve frequently as traditional medical commentators on different public platforms such on local radio stations.

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⁸ Shambyu, M bunza and Kwangali are among the five traditional Kavango kingdoms, others are Gciriku and Mbukushu. Each one is headed by a traditional Chief with the help of the Chief Council.

⁹ A traditional kingdom in this study refers to an area of jurisdiction in which each tribal authority is assigned to rule. There are five traditional kingdoms in Kavango Region viz. Shambyu, M bunza, Kwangali, Gciriku and Mbukushu.
Religious leaders

Five religious leaders from different Church denominations namely, the Catholic Church, the Evangelical Lutheran Church, the Evangelical Bible Church, the Over-comer Christian Centre and Deeper Life Bible Church participated in my study. My intention was not to compare Churches as such, but I wanted to get different positions on condoms from various denominations that included Catholic, Lutheran, and Pentecostal perspectives. Therefore, this cohort was also purposefully selected based on their religious denominations, willingness, availability, and close proximity to where I stay. Religious leaders from the Catholic and Lutheran church were selected because they command bigger followings in Kavango Regions while those from the Evangelical Bible Church, the Overcomer Christian Centre and Deeper Life Bible Church were selected to get perspectives from Pentecostals where some learners are members. All religious leaders were either pastors or deacons in their respective churches, and most of them had multiple roles. For example, a Catholic deacon and Lutheran pastor who participated in this study are all responsible for premarital courses for prospective married couples and for marriage counseling in their respective churches. A deacon from the Evangelical Bible Church is a leader of the AIDS Action Group in his Church, leader of the youth group in his diocese and father of five children and several adopted orphans. Another pastor from the Over-comer Christian Centre is presenter of a weekly youth radio program while a pastor from Deeper Life Bible Church conducts devotions at several senior secondary schools and is a coordinator for Youth for Christ\(^{10}\) in Kavango Region responsible for control of delinquency among youth (that includes conduct that might lead to HIV infections and teenage pregnancy). In sum, most other religious leaders also fell into multiple categories.

5.5 Research process and data collection methods

The research process was conducted in a particular sequence starting with the pilot study followed by the quantitative component and was then concluded with the qualitative component.

According to Burns and Grove (2005), a pilot study is a small version of a proposed study conducted to develop and/or refine the methodology such as the instrument and or data collection process to be used in the large study. De Vos, et al. (2005) proposes that a researcher should

\(^{10}\) Youth for Christ is a Christian organization for youth from different church denominations.
never start the main inquiry unless they are confident that the chosen procedures are suitable, valid, reliable, effective, and free from problems and errors or at least that they have taken all possible precautions to avoid any problem that might arise during the main study. For this reason, I undertook to conduct a pilot study to develop and pilot my instruments.

I conducted a pilot study at one of the senior secondary schools in Rundu\textsuperscript{11}. I obtained permission from the principal to administer the questionnaire as well as conduct a focus group interview with teachers (including the principal). I also conducted a focus group interview with members of the school-board. A similar exercise was done with traditional leaders, traditional healers and religious leaders around Rundu to trial and refines my questions for the individual interview and focus group discussion. The results from the pilot study informed the main stages of the research. The data gathering tools as well as the research process were refined and finalized as a result.

After the pilot study I conducted the quantitative component first and the qualitative component later. Specifically, I administered the questionnaire as outlined below to 1100 learners, with a response rate of 72%.

\textit{Questionnaire}

A questionnaire is a method of gathering information from a number of individuals, a ‘sample’ in order to learn something about the larger population from which the sample has been drawn (De Vos et al., 2005). Cohen et al. (2007) further define it as a set of questions on a form which is completed by the respondents in respect of a research project. I was motivated to use a questionnaire due to its fundamental advantages as outlined by Burns and Grove (2005) who propose that the use of a questionnaire as a data collection tool is appropriate because it is reliable, flexible and ensures objectivity. It allows the collection of data that lies deep within the mind or attitudes, feelings of individuals which are beyond the reach of an observer (attitudes, motivation and self-concepts) of the subject under investigation. Questionnaires enable the researcher to collect data in a field setting where data can be quantified to produce responses.

\footnote{11 Rundu is the capital town of Kavango Region where the study was conducted and it is situated at the center of the region.}
required for analysis. It is easy and cheap to administer. The questionnaire collected data is more accurate since the questionnaires are administered to participants/subjects at the same time to avoid biases that may affect the reliability and validity of the study (Burns & Grove, 2005).

I developed a questionnaire using both structured and open questions. This included, amongst others, dichotomous questions which require the respondents to say ‘yes’ or ‘no’ and statements where they had to choose from a variety of options. De Vos et al. (2005) suggest that the attraction of dichotomous questions is that they provide more opportunity for rendering data on more sensitive topics. Cohen et al., (2007) state that dichotomous questions are useful as they compel respondents to come off the fence on an issue and provide a clear, unequivocal response. I also included open ended questions which allowed participants to give their opinions.

As a Subject Advisor (Senior Education Officer) in the directorate of education in the region, I took advantage of visiting the schools on business to deliver the questionnaires personal to Life Skills teachers’ at the participating senior secondary schools. The Life Skills teachers assisted me to administer questionnaires to the learners and subsequently collect them. I had a short session with each Life Skills teacher from the selected schools to explain how to administer this questionnaire as well as to go through its content. This process included clarifying the demographic information that learners had to complete and a page by page explanation of each question. Each school received a sealed box with a slot where learners dropped the completed questionnaire to maintain anonymity. I collected the questionnaires from schools after a period of three weeks. The questionnaire was prepared in the English since respondents are all Grade 12 learners and familiar with the language used.

After analyzing the data from the questionnaire, I developed data collection instruments for the qualitative component. I piloted each instrument with each selected sample in this component and thereafter refined it for the main study.

I used two data collection methods, namely focus group discussions and individual interviews for the qualitative component as I outline below. I first held all the focus group discussions with
learners at the two schools before I moved to the teachers and parents while traditional leaders, traditional healers and religious leaders were interviewed last.

**Focus group discussions**

Christensen et al. (2011) describe the focus group discussion as a data collection tool in which the researcher or a professional interviewer leads the discussion in small groups in order to get the details of how the group members think and feel about the subject/topic. For Puncta and Potter, (2004) the focus group is a research technique that collects data through a group interaction.

Focus group discussions were carried out with four groups of respondents during the qualitative component of the study as I outline in more detail below.

**Learners**

Forty Grade 12 learners participated in focus group discussions with five learners (boys or girls) in each session. There were eight sessions (four from each school) in total. The focus group discussions for males and females were held separately due to the sensitive and gendered nature of the topic that was investigated. I led the focus group discussions with the boys and a female teacher helped me to facilitate the discussions with the girls (at both schools).

The female teacher (who is a bachelor degree holder) was selected on merits which included willingness to assist me in my study, ability of maintain research ethics and openness to discussing HIV and AIDS related topics. She was trained through conducting pilot studies and demonstration sessions. The training paid attention to the purpose and significance of the current study, the personal characteristics of the research assistants such as her approach to the respondents at the time of data collection, techniques and ethics in research, such as obtaining informed consent from respondents and reviewing the data collection instruments (interview questions) in order to clarify content and to ensure mutual understanding of the research objectives. Rules and procedures for the discussion forum were clarified to her, the rules including, respecting the participants, talking loudly for the enhancement of the audio-tape
recording, operating the audio-tape, allowing each participant to speak through the chairperson, seeking for clarification through probing and acknowledging the participants’ viewpoints.

The aim of having five participants per group (gendered groups: boys and girls in separate groups) was to allow everyone to participate freely and for the researcher to elicit a range of responses. Furthermore, this kept the participants focused. Focus group discussions with learners were conducted in English.

**Teachers**
I conducted two focus group discussion sessions with teachers (one per selected school). This was done after the learners’ focus group discussions as I wanted to probe from teachers some of the claims made by learners during their interviews. Focus group discussions with teachers were done in English.

**Parents**
Focus group discussions sessions were held with three parents who serve on the school board of each participating school. The school board chairperson formed part of these discussions. I held these sessions that were conducted in Rukwangali\(^{12}\) to enable parents to express themselves easily as some were not conversant in English.

**Religious leaders**
The final focus group discussion session was conducted with five religious leaders to test and probe of the claims made during their individual interviews. This also served as an opportunity to seek further clarifications and to consolidate perspectives concerning the religious domain which had been provided by other participants. I held this session in English as all of them were fluent in it.

\(^{12}\) Rukwangali is of the one dialect in Kavango Region, which serves as a lingua franca to many residents; other dialects are Rumanyo and Thimbukushu.
Process followed

The focus group discussions were held for at least 40 minutes per group. Although they were open discussions, I prepared a set of questions as a flexible guide to lead the discussions without limiting the amount of information obtained from participants. These questions helped when the direction of the conversation needed to be steered. These questions were prepared beforehand and aimed to elicit norms related to sex and sexuality, perspectives on premarital sex, and perspectives on contraception. In the same vein they were asked what they thought about making condoms available, accessible and having them distributed in schools. I was careful to take note of and acknowledge the participants’ feelings, and often asked for an elaboration thereof, assuring them that they were not the only ones who had such feelings and experiences. I took rough notes throughout the discussion of important issues that arose and used them to probe for further clarification towards the end of the discussions.

I welcomed all the participants and thanked them for the time they had committed. The main aim and purpose of the discussion was clarified to the participants and I requested the participants’ permission to tape record. This was granted. I explained to the participants the aims and objectives of my research. I further explained to them that they were free to withdraw should they wish to do so at any time. Rules for the discussion forum were clarified, which included, among others, respect for each other, talking loudly for the enhancement of note-taking and for audio-tape recording purposes, allowing each participant to speak through the chairperson, seeking for clarification if the asked question is not clear and acknowledging that peoples’ viewpoints, perceptions and experiences do vary, but were important to be shared. All these were done using questions in Appendix H to K.

A focus group discussion can waste a lot of time if the discussion focus is not well directed. To try and mitigate this limitation, I tried to have less control over the focus group discussions, which could result in loss of precious time and dead-end or irrelevant issues being discussed. I tried to allow for a deeper discussion of issues, but had to make sure that the focus on the topic/subject under study.
I had to effectively interview the participants and probe for more information for clarity purposes at the same time as my observational skills were kept active throughout the discussion. I also kept on asking participants who were quieter to give their views throughout the discussion for them not to be left out.

**Individual interviews**

Interviews have been defined as a two-person conversation initiated by the interviewer for the specific purpose of gaining research relevant information and focused on content specified by the research objectives of systematic description, prediction or explanation (Cannel & Kahn, 1968). The individual interview as the method of data collection has been described as best at eliciting subjective views (Terre Blanche, Durrheim & Painter, 2006). In this study I opted for semi-structured interviews using open-ended questions that allow for individual variations. Linking this method to the study’s research area, Theron (2007) finds that subjective experiences need to be evoked and analyzed in research efforts as the HIV and AIDS epidemic as well as teenage pregnancy affect people in many different ways and that this will inform more effective interventions to curb it.

Individual interviews were carried out with two groups of respondents during the qualitative component of the study as I outline in more detail below.

**Religious leaders**

Individual interviews were conducted with five religious leaders. This served as an opportunity to seek further clarification and consolidate perspectives made by other participants that concern the religious domain. I held this session in English as all of them were fluent in it.

**Traditional healers**

I conducted individual interviews with three traditional healers. I used this opportunity to solicit traditional and modern conceptions of sex, sexuality, marriage and contraception. I further interrogated them on the social and cultural norms that mediate the view that condoms are a tool to curb HIV infection and to prevent unwanted pregnancy.
5.6 Data analysis process

Data analysis refers to the systematic organization and synthesis of research data to “give meaning to the data” (Burns & Grove, 2005:733). It also entails “categorizing, ordering, manipulating and summarizing the data and describing them in meaningful terms” (Brink et al., 2006:170). The nature of my research method required me to have different approaches of data analysis. These approaches are discussed below.

**Quantitative component: statistical analysis**

The quantitative data which was in the form of a survey/questionnaire were analyzed using the Statistical Packages for Social Sciences (SPSS). The statistical analysis employed both parametric and non-parametric test procedures using the software package SPSS Inc. (IBM SPSS Inc. 2011), and comprised of the following:

- Frequency tables for each question displaying the distribution of responses across the relevant categories of the question were calculated. A frequency table gives a neat and concise summation of the data and will reveal any startling or obvious patterns in a data set.

- Chi-square tests, using a 5% level of significance, were used to establish if the distribution of responses was significantly different between males and females, between age groups and between different schools, and thereby to determine if there was any effect on learners’ perceptions due the learner’s gender, age or school. The chi-square statistic summarizes how far the observed cell counts fall from the expected cell counts under truth of the null hypothesis of equality of the distribution of responses for each category of the question.

Z-tests, using a 5% level of significance, were used to test for differences in response percentages (proportions) (Wackerly, Mendenthal & Scheaffer, 2008).

**Data analysis of the focus group discussions and individual interviews**

Qualitative data analysis is an inductive process of organizing the data into categories and identifying patterns among the categories. McMillan and Schumacher (1993) state that categories and patterns emerge from the data rather than being imposed on the data prior to data collection.
In this study, I participated in data collection with the intention of understanding the perspectives and experiences of participants from their perspective. I first listened to the audio tapes of each focus group discussion several times in order to get an adequate climate and make a verbatim transcription. The Rukwangali transcripts from focus group discussions with parents were then translated into English. Thereafter, English transcripts were translated back to Rukwangali to make sure that they had the same meaning as the data collected in the voice recorder. This was done to compare this translation with the original to ensure their accuracy. As far as possible, I translated the text verbatim into English. However, this was not always possible due to the difference in language structure and meaning. As a result, sometimes, but not often, I changed the sentence structure to accommodate the nuances in the two languages used in interviews.

I read the transcripts repeatedly and this helped me to examine the transcripts of focus group discussions before identifying the patterns and organizing data into categories. This I did by assigning code words to a line, a sentence or paragraph of the transcribed data as a first step, and then data coded and recoded by constantly comparing incidents. The findings of research participants were compared and interpreted according to perspectives, opinions and experiences in order to make meaning. This provided me with an opportunity to become familiar with the data by “dwelling with the data” (Burns & Grove, 2005: 307). In the analysis of the results, themes and patterns were identified and organized into coherent categories with sub-categories. The data were organized in such way as to capture the similarities and differences in people’s responses within categories and sub-categories. After reading and gathering the information belonging to the category and sub-categories, I began writing up.

5.7 Validity and triangulation

As the above illustrates, I employed a mixed methods approach in collecting data in order to avoid the effects of bias as much as was possible in this study. Nieuwenhuis (2007: 204) defines triangulation as “…multiple sources of data or multiple methods to confirm the emerging findings.”

Using triangulation in this study helped me to seek connections in the data collected through different tools and to confirm the emerging categories and themes (Creswell, 2002).
Triangulation can be a useful technique where a researcher is engaged in a case study (Cohen et al., 2007). In my study, I used triangulation by collecting information from a diverse range of individuals and schools, using a variety of methods. I recognized how my personal perspectives as a male (and adult) could influence the research process. I was also aware of how these might influence my interaction with participants. To minimize bias and as already articulated earlier on, I used teachers to administer questionnaires and a female colleague to conduct the focus group discussions with girls. This accorded me with some distance and also enabled participants to first reflect on perceptions and only thereafter provide examples from their own lives. Triangulation also allowed me to cross-check the data and to increase the validity of my research.

McMillan and Schumacher (1993) assert that well planned and precise data collection methods and procedures enhance higher levels of reliability. The questionnaires for this study were self-administered and uniform, and all participants were given same amount of time to complete them, all then the collected data was coded to enhance data analysis using SPSS.

Shohamy (1989) defines validity as the extent to which a concept, conclusion or measurement is well founded and corresponds accurately to the real world. According to McMillan and Schumacher (1993), reliability is a necessary condition for validity.

Validity refers to the extent to which empirical measures accurately reflect the concept they are intended to measure (De Vos et al., 2005). For Cohen et al. (2007) validity in research refers to results being valid in a given setting or in the context in which experiments were carried out or observations were made.

In qualitative data, validity might be addressed through the honesty in reporting, interpreting the depth of experiences, the richness and scope of the data achieved, the participants approached and interviewed, the extent of triangulation and the disinterestedness or objectivity of the researcher (Cohen et al., 2007). However, also in qualitative data, the subjectivity of respondents, their opinions, attitudes and perspectives could contribute to a degree of bias. “Interpretive validity” is one of the kinds of validity that enables researchers to interpret the meaning and intentions of the situation (Nieuwenhuis, 2007: 109).
5.8 Ethical considerations

Maxwell (2005: 175) argues that “ethics begins with the conception of the research project and ends with how we present and share with others what we have learned.” Similarly, Babbie (2005:61), LoBiondo-Wood and Haber (2002:492), as well as Polit and Hungler (1999:701), define ethics as “a set of widely accepted moral principles that offers rules for, and behavioural expectations of the most correct conduct towards experimental subjects and respondents, employers, sponsors, other researchers, assistants and learners.” The conduct of research requires not only expertise and diligence but also honesty and integrity (Burns & Grove 2005:176). The following ethical issues were considered in the current study: the rights of the respondents, the rights of the institution and honesty on the part of the researcher.

A researcher has to be mindful of the ethical dilemmas that confront researchers. Cavan (as cited in Cohen & Manion, 1994) describes ethics:

... as a matter of principle the sensitivity to the rights of others. Being ethical limits the choices we can make in the pursuit of truth. Research ethics say that while truth is good, respect for human dignity is better, even if, in the extreme case, the respect of human nature leaves one ignorant of human nature (1994: 159).

At all times I ensured that my respondents’ rights and dignity were protected and respected. Then I followed the research protocol by obtaining permission from the regional Director of Education and principals of the selected schools. Permission to conduct the study in schools was sought and obtained from all principals of the nine participating schools. In the quantitative component learners were only required to complete the questionnaires. A written consent form was included on top of each questionnaire, and all the respondents signed only one contract. The written consent was returned with the questionnaire without the name of the respondent on it. This aspect further ensured the anonymity of the respondents. No harm or discomfort was inflicted on any respondent or any non-respondent. My telephone number was provided in case any respondent wished to discuss anything with me during or after completing the questionnaire.

Burns and Grove (2005:188) state that “confidentiality is grounded on the basis that individuals can share personal information to the extent they wish and are entitled to have secrets”. Thus
confidentiality necessitates privacy. In the current study, privacy was maintained by omitting
names of respondents from the questionnaires and also by the fact that the respondents were not
forced to answer questions. The researcher integrity is important in maintaining confidentiality
(Burns & Grove, 2005). During this study, access to all raw data from respondents was limited to
me only, to ensure confidentiality. Participation in the study was on a voluntary basis. The
respondents were informed of their right to withdraw from the study if and when they desired to
do so.

To maintain anonymity at the institutional level, I omitted identifiable data, such as names of all
the participating schools on documents such as the questionnaires and appendices. Schools
where the current study was conducted and the respondents were not named. All were given
pseudonyms.

5.9 Limitations of the study
Various limitations to the study should be kept in mind when one is interpreting this mixed
methods study. The first limitation is my role as researcher. I am a novice researcher without any
experience in conducting studies of this nature. Therefore, my thinking and personal experience
might have influenced the data gathering and analysis of the qualitative component of the study
on sensitive topics like HIV and AIDS.

According to Burns and Grove (2005:39), limitations are “restrictions or problems in a study that
may decrease the generalisability of the findings”. The two types of limitations in a mixed
method research applicable to the current study are theoretical and methodological limitations
(Burns & Grove 2005). Limitations applicable to the current study pertain to the Hawthorne
effect, population and sample, and issues relating to data collection. Burns and Grove
define the Hawthorne effect as “a psychological response in which subjects change their
behaviours simply because they are subjects in a study, not because of the research instrument”.
They further state that this effect is difficult to control. I assumed in the current study that the
respondents would be objective and truthful in the information they gave in response to the
questionnaire items. This might not be so. For the mere fact that the respondents knew that they
were under study, they might have given responses to questions in a manner which they perceived as being more polite and not really as they felt about or perceived them. They might have given the answers they thought the researcher expected and wanted to see.

The population and sample for learners and teachers in the focus group discussions was small as it was limited by participants from only two secondary schools in Kavango Region. Because of economic factors, some learners and teachers who are at other secondary schools in this region were therefore not considered in the qualitative component of the study. The inclusion of more learners and teachers from different secondary schools might have had some effect on the results of the current study. The inclusion of more secondary schools, and learners and teachers would have increased the sample size and provided a larger variety of respondents.

Data were collected using a self-completion questionnaire, focus group discussions and individual interviews. Although the questionnaire was self-explanatory and easy to respond to, it is possible that some learners might have misinterpreted some of the items. Not all learners answered all questions and items, further limiting the reliability of the research results. It cannot be assumed that those learners who answered specific questions and items had the same knowledge, attitudes, and perceptions regarding HIV infections and condoms and teenage pregnancy as those who failed to answer the same questions or items.

In the interviews, it is also possible that some respondents might have been too shy to ask for clarification and answer some questions honestly, especially as many questions were highly sensitive in nature as they related to sexuality issues, HIV/AIDS, teenage pregnancy and personal sexual behaviours, attitudes and perceptions.

The study researched a sensitive subject, which is not often discussed in public, particularly by certain communities. The discussion of sex and sexuality is often considered a taboo subject in some cultures in Namibia. The sample represents various cultural backgrounds that might be sensitive to the topic. Thus, some participants’ reluctance to share their views and experiences openly on some questions might have posed a limitation.
Focus group discussions with parents were conducted in the participant’s mother tongue and later translated by me into English. This might have posed another limitation as many of the terms, phrases and expressions might have lost some of their intended meanings when translated into English. I experienced a problem where two languages (Rukwangali and English) at times do not offer direct lexical equivalence. Translation problems occur when sentences in the language of data collection involve grammatical and syntactical structures that do not exist in English. Syntactical style, as Ercikan (1998:544) points out, is one of the most difficult features to carry over from one language to another. Where sentences are resistant to translation because of incompatibility between languages in terms of the grammar and structure, Ercikan (1998:547) suggests that the sense of sentences ‘can be adequately translated into English once the researcher uses the context in which the sentences were said before. However, such a process, as Ercikan (1998:597) warns us, inevitably involves losing some important information. Despite the fact that I am proficient in both English and the local language, there might have been cases where questions asked could have been misinterpreted by participants when translated.

5.10 Significance of the study
While the researcher appreciates and acknowledges similar studies done in various countries, this particular research is unique as it concentrates on school community perspectives, responses to and experiences of discourse shaping the accessibility, availability and distribution of condoms in Kavango Region. This is the first study on this topic in this region and provides insight to stakeholders as its outcomes indicate the schools’ communities’ position with regard to condoms in schools.

The UNAIDS report (2000) highlights the tension by reporting strong Christian religious sanctions against condom use particularly from the Catholic and evangelical sectors. A connection made by these groups is between the availability and accessibility of condoms on the one hand, and promiscuity and increase in the number and use of the services of prostitutes in communities. Few if any studies examine discourses shaping peoples’ beliefs and perspectives on the availability, accessibility, and distribution of condoms. In particular, no reported studies focus on youth perspectives and experiences on the phenomenon. This study contributes to this
gap by providing contextual insight on people’s perspectives and the prevailing discourses shaping these in Kavango Region.

The study focused on learners, teachers and parents’ views on condoms in schools, an aspect in HIV and AIDS prevention programmes meant to promote learners’ health and wellbeing. The discourses shaping the stakeholders’ views were investigated and brought to light. In this way, this study generated recommendations to strengthen the effort to reduce HIV transmission in schools. It may also serve as a basis for programme developers to consider developing programmes which target teachers and parents as they address questions on accessibility, availability, and distribution of condoms in school. The results will also inform policy makers on an important issue in the face of consistently high rates of teenage pregnancy and HIV infection amongst youth.

5.11 Chapter summary
This chapter described the research design adopted in the study. The research design decisions were deemed appropriate for a study of this nature. The next four chapters that follow present the findings of the study; with Chapter 6 emerging mainly from quantitative data derived from questionnaires with learners. These data served as a backdrop to the main study that included qualitative data derived from focus group discussions as well as individual interviews with learners, teachers, parents, traditional leaders, traditional healers and religious leaders. The main findings are presented in Chapters 7, 8, and 9.
CHAPTER 6 LEARNER PERSPECTIVES AND EXPERIENCES ON THE AVAILABILITY, ACCESSIBILITY AND DISTRIBUTION OF CONDOMS IN SCHOOLS

6.1 Introduction

Results in this thesis are presented in four chapters. The first, Chapter 6, presents quantitative data derived from a questionnaire administered to learners in all nine secondary schools in the Kavango Region. The second, third and fourth chapters each include qualitative results derived from focus group discussions and individual interviews with learners, teachers, parents, traditional healers, and traditional and religious leaders. Presented in the first two chapters of the main findings are perspectives and experiences on overarching structures, and social and cultural practices respondents highlighted as influencing responses to making condoms available, accessible, and distributable in schools. Chapter 7 focuses on the social and cultural context outside of school while Chapter 8 pays attention to perspectives on condoms by community members. The final data chapter, Chapter 9, presents results on perspectives on the three main components examined in the study, namely the availability, accessibility and distribution of condoms in schools.

The current chapter presents the results from questionnaire data collected in nine secondary schools. Drawn from a sample of 793 learners, the results provide insight into perspectives on and experiences of sexual relations in school, parent consent in making condoms available, and the availability, accessibility and distribution of condoms in schools by a large population of learners in the region. Serving as the backdrop to the main study, the results were important in two ways. First, they offered evidence on the pervasiveness of kinds of perspectives and learners’ experience not only of accessing condoms in schools but also the need to make them available given the overwhelming response from learners that the majority of learners have sexual relations while still attending school. Second, the results enabled me to select the two schools as well as the participants (learners, parents, staff, traditional and religious leaders, and traditional healers) for the focus group and individual interviews for the main study.
The questionnaire comprised a number of statements and questions, with the initial part requiring respondents to provide demographic information that included a school code, age, gender, and religious affiliation. The rest of the questionnaire sought information regarding learner perspectives on:

(a) Sexual relations whilst learners still attend school;
(b) The use of condoms by community members and peers;
(c) Sources of information on condoms;
(d) Parent consent to make condoms available in schools;
(e) Whether schools should provide information on condoms in an attempt to increase condom accessibility in school;
(f) Whether schools should provide learners with condoms;
(g) Access to condoms by learners either outside of school or anywhere in school;
(h) Issues of the availability, accessibility and distribution of condoms.

As is typical with quantitative data, the following hypotheses were tested. With each hypothesis, school, age and gender effects were tested, with religious affiliation not tested, for reasons that will become clear below.

- $H_1^1 = \text{hypothesis:}$ The majority of learners perceive that their peers have sexual relations while still in school.
- $H_1^2 = \text{hypothesis:}$ The minority of learners think that parents should give permission before condoms are made available in school.
- $H_1^3 = \text{hypothesis:}$ The majority of learners believe that schools should provide them with condoms.
- $H_1^4 = \text{hypothesis:}$ The minority of learners have obtained condoms at school.
- $H_1^5 = \text{hypothesis:}$ The majority of learners suggest that schools should provide information on condoms in an attempt to increase condom accessibility in school.
- $H_1^6 = \text{hypothesis:}$ The majority of learners either get condoms from other places out of school or condoms are not obtained anywhere at school.
The results in this chapter are presented in three sections. The learner demographic profile that includes number, age, gender and religious affiliation data is presented in 6.2. Section 6.3 includes learner perspectives on (i) sexual relations taking place amongst school-going youth; (ii) reported community and peer perspectives on condoms and their use; (iii) sources from where learners’ access information on condoms, and (iv) parent consent on making condoms available in schools. The third section, 6.4, focuses much more specifically on perspectives about the position and role of schools and presents learner perspectives on whether schools should (a) make information on condoms available, (b) provide learners with condoms, and lastly, whether learners access condoms either outside of school or anywhere in school. The chapter ends with a summary in 6.5.

The next section presents the demographic profile.

6.2 Learner demographic profile
This section provides an overview of the number, age, religious affiliation, and gender of learners who responded to the questionnaire.

6.2.1 Number and gender
The questionnaire was sent to nine senior secondary schools\(^\text{13}\) in Kavango Region with the request for all Grade 12 learners to complete it. The total number of learners was 1100, 793 of who completed the questionnaire. This was a return rate of 72%. There were 393 (49.6%) girls and 396 (50.2%) boys from different age groups as Figure 1 below illustrates. Four learners who responded to the questionnaire did not indicate their gender.

\(^{13}\) When reference is made to schools, in other words, in naming schools in the next two chapters, only the name is used. This is for ease of reading and to avoid repetition of the word “school”.

124
6.2.2 Age

Figure 2: Age distribution of respondents

The majority of respondents (98.5%) were 17 years or older. The HIV and AIDS epidemic in Namibia is felt hardest among the 15-24 age range, with the HIV prevalence rate at 10.6% (MoHSS, 2008). This resulted in around 4,500 AIDS related deaths amongst this age group in 2010/11 alone, which amounts to approximately 18% of all deaths in Namibia (MoHSS, 2011). Overall, respondents in this study were from the age group considered to be at high risk of HIV infection in this country. The results also confirm that there is a large population of youth between the ages of 15-24 still attending school. While only 1.5% of respondents in this study were in the 15-16 age range, they too represent a category of youth also at high risk of HIV infection.

6.2.3 Religious affiliation

The survey revealed that 93.6% of the respondents indicated that they belong to the Christian faith, while 4.3% indicated that they subscribe to African traditional beliefs and only 0.9% was Muslim. Since there was not much variance in learners’ religious beliefs, religious affiliation effects were not tested in the overall responses, as was the case with age, gender, and school.

The above profile was used in testing the hypothesis posed, as will be evident in the following two sections in this chapter.
6.3 Sexual relations, school-going youth, use and sources of information on condoms, and parent consent

As research across the world (and detailed in Chapters 1, 2 and 3) reports, controversies on the accessibility, availability and distribution of condoms in schools is mostly concerned with the abstinence versus safe sex promotion debate. In particular, some research acknowledges that sexual relations amongst learners in school is rife, while other studies argue that providing condoms would encourage learners to begin their sexual debut earlier than is deemed desirable.

The need for condoms to be made available in school is thus premised on notions that school-going youth are sexually active and as such, need to be provided with safe sex options. Indeed government imperatives point to this, as detailed in Chapter 1. For this reason, perspectives were sought on sexual relations while learners are still in school. Learners were also asked what their community’s (including friends’) responses are to the use of condoms, a question that brought up uncertainties about the quality of condoms that respondents linked to the sources from which condoms could be accessed, as shown in more detail in Chapter 9. They were asked questions on the sources of information on condoms as well as their views on whether schools should obtain parental consent in order to make condoms available.

Below are the results to a question on learner perspectives on sexual relations amongst their school-going peers. I also present results to questions of on an age, school or gender effect. What follows below are the results relating to the overall hypothesis, followed by results to the hypotheses with regard to the age, gender and school effects.

6.3.1 Sexual relations amongst school-going youth

**Overall Result**

H$_0$ = Null hypothesis: The minority of learners perceives that their peers have sexual relationships while still in school.

H$_1$ = Alternative hypothesis: The majority of learners perceive that their peers have sexual relations while still in school.
Of the 779 (out of 793) learners that responded to this question, 93.3% indicated that learners have sexual relations while still in school. The results of the z-test for proportions indicate that there is sufficient evidence from the data to reject the null hypothesis and the research concludes that the majority of learners report that peers do have sexual relations while still in school ($z = 24.17, p< 0.0001$).

In addition to the above, I analyzed gender, age or school effects to the same question. I present the results in each case below.

**Gender Effect**

**$H_0$ = Null hypothesis:** No gender effect in the distribution of female and male learner perceptions on whether their peers have sexual relations while still at school.

**$H_1$ = Alternative hypothesis:** A gender effect in the distribution of female and male learner perceptions on whether their peers have sexual relations while still at school.

<table>
<thead>
<tr>
<th>Do you think that learners have sexual relations while still at school?</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>No</td>
<td>366</td>
<td>359</td>
</tr>
<tr>
<td>%</td>
<td>94.1%</td>
<td>93.0%</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
<td>27</td>
</tr>
<tr>
<td>%</td>
<td>5.9%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Total</td>
<td>No</td>
<td>389</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

The chi-square test results established that there is no significant difference in the percentages of female (94.1%) and male (93.0%) learners who responded “yes” to whether learners have sexual relations while still in school ($\chi^2 = 0.38, df = 1, p = 0.540$). This suggests that the small difference is probably not a real difference when one generalizes the findings to a larger population of boys and girls.
**Age Effect**

$H_0 = \text{Null hypothesis:}$ No age effect in the distribution of learner perceptions on whether their peers have sexual relations while still at school.

$H_1 = \text{Alternative hypothesis:}$ An age effect in the distribution of learner perceptions on whether their peers have sexual relations while still at school.

**Table 2: Learner perspectives on sexual relations amongst peers still in school**

<table>
<thead>
<tr>
<th>Do you think that learners have sexual relations while still at school?</th>
<th>Age 15-16</th>
<th>Age 17-18</th>
<th>Age 19-20</th>
<th>Age 20-21</th>
<th>Age Over 22</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>11</td>
<td>203</td>
<td>287</td>
<td>159</td>
<td>64</td>
<td>724</td>
<td>100.0%</td>
</tr>
<tr>
<td>% 91.7%</td>
<td>94.4%</td>
<td>92.9%</td>
<td>91.9%</td>
<td>95.5%</td>
<td>93.3%</td>
<td></td>
</tr>
<tr>
<td>8.3%</td>
<td>5.6%</td>
<td>7.1%</td>
<td>8.1%</td>
<td>4.5%</td>
<td>6.7%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>215</td>
<td>309</td>
<td>173</td>
<td>67</td>
<td>776</td>
<td>100.0%</td>
</tr>
<tr>
<td>% 100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

The chi-square test results show that there is no significant difference in the perceptions of learners across the age groups in responding to this question ($\chi^2 = 1.63, df = 4, p = 0.803$). The range in the distribution of responses was from 91.7% of younger learners (15 to 16 years) to 95.5% of older learners (over 22 years) who responded “yes” to whether learners have sexual relations while still at school.

**School Effect**

$H_0 = \text{Null hypothesis:}$ No school effect in the distribution of learner perceptions on whether their peers have sexual relations while still at school.

$H_1 = \text{Alternative hypothesis:}$ A school effect in the distribution of learner perceptions on whether their peers have sexual relations while still at school.

**Table 3: Learner perspectives sexual relations amongst peers still in school**

<table>
<thead>
<tr>
<th>School codes</th>
<th>Nyonga</th>
<th>Nyonga</th>
<th>Keni</th>
<th>Kaku</th>
<th>Lihah</th>
<th>Etipe</th>
<th>Usi</th>
<th>Tantera</th>
<th>Nangera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>19</td>
<td>5</td>
<td>79.2%</td>
<td>95.5%</td>
<td>92.7%</td>
<td>96.1%</td>
<td>84.1%</td>
<td>96.4%</td>
<td>96.2%</td>
<td>87.1%</td>
<td>98.4%</td>
</tr>
<tr>
<td>64</td>
<td>3</td>
<td>20.8%</td>
<td>4.5%</td>
<td>7.3%</td>
<td>3.9%</td>
<td>15.9%</td>
<td>3.6%</td>
<td>3.8%</td>
<td>21.9%</td>
<td>1.6%</td>
</tr>
<tr>
<td>102</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>198</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>74</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>727</td>
<td>52</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses
The chi-square test shows that there are no significant differences in the perceptions of learners from different schools in responding “yes” to whether learners have sexual relationships while still at school ($\chi^2 = 29.68, 8 \text{ df. } p < 0.0001$).

In summary, the majority of learners (93.3%) indicated that they perceive their peers to have sexual relations while still in school. The highest percentage was recorded at Nangera where 98.4% of respondents said “yes” to the question while the lowest was recorded at Nyonga where 79.2% of respondents indicated “yes”. The results of Nyango are significantly low because of the low number of learners who participated in the study.

The results to the questions posed in this section provided evidence that not only situate but also corroborate concerns by government to make about making condoms available to school-going youth. Put differently, the results show that an overwhelming majority of learners report sexual relations amongst peers that, by implication, necessitate information on safe sex or the provision of resources to curb the present increase in HIV prevalence rates and teenage pregnancy.

That learners acknowledged sexual activity in school did not translate into them their agreeing either that condoms were widely available (a viable solution) or that they trusted their use - as the next section shows.
6.3.2 Perspectives on condoms and their use

Assumptions relating to the interplay between socio-cultural structures, practices and people’s beliefs, values and perspectives influenced the question posed, so as was the influence of others on one’s beliefs, attitudes and values. Respondents were asked about the views of the community and friends/peers on about using condoms. Table 4 below presents female and male responses to the question.

<table>
<thead>
<tr>
<th>Table 4: Learner perspectives on what friends say about using condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td><strong>Female</strong></td>
</tr>
<tr>
<td>Condoms prevent HIV and AIDS and pregnancy</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Using condoms is a waste of time and shows that you don’t love each other</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>You won’t enjoy sex when using condoms since you will not feel anything</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Condoms are not 100% safe</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Condom use is against the culture and religious/ it is killing unborn babies</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

The results indicate that the majority (68.5% female and 62.7% male) of respondents report friends saying that condoms prevent HIV and AIDS and pregnancy. This is consistent (though slightly lower: 64.7% female and 54.9% male respondents) with responses learners gave when asked to give reasons as to why schools should provide them with condoms. Moreover, 19 of 390 (4.9%) female and 20 out of 394 (5.1%) male respondents answered that their friends say that using condoms are a waste of time, illustrating that one does not love one’s partner. One-hundred-and sixty-six (166 of 784: 67 female and 99 male) respondents stated that one wouldn’t enjoy sex using a condom because one would not feel anything. A small group (49 of 784) noted that condoms are not 100% safe, with 32 out of 784 indicating that condom use was against their culture and/or religion. The latter group intimated that the use of condoms was regarded as killing unborn babies. Forty females (40) and 31 males in the sample mentioned that friends did not discuss condoms because they were not comfortable doing so. Some in this group mentioned that condoms caused irritation during sexual intercourse that resulted in sickness. They mentioned rashes on one’s genitals as an example. Results from learner interviews that I report in Chapter 9, indicate that there is much skepticism concerning the quality of condoms. Learners
were particularly distrustful about free condoms made available by the government, questioning their quality and safety.

Below are results on the sources of information on condoms.

### 6.3.3 Sources of information on condoms

Responses to the sources of information on condoms are reflected in Figure 2 below.

![Figure 2: Sources of information on condoms](image)

At 31.4%, hospitals and clinics were the most common places where learners reported to obtain information on condoms. This was followed by schools where which 24.3% of respondents reported as a source of information. Non-government organizations such as New Start Centers (10.3%) and Total Control of Epidemics (TCE) (9.9%) also presented as important places that provided information on condoms. The after-school HIV and AIDS awareness programs conducted by the health workers at school comprised yet another source, with the Life Skills curriculum being least likely to provide information on condoms. Respondents seemed to distinguish information on condoms received in school from that obtained during class (e.g. in Life Skills lessons). Such a distinction becomes important in considering who, in what way, and where in school learners obtain information on condoms. Important in these results too, is that at least a third of the learners said they obtained information on condoms in school - albeit from
various structures. An argument can be made, therefore, that even though the results are not significant, schools are nonetheless important conduits for information on condoms.

6.3.4 Condoms in school and parent consent

The following hypothesis examined learner views on whether schools should consult parents before they made condoms available to learners. The following hypotheses were tested:

**Overall**

H₀² = Null hypothesis: The majority of learners think that parents should give permission before condoms are made available in school.

H₁² = Alternative hypothesis: The minority of learners thinks that parents should give permission before condoms are made available in school.

Of the 772 (of 793) learners who responded to this question, only 35.5% indicated that parents should give permission for condoms to be made available in schools. The results of the z-test for proportions indicate that there is sufficient evidence from the data to reject the null hypothesis and the research concludes that significantly less than 50% of the learners think that parents should give permission before condoms are distributed at schools (z = -8.06, p < 0.0001).

**Gender Effect**

H₀ = Null hypothesis: No gender effect in the distribution of female and male learner responses on whether parents should give permission before condoms are made available in school.

H₁ = Alternative hypothesis: A gender effect in the distribution of female and male learner responses on whether parents should give permission before condoms are made available in school.

Table 5: Learner perspectives on parent consent on availability of condoms in schools

<table>
<thead>
<tr>
<th>Should parent give permission before condoms are made available in school?</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Yes</td>
<td>135</td>
<td>137</td>
</tr>
<tr>
<td>%</td>
<td>35.2%</td>
<td>35.6%</td>
</tr>
<tr>
<td>No</td>
<td>248</td>
<td>248</td>
</tr>
<tr>
<td>%</td>
<td>64.8%</td>
<td>64.4%</td>
</tr>
<tr>
<td>Total</td>
<td>383</td>
<td>385</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses.
There was no significant gender effect ($\chi^2 = 0.01, df = 1, p = 0.922$). The results show that 35.2% (135 out of 383) of the female learners who answered this question said ‘yes’ with 35.6% (137 out of 385) of the male learners also saying ‘yes’ to this question. While there was no gender effect, the majority agreed that parents should not be asked permission concerning making condoms available.

**Age Effect**

$H_0 =$ Null hypothesis: No age effect in the distribution of learner responses on whether parents should give permission before condoms are made available in school.

$H_1 =$ Alternative hypothesis: An age effect in the distribution of learner responses on whether parents should give permission before condoms are made available in school.

<table>
<thead>
<tr>
<th>Should parent give permission before condoms are made available in school?</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15-16</td>
<td>17-18</td>
</tr>
<tr>
<td>%</td>
<td>27.3%</td>
<td>32.1%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>144</td>
</tr>
<tr>
<td>%</td>
<td>72.7%</td>
<td>67.9%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>212</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

The chi-square test results show that there is no significant age effect ($\chi^2 = 5.77, df = 1, p = 0.217$) on this question. At 38.8%, the highest percentage was recorded by the 19-20 year age group followed by the 20-21 year age group with a slightly lower percentage of 37.9%. Respondents above 22 years of age recorded the lowest percentage of 26.2%.
School Effect

$H_0 =$ Null hypothesis: No school effect in the distribution of learner responses on whether parents should give permission before condoms are made available in school.

$H_1 =$ Alternative hypothesis: A school effect in the distribution of learner responses on whether parents should give permission before condoms are made available in school.

Table 7: Learner perspectives on parent consent on availability of condoms in schools

<table>
<thead>
<tr>
<th>School codes</th>
<th>Nyonga</th>
<th>Ntopa</th>
<th>Keni</th>
<th>Kakuhu</th>
<th>Lihaha</th>
<th>Etope</th>
<th>Usivi</th>
<th>Tantera</th>
<th>Nangera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes No %</td>
<td>9 36 29 59 20 23 22 46 30 274</td>
<td>No %</td>
<td>37.5% 56.2% 26.1% 29.5% 33.3% 40.4% 20.6% 55.4% 45.5% 35.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No %</td>
<td>15 28 82 141 40 34 85 37 36 498</td>
<td>Total %</td>
<td>100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

Table 7 above shows that there are no significant differences in perceptions by learners across schools that participated in the survey. The null hypothesis is thus rejected, given the evidence of the chi-test results ($\chi^2 = 47.87, df= 8, p < 0.0001$).

Table 7 above also indicates that the majority (64.5%) of learners stated that there is no need to ask for parental consent to make condoms available to learners: a consistent trend in seven of the nine schools. Only two schools, (Ntopa at 43.8%) and (Tantera at 44.6%) obtained below 50% of respondents who said “no” to this question. As will be evidenced later on in the next chapter, it is these two schools from which the sample for the main study was drawn.

Responses to this item revealed that few learners across different schools said “yes” to the question compared to respondents who agreed that their peers have sexual relations while at school as well as those who said that schools should provide condoms. The comparison across items shows, for example, that at Nangera, 98.4% of respondents indicated that they perceived their peers to be having sexual relations (see Table 3) whereas 45.5% said that parents should be consulted before condoms are made available at school. The biggest difference though, was observed at Usivi where 96.2% (see Table 3) said that peers have sexual relations while still at
school compared to only 20.5% agreeing that parents need to be consulted to make condoms available in school.

6.4 The place, role and position of schools in making condoms available

The debates on whether or not schools should make condoms available and accessible to learners are already well-rehearsed in Chapters 1 and 3, showing that there is no consensus on this. The same was evident in the results of this study as I show below. This section presents learner views on whether schools should make information on condoms easily accessible, provide learners with condoms, and make condoms accessible and reasons for this. Respondents were also asked whether they actually obtained condoms in school or whether they had access to them outside of school. In each case, the overall response is presented, followed by results on the age, school or gender effects.

6.4.1 Perspectives on making information on condoms accessible in school

Respondents were asked whether schools should provide access to information on condoms. They were also asked to propose possible methods or strategies to make condoms easily accessible. This following hypothesis was associated with the overall result presented below. This is followed by results that tested the gender, age and school effects.

Overall Result

\( H_0^5 = \text{Null hypothesis:} \) The minority of learners suggested that schools should provide more information on where condoms might be obtained for easy access.

\( H_1^5 = \text{Alternative hypothesis:} \) The majority of learners suggested that schools should provide more information on where condoms might be obtained for easy access.

Of the 751 learners that responded to this question, 54.7% suggested that schools should provide more information on condoms. Moreover, 22.6% of respondents suggested that the schools should put condoms in all toilets whereas 11.2% indicated that schools should introduce vending machines in corridors. The same number of respondents (11.2%) stated that schools should make learners themselves distribute condoms to peers at school. The results of the \( z \)-test for proportions indicate that there is sufficient evidence from the data to reject the null hypothesis
and to conclude that significantly more than 50% of the learners suggested that schools should provide more information about condoms in an attempt to increase condom accessibility at school ($z = 2.58, p = 0.0049$).

There is no statistically significance difference between responses by male and female participants. There was also no significant difference by age category to this question.

**School Effect**

Table 8 shows the responses of participants per school.

<table>
<thead>
<tr>
<th>School</th>
<th>Nyonga</th>
<th>Ntopa</th>
<th>Keni</th>
<th>Kakuhu</th>
<th>Lihaha</th>
<th>Etope</th>
<th>Usivi</th>
<th>Tantera</th>
<th>Nangera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make learners distribute them</td>
<td>No</td>
<td>1</td>
<td>5</td>
<td>18</td>
<td>21</td>
<td>4</td>
<td>6</td>
<td>11</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>5.0</td>
<td>8.1</td>
<td>16.1</td>
<td>10.9</td>
<td>6.8</td>
<td>10.5</td>
<td>10.2</td>
<td>12.2</td>
<td>8.5</td>
</tr>
<tr>
<td>Put it in all toilets</td>
<td>No</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td>64</td>
<td>9</td>
<td>12</td>
<td>38</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>15.0</td>
<td>11.3</td>
<td>14.3</td>
<td>33.3</td>
<td>15.3</td>
<td>21.1</td>
<td>35.2</td>
<td>12.2</td>
<td>18.6</td>
</tr>
<tr>
<td>Provide more information</td>
<td>%</td>
<td>65.0</td>
<td>62.9</td>
<td>49.1</td>
<td>47.9</td>
<td>69.5</td>
<td>61.4</td>
<td>38.9</td>
<td>64.6</td>
<td>69.5</td>
</tr>
<tr>
<td>Vending machines in corridors</td>
<td>No</td>
<td>3</td>
<td>11</td>
<td>23</td>
<td>15</td>
<td>5</td>
<td>4</td>
<td>17</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>15.0</td>
<td>17.7</td>
<td>20.5</td>
<td>7.8</td>
<td>8.5</td>
<td>7.0</td>
<td>15.7</td>
<td>11.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Total</td>
<td>No</td>
<td>20</td>
<td>62</td>
<td>112</td>
<td>192</td>
<td>59</td>
<td>57</td>
<td>108</td>
<td>82</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The results in the table above reflect that there are significant differences in perceptions by learners from the nine schools in responding to the question on the strategies that might be employed to increase condom access in school ($\chi^2 = 65.312, df = 24, p = 0.0001$). The majority (411 out of 751) of the respondents suggested that schools should provide more information rather than access points such a vending machines. Even though percentages varied from school to school, the table depicts consistency across six schools that recorded above 60% in this regard, with Lihaha and Nangera, each with 69.5% citing the highest and Usivi, at 38.9%, recording the lowest.

Only 170 (22.6%) respondents advised that schools should put condoms in all (boys’ and girls’) toilets in attempt to increase accessibility to learners, with 89 out of 751 respondents (11.9%) indicating that schools should introduce vending machines in the corridors to allow learners to
obtain condoms unobtrusively. Interestingly, only 10.8% (81 of 751) recommended that schools should use other learners to distribute condoms to peers. The highest scores, at 16.1% (18 of 112) were from respondents at Keni School.

6.4.2 Perspectives on the provision of condoms in school

Results as to whether schools should make condoms available are presented below.

**Overall Result**

$H_0^3$ = Null hypothesis: The minority of learners believes that schools should provide them with condoms.

$H_1^3$ = Alternative hypothesis: The majority of learners believe that schools should provide them with condoms.

Of the 788 (out of 793) respondents, 79.1% indicated that schools should provide them with condoms. The results of the $z$-test for proportions indicate that there is sufficient evidence from the data to reject the null hypothesis, concluding that the majority of learners think that schools should provide them with condoms ($z = 16.34, p < 0.0001$).

**Gender Effect**

$H_0$ = Null hypothesis: No gender effect in the distribution of female and male learner belief that schools should provide them with condoms.

$H_1$ = Alternative hypothesis: A gender effect in the distributions of female and male learner beliefs that schools should provide them with condoms.

**Table 9: Learner perspectives on schools providing condoms**

<table>
<thead>
<tr>
<th>Should schools provide learners with condoms?</th>
<th>Gender</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>310</td>
<td>620</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>79.1%</td>
<td>79.1%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>82</td>
<td>164</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>20.9%</td>
<td>20.9%</td>
</tr>
<tr>
<td>No</td>
<td>%</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses
The chi-square test results established that there is no significant gender effect to this question as the same number of male (79.1%) and female (79.1%) learners said ‘yes’ ($\chi^2 = 0.00, df = 1, p = 1.000$).

**Age Effect**

$H_0 =$ Null hypothesis: No age effect in the distribution of learner beliefs on whether schools should provide them with condoms.

$H_1 =$ Alternative hypothesis: An age effect in the distribution of learner beliefs on whether schools should provide them with condoms.

**Table 10: Learner perspectives on schools providing condoms**

<table>
<thead>
<tr>
<th>Should schools provide learners with condoms?</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15-16</td>
<td>17-18</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>75.0%</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Total</td>
<td>No</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses.

The chi-square test results ($\chi^2 = 2.24, df = 4, p = 0.675$) established that there is no significant age effect to this question with only 12 (25%) of those in the 15-16 age range disagreeing. A similar trend was noted across all the age categories.
School Effect

H₀ = Null hypothesis: No school effect in the distribution of learner beliefs on whether schools should provide them with condoms.

H₁ = Alternative hypothesis: A school effect in the distribution of learner beliefs on whether schools should provide them with condoms.

Table 11: Learner perspectives on schools providing condoms

<table>
<thead>
<tr>
<th>School codes</th>
<th>Nyonga</th>
<th>Ntopa</th>
<th>Keni</th>
<th>Kakuhu</th>
<th>Lihaha</th>
<th>Etope</th>
<th>Usivi</th>
<th>Tantera</th>
<th>Nangera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>19</td>
<td>42</td>
<td>103</td>
<td>170</td>
<td>48</td>
<td>35</td>
<td>96</td>
<td>60</td>
<td>50</td>
<td>623</td>
</tr>
<tr>
<td>%</td>
<td>79.2%</td>
<td>62.7%</td>
<td>92.0%</td>
<td>83.3%</td>
<td>76.2%</td>
<td>62.5%</td>
<td>88.1%</td>
<td>69.0%</td>
<td>75.8%</td>
<td>79.1%</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>25</td>
<td>9</td>
<td>34</td>
<td>15</td>
<td>21</td>
<td>13</td>
<td>27</td>
<td>16</td>
<td>165</td>
</tr>
<tr>
<td>%</td>
<td>20.8%</td>
<td>37.3%</td>
<td>8.0%</td>
<td>16.7%</td>
<td>23.8%</td>
<td>37.5%</td>
<td>11.9%</td>
<td>31.0%</td>
<td>24.2%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Total</td>
<td>24</td>
<td>67</td>
<td>112</td>
<td>204</td>
<td>63</td>
<td>56</td>
<td>109</td>
<td>87</td>
<td>66</td>
<td>788</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses.

The chi-square test ($\chi^2 = 45.10$, $df = 8$, $p < 0.0001$) reveals that there are significant differences in the perceptions of learners from nine schools in responding to the question that schools should provide learners with condoms. Therefore, the null hypothesis is rejected on evidence of the chi-square test results.

Further, Table 11 above reveals that most of the schools recorded lower percentages of respondents who said ‘yes’ for schools to provide condoms to learners in comparison to respondents who said that they think that learners are sexually active and have sexual relations while at school (see Table 3). For example, 42 of 67 (62.7%) respondents from Ntopa said that schools should provide learners with condoms while there were 64 out of 67 (95.5%) respondents from the same school who said that they think that learners are in sexual relations while at school. The same trend was evident at Etope where 62.5% said ‘yes’ to condoms being made available at school while 96.4% expressed the view that peers are involved in sexual relations while still at school. Overall, the average percentage of respondents from the nine schools who said schools should provide condoms to learners is 79.1%, while 93.3% of the respondents from all nine schools confirmed that learners are in sexual relations at schools. This result confirms that while schools may be important conduits for the dissemination of condoms or information on condoms, they are not necessarily perceived as the primary source for either amongst learners.
**Reasons for to making Condoms Available in School**

Six hundred of 623 respondents who said ‘yes’ to the question on whether schools should provide learners with condoms (see Table 10) answered the question on reason/s why they thought schools ought to provide condoms. Some respondents gave multiple answers and thus the responses are not discrete but rather cumulative. Table 12 below depicts responses to this question.

Table 12: Learner perspectives on why the schools should provide condoms

<table>
<thead>
<tr>
<th>Reasons for schools to provide learners with condoms</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Teenage pregnancy is high in schools</td>
<td>No</td>
<td>196</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>64.7%</td>
</tr>
<tr>
<td>High rates of HIV and AIDS and STDs</td>
<td>No</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Learners are already sexually active and cannot be stopped</td>
<td>No</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>29.4%</td>
</tr>
<tr>
<td>Learners get condoms easily at school than other places</td>
<td>No</td>
<td>44</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>14.5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>303</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>51.1%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

Table 12 above indicates that 196 of 303 girls (64.7%) agreed that schools should provide condoms because teenage pregnancy is high in schools. This was the same reason given by 163 of 297 boys (54.9%) across the nine schools. The table reveals that protection against HIV infection and STDs were less common reasons for learners believing condoms should be made available. Only 73 girls and 83 boys of the total of 600 respondents made this observation. Some (203) respondents who gave reasons indicated that learners are already sexually active and thus should have condoms made available. At least 44 girls and 33 boys stated that learners get condoms more easily at school than other places such as clinics - making a compelling case for the former to make them available.

While there was general agreement amongst learners that condoms should be available, their experience of accessing condoms was different as I show in the section below.
6.4.3 Accessibility of condoms in school

In the following section, I present results from questions that sought to establish whether learners obtained condoms in school. In addition, they were asked to indicate the best possible method or strategy schools might employ to facilitate easy access. With regard to the former, the following overall hypothesis was tested, followed by results on either a gender, age or school effect.

**Overall Result**

$H_0 = \text{Null hypothesis:} \text{ The majority of learners obtained condoms at school.}$

$H_1 = \text{Alternative hypothesis:} \text{ The minority of learners obtained condoms at school.}$

Of the 774 (of 793) learners that responded to this question, only 43.3% indicated that they had obtained condoms in school. The results of the $z$-test for proportions ($z = -3.73, p < 0.0001$) indicate that there is sufficient evidence from the data to reject the null hypothesis; concluding that significantly less than 50% of the learners have obtained condoms at school.

**Gender Effect**

$H_0 = \text{Null hypothesis:} \text{ No gender effect in the distribution of female and male learner responses on whether they have ever obtained condoms at school.}$

$H_1 = \text{Alternative hypothesis:} \text{ A gender effect in the distribution of female and male learner responses on whether they have ever obtained condoms at school.}$

The chi-square test results ($\chi^2 = 0.64, df = 1, p = 0.425$) reveal that there is no significant gender effect on this question. Table 9 above shows that there is no difference between female (42.7%) and male (45.6%) learners who said “yes” to the question.

Table 13: Learner responses on if they have ever accessed condoms in school

<table>
<thead>
<tr>
<th>Have you ever obtained a condom in school?</th>
<th>Gender</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Yes</td>
<td>165</td>
<td>176</td>
</tr>
<tr>
<td>%</td>
<td>42.7%</td>
<td>45.6%</td>
</tr>
<tr>
<td>No</td>
<td>221</td>
<td>210</td>
</tr>
<tr>
<td>%</td>
<td>57.3%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Total</td>
<td>386</td>
<td>386</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses
**Age Affect**

$H_0 = \text{Null hypothesis: No age effect in the distribution of learner responses on whether they have ever obtained condoms at school.}$

$H_1 = \text{Alternative hypothesis: An age effect in the distribution of learner responses on whether they have ever obtained condoms at school.}$

<table>
<thead>
<tr>
<th>Table 14: Learner responses on if they have ever accessed condoms in school</th>
<th>Age</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15-16</td>
<td>17-18</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>79</td>
</tr>
<tr>
<td>%</td>
<td>36.4%</td>
<td>37.3%</td>
</tr>
<tr>
<td>No</td>
<td>7</td>
<td>133</td>
</tr>
<tr>
<td>%</td>
<td>63.6%</td>
<td>62.7%</td>
</tr>
<tr>
<td>Total</td>
<td>11</td>
<td>212</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses.

The chi-square test results show that there is no significant age effect on this question ($\chi^2 = 7.14$, $df = 4$, $p = 0.129$).

**School Effect**

$H_0 = \text{Null hypothesis: No school effect in the distribution of learner responses on whether they have ever obtained condoms at school.}$

$H_1 = \text{Alternative hypothesis: A school effect in the distribution of learner responses on whether they have ever obtained condoms at school.}$

<table>
<thead>
<tr>
<th>Table 15: Learner responses on if they have ever accessed condoms in school</th>
<th>School codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nyonga</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>%</td>
<td>27.3%</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
</tr>
<tr>
<td>%</td>
<td>72.7%</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses.

As shown in the table above, there are significant differences in the perceptions of learners from the nine schools in responding to the said question. Therefore, the null hypothesis is rejected.
based on evidence of the chi-square test results ($\chi^2 = 79.03, df = 8, p < 0.0001$); concluding that there is a significant school effect.

The results on whether learners have ever obtained condoms in school as exhibited in Table 15 show that a minority of (44.3%) of learners responded positively. However, the number varies from one school to another. Only three schools recorded above 50% of respondents who said that they had ‘ever’ obtained condoms at school. The highest percentage (67.9%) was recorded at Usivi, while only 19 out of 85 respondents (22.4%) reported positively to this question at Tantera. This number is considerably lower than the 79.1% of respondents from the former school who confirmed that schools should provide learners with condoms (see Table 10). The difference between the scores that acknowledge sexual relations amongst learners at school at the latter school (93.3% of respondents) is also significantly higher to the scores on who said they obtained condoms in school.

6.4.4 Distribution of condoms in school

The HIV and AIDS policy in education does not regulate the distribution of condoms in schools, instead leaving the decision to individual schools to decide on the method by which it makes condoms available to learners.

Learners were asked how and where they obtained condoms in school. Furthermore, they were asked as how they felt about the places where condoms are obtained with the view to gaining insight into learner perspectives and experiences. The category in this theme presents multiple responses to this question giving the overall results as well as the gender effect. The following hypothesis examined how, if at all, learners obtained condoms at school.
**Overall Result**

$H_0^6$ = Null hypothesis: The minority of learners either get condoms from other places out of school or condoms are not obtained anywhere at school.

$H_1^6$ = Alternative hypothesis: The majority of learners either get condoms from other places out of school or condoms are not obtained anywhere at school.

Table 16: Obtaining condoms by learners

<table>
<thead>
<tr>
<th>Inside the school</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library</td>
<td>224</td>
<td>29.5</td>
</tr>
<tr>
<td>Life skills teacher</td>
<td>79</td>
<td>10.4</td>
</tr>
<tr>
<td>TCE workers/AIDS clubs</td>
<td>20</td>
<td>2.6</td>
</tr>
<tr>
<td>Office/Staff rooms/Secretary's desk</td>
<td>91</td>
<td>12.0</td>
</tr>
<tr>
<td>Outside the school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nowhere/Not available</td>
<td>115</td>
<td>15.2</td>
</tr>
<tr>
<td>Other</td>
<td>230</td>
<td>30.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>759</td>
<td>100</td>
</tr>
</tbody>
</table>

Of the 759 learners that responded to this question, 45.5% indicated that condoms are not obtained anywhere in school or that learners obtain these from places other than schools. The results of the $z$-test for proportions indicate that there is sufficient evidence from the data to reject the null hypothesis and to conclude that significantly less than 50% of the learners either get condoms from other places out of school or condoms are not obtained anywhere at school ($z = -2.48, p = 0.0066$).

There were no significant differences between the responses by male and female participants to this question or between the responses in age categories.

Two-hundred and twenty-four (224) of 759 (29.5%) respondents who answered this item indicated that learners receive condoms from the school library while 91 (12.0%) respondents stated that learners obtain condoms from the administration block (office, staffroom or the secretary’s desk). Fifteen percent (115 of 759) of the respondents confirmed that condoms were not available anywhere in or out of school, whereas 230 (30.3%) indicated that learners obtained condoms from friends, Cuca shops\(^\text{14}\) or nearby clinics.

\(^{14}\) Cuca shops – is a term used in Namibia for shebeens selling alcoholic liquor. The name is derived from a Portuguese make of beer, which was available in Namibia and Angola during the 1960s to 1970s.
More girls (55.6%) than boys (36.8%) indicated that they obtained condoms from friends. The same was true concerning access to condoms from the hospital or nearby clinic; with 21.8% of girls compared to only 15.1% of boys claiming this to be the case. More boys (48%) than girls (22.5%) though, obtained condoms from Cuca shops.

6.5 Chapter Summary

From a large sample of learners in the region, the results were useful to establish (a) the prevalence of perceived sexual activity amongst learners in school, (b) perspectives on whether condoms should be made available in school, (c) whether and how condoms should be accessible, and (d) whether parents should grant permission for condoms to be made available in schools. Diverse responses revealed consistent patterns across schools with few deviations with regard to school effect on certain items. Overall though, the results reveal that the majority of learners perceive their peers to be sexually active and as having sexual relations while still at school. The majority agreed that condoms should be made available to learners in school. Respondents provided different reasons for this, with increased teenage pregnancy as a main concern that needed to be tackled through making condoms available. Some respondents also mentioned that condoms might reduce the risk of HIV infection amongst teenagers, whilst others pointed out that learners are already sexually active and thus cannot be stopped. Rather, learners felt that the sexually active learners should be provided with condoms. Most of the learners indicated that they easily access condoms at places other than schools, with a minority confirming that they ever obtained condoms in school. This component of the study also found that learners proposed the need more information on condoms to be made available, rather than only making the condoms themselves available.

While not the main study, such results were useful in a number of ways. First, they were used to make decisions as to which two schools should form part of the main study; decisions based on interesting and diverse learner responses. Second, they confirmed the need to make safe sex options available to learners given their sexual activity while still in school. Third, the results showed conflicting perspectives on whether schools should be the conduit for access to condoms and whether parents should provide consent. Such results not only offered valuable trend data to situate the main results, but also confirmed the impetus for the study.
The next three chapters that follow present the main findings of the study emerging mainly from qualitative data derived from focus group discussions as well as individual interviews with learners, teachers, parents, traditional leaders, traditional healers and religious leaders. Presented in first two chapters that follow are perspectives and experiences of overarching structures, and social and cultural practices respondents highlighted as influencing responses to making condoms available, accessible, and distributable in schools. Chapter 7 focuses on the social and cultural context outside of school while Chapter 8 pays attention to perspectives on condoms.

The final data chapter, Chapter 9, presents specific data on perspectives on the three main components examined in the study, namely the availability, accessibility and distribution of condoms in schools.
CHAPTER 7 INFLUENCES ON PERSPECTIVES AND EXPERIENCES IN MAKING CONDOMS AVAILABLE, ACCESSIBLE AND DISTRIBUTABLE IN SCHOOLS

7.1 Introduction
This is the first in three qualitative data chapters. Included in the current chapter and to situate the responses, are brief profiles of the two selected schools. As already indicated, respondents for the main study were selected after the results of the questionnaire were analyzed.

The current chapter introduces perspectives, beliefs and values that shape the meanings people attribute to their daily lives as they relate to childhood, sex, sexuality, virginity, marriage, pregnancy and schooling. Although the main focus of my study aimed to understand discourses that shape perspectives and experiences in making condoms available in schools, I recognized that schools are part of the community and that any understanding of what happens or should happen in schools is mediated by what is valued in the community. As the data I present in this chapter shows, people’s perspectives, beliefs, and positions on childhood, sex, premarital sex, virginity, and teenage pregnancy had an influence on their perspectives and responses to the availability, accessibility, and distribution to condoms in school and as such, were deemed important as a framing device to situate data on the latter presented in the Chapter 9. Chapter 8 presents yet another layer of influence, which describes perspectives on sexual activity amongst learners attending school, and their views on the quality of condoms. Chapter 7 provides a situational context to understand the views and experiences on the main research question: What are the dominant discourses shaping perspectives on the accessibility, availability, and distribution of condoms amongst learners, teachers, parents, religious leaders and traditional leaders and healers in some schools in the Kavango Region, Namibia.

Seven themes are presented in the current chapter, with the first on participant conceptions of childhood. This section shows how as a socially and culturally embedded concept, it is not only gendered but also sexualized. Importantly though, my data reveals conflictual understandings of the term that create tension for adults in making decisions on who is considered a ‘child’, features taken into account in making such decision and the implications this has for who is considered ‘ready’ for sex and/or marriage. This chapter continues with data that describes
participant perspectives on the transition from childhood to adulthood benchmarked, as my participants proposed, by sex and marriage and not age as a transition marker. This section is followed by data on views on ‘teenage’ pregnancy and early marriage that, as I show, present a challenge to participants whose frames of reference differed from those that shape policy and curriculum imperatives guiding school practices.

The school profiles follow below.

### 7.2 School profiles

Ntopa and Tantera Senior Secondary were the two schools selected for the main study.

#### Ntopa School

With an enrollment of 870, this Senior Secondary School offers tuition for Grades 8-12. There were 419 boys and 451 girls in 2012. It is situated in Rundu, the regional capital of Kavango Region, one of 13 education regions in Namibia. The school has a staff establishment of 25 teachers (20 males and 5 females). It is a boarding school where 580 learners live in the hostel. Twelve girls dropped out of school due to teenage pregnancy in 2011.

The school is located in a cosmopolitan area and the principal confirmed that learners are from different backgrounds and tribes. Learners who are in the hostel are mainly from remote areas outside town, whereas day-scholars mostly live with their parents or guardians. Parents who are in Rundu come from different tribes and some have a better educational background, unlike parents from rural areas where most hostel boarders are mostly local people born in Kavango Region. As the quantitative data in Chapter 7 showed, most people in the contexts where the school is situated are Christians belonging to different faiths.

The school participates in the HIV and AIDS intervention program, “My Future is My Choice”, which is mandatory for all secondary schools. Volunteers from a non-governmental organization, ‘Total Control of Epidemic’, also have regular awareness activities with learners during the afternoons.

According to the information from the hostel superintendent, learners who are in the hostel are only allowed to go out during the home-weekends or go to the clinic when they are sick. The home-weekends happen once a month. Apart from that, hostel boarders are expected to remain on the hostel premises without exception.

There are adequate health facilities around town, which include a referral hospital, four government clinics, three private clinics and two pharmacies that provide condoms in public amenities.
Tantera School
Like Ntopa, Tantera Senior Secondary School also offers tuition for Grades 8-12. With 390 boys and 262 girls, it enrolled 652 learners in 2012. The school has a staff establishment of 25 teachers (14 males and 11 females). The school reported 16 cases of teenage pregnancy in 2012. The principal revealed that most of the learners are predominantly from one tribe that lives in the tribal district where the school is located. The majority of people in the area where the school is located are Christians who hold Bible teaching in high esteem. Traditional practices of early marriage are common in this area, where youth get married at about 18 years of age as long as their parents approve. The principal shared that though teenage pregnancy is high, some parents within this community and from the school’s catchment areas don’t see it as a problem since they regard getting grand-children as a blessing from God and a way to add to the family.

Tantera School is also a boarding school, with the majority of learners (462) being boarders. The school is located 30km from the capital, Rundu. The hostel superintendent shared that most of the learners who are in the hostel come from remote villages that are up to 150km from the school. Some of the villages where these learners come from do not have shops or health facilities such as clinics. All the necessary items are bought at places that are up to 60km from their village. Most of the elders in the areas are unemployed and do subsistence farming for a living. The majority of parents in these remote areas have limited education.

Hostel boarders are bound by the rules not to go out of the school premises and are only released to go to the clinic when they are sick. Like Ntopa, this school also has a monthly home-weekend policy, where boarders are allowed to go home once a month. There is a clinic near the school, which operates until five o’clock. The Life Skills teacher revealed that learners are informed about HIV and AIDS through the extra-curricular programme, “My future is My Choice.”

The brief profile above confirms the importance of schools as being in loco parentis - an aspect that cannot be underestimated in a context where the majority of learners reside in hostels.

7.3 Conceptions of childhood, being a teenager, and adulthood
The data revealed that the concept of childhood is contested and is controversial and therefore shapes responses to the questions posed in this study. These data also showed that responses were gendered and culturally embedded. Traditional leaders, traditional healers, and religious leaders provided conflicting definitions of childhood and at times, alluded to different phenomena. Common amongst this group though, was a notion that in the community where the study is located, childhood is delineated by a stage of life and not necessarily by an age category as conceptualized in policy and curriculum statements. The three traditional healers ascribed events as critical moments in distinguishing childhood from adulthood, with Mr. Ngoma proposing that the former is the stage between birth and marriage. For him, a child “can be young (by age) but will be considered an adult the moment he/she gets married” (ITH:

15 Rural districts in Kavango region are divided into five tribal areas (Ukwangali, M bunza, Shambyu, Gciriku and Mbukushu) and each one falls under a certain traditional authority. This practice emanated from the apartheid regime where people were divided into homelands and this arrangement of where people live still prevails in Kavango region.
29/09/2013). Mr. Mbudu concurred, stating that childhood marked the stage when any young person is not yet independent. He said, “[C]hildhood refers to young people who are not able to look after themselves; the ones who are under the care of their biological parents or guardians” (ITH: 30/09/2013). Ms. Mpindo shared sentiments similar to those of her fellow traditional healers by stating that childhood is a stage when boys and girls are “... still living with their parents and have not started their own families” (ITH: 28/09/2013). Amongst this group, independence and marriage were key markers that distinguished childhood from adulthood.

Similarly, traditional leaders described life stages rather than age as delineating childhood from adulthood, with independence and responsibility marking the transition for males and menstruation and marriage being key indicators for females. Mr. Hausiku, one of the traditional leaders, defined childhood as, “... a period when a child is born until he/she reaches a stage of getting married.” He went on to say, “[I]n the past, this process was fully in the hands of the parents where they were expected to nurture these young ones to become fully responsible wives and husbands” (ITL: 01/10/2013). Another traditional leader, Ms. Mpande, offered a similar definition, putting it this way:

Children start from the time a child is born until he/she gets married. For a boy-child, this stage ends when he comes back from his first contract work in a mine, factory, farm, construction work or any other work that would enable him to get his own income to pay the dowry and start a family. From there he is given his wife and is declared a man. The length of this stage for the girl-child was entirely determined by the parents as well as the husband they have selected for her. Sexual initiation was usually done after the girl’s first menses [menstruation] and thereafter, she is recognized as a grown-up and ready for marriage (ITL: 06/10/2013).

Perspectives on childhood were gendered with participants referring to expected norms for ‘girl-children’, which were different to those for ‘boy children’. Readiness to take on adult roles amongst girls was measured by menstruation and for boys, by their ability to provide for their families. Moreover, marriage was constantly referred to as a benchmark towards adulthood.

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10 Contract work refers to an apartheid contract labour system where indigenous Namibian men were offered temporary employment through agencies to work in mines, factories, farms, construction work etc. depending on their health and work abilities.
When probed about the idea of ‘teenage’ and ‘teenager’, it became evident that for many participants, this concept was relatively novel. In fact, in the local languages spoken in the community, neither the word nor the concept existed. Mr. Naiteta, one of the traditional leaders, confirmed that they treat what might be referred to as ‘teenager’ and childhood as the same. He said, “[I]n our culture, a child is just a child from birth until marriage, and we treat them as the same” (ITL: 08/10/2013). His peer, Mr. Hausiku, put it this way, “[I]n our culture, we don’t separate them into categories; we treat them as children for the purpose of molding them properly to be successful in their future life” (ITL: 01/10/2013).

In this community, the institution of family (especially parents) seemed to have the power to determine the transition from childhood to adulthood, with menstruation, employment, and marriage used as measures not only to determine young people’s level of maturity but also their readiness for adulthood. It became evident too that the transition from childhood to adulthood was not measured by chronological age but rather, by milestones. Marriage, as I show later on, was the only permissible space legitimating sexual relations, and was thus a yardstick for transition into adulthood and by implication, a time when a child is considered competent to make individual decisions, including sexual choices. While such a transition was marked by significant events, Ms. Mpindo, one of the traditional healers, acknowledged shifts in practices, primarily due to schooling and more recently, employment opportunities that made youth decide on work rather than marriage as the first step towards adulthood. She said, “[T]hings have changed these days. Children are no longer growing fast like in the past. They are treated as young for a longer period, which is resulting in many of them getting married at a very late stage. They are spending much time in school and looking for employment before they think of marriage” (ITH: 29/09/2013). Her counterpart, Mr. Ngoma, shared similar sentiments. He made the point that, “[I]t is difficult to follow the old tradition of maturing too early. There is no more contract labour system where young men can go to get income before marriage. People now depend on getting education for life” (ITH: 26/09/2013).

The views above were consistent with those expressed by traditional leaders, religious leaders and parents. For example, Mr. Naiteta, one of the traditional leaders, put it this way, “Children were only young up to their first menses [menstruation], thereafter they were declared adults
and ready for adult activities including marriage” (ITL: 08/10/2013). Ms. Nambara from Tantera confirmed the parents’ experience and said, “[P]arents were charged with responsibilities to observe the transition of their off-springs from childhood and adulthood. This was done through witnessing events such as menses [menstruation] in girls” (FGDP: 24/05/2013). Her peer, Mr. Shangongo recalled, “[T]he stage that we call children might not necessarily correspond to what it was called in the past. Institutions such as schools and churches have distorted a lot of things since current communities have now different perspectives as who is a child compared to what it was known before” (FGDP: 28/05/2013).

Religious leaders also acknowledged the prolonged process of the transition from childhood to adulthood. Deacon Hamunyera said, “[R]eligious progression of individual members brought a new dimension in the conception of childhood. Processes such as baptism and confirmation result into a delay in the maturity path of children” (FGDRL: 05/10/2013). Pastor Muranda added, “[C]hurch procedures confine children to a prolonged stage in childhood because in many churches, children are only confirmed as youth members of a congregation after 17 years and thereafter take another five to six years before they are declared adults and ready for marriage (FGDRL: 05/10/2013). Pastor Ndoko emphasized, “[R]eligious pathways that a child has to go through to transcend to being an adult is longer than in the traditional society. A child must first be baptized, take some years before he/she is confirmed as a youth and thereafter he/she is nurtured through to become a fully-fledged adult” (FGDRL: 05/10/2013).

Participants acknowledged that current practices regarding the transition from childhood to adulthood were shaped by schooling as an institution that prolonged childhood. Emanating from this is a tension about how decisions on matters of sexuality are made, and who legitimately make them. While school subscribe to the categories of ‘teenager’ and ‘adolescent’, more traditional members of the community lack the language to make such a phase of development, and thus participants felt that children were not able to and indeed should not make their own decisions on sexual matters in general and - as I show in the next chapter - decisions on condom use in particular. Thus, in not recognizing or possessing a language to describe ‘teenage’ or ‘adolescence’ as a life stage, adults in this community were able to exercise dominance over
young people’s sexuality even though in practice, as the quantitative results show, students were in fact sexually active.

Sexual matters were not only mediated by conceptions about the childhood/adulthood interface, but also by perspectives on sex, pre-marital sex, ‘early’ marriage, and virginity, as I detail below. It was evident in the discussions that perspectives on the above framed understandings and responses to sexual matters, not only highlighting the sanctions, prohibitions, and affordability but also who held the power to sanction, prohibit or condone sex-related practices. Importantly too, the data provided evidence to understand the context in which sex was permitted.

7.4 Perspectives on sex, premarital sex, and early marriage

Parents, traditional and religious leaders as well as traditional healers all indicated that there is a close link between premarital sex and early marriage. They agreed that early marriage has a long history and, in providing justification for such a practice, many proposed that early marriage prevented premarital sex that might lead to unwanted pregnancy. As with childhood, views on premarital sex and early marriage were also gendered, with traditional leaders referring to a belief that if young girls are left unmarried soon after they start menstruating, they would engage in premarital sexual relations. Mr. Hausiku said, “[S]ingle girls were considered vulnerable to premarital sex because all men would want to propose to them. The solution was to let girls marry as early as possible (ITL: 01/10/2013). Sharing the same sentiment Ms. Mpande, also a traditional leader, stated, “[E]ngaging in premarital sex is a most embarrassing thing in many communities around here and is punishable in a traditional court. Early marriage helped a lot because girls did not need to look for sex elsewhere since they have their husbands close to them” (ITL: 06/10/2013). Striking in the discussions with traditional healers were references to the ideal rather than the current reality of what was happening amongst youth in the community regarding pregnancy. Put differently, this group did not acknowledge that young women were falling pregnant even though they were unmarried, a practice particularly rife amongst school-going youth. Parents also shared the same views. Ms. Veijo from Tantera stated, “It was better for young girls to marry early to avoid being tempted to engage in premarital sex. (FGDP: 24/05/2013). Correspondingly, Mr. Shangongo, a parent, pointed out that “[E]arly marriage
controlled premarital sex because most members of the society were already married exactly at the time they become sexually active” (FGDP: 28/05/2013).

Religious leaders, on the other hand, acknowledged that premarital sex amongst ‘teenagers’ was rife but condemned the practice as going against religious norms and beliefs. They argued that it is a sin since sex belongs in the covenant of marriage. Deacon Hamunyera said, “[S]ex before marriage is ungodly and children should be taught about complete abstinence” (FGDRL: 05/10/2013). Pastors Muranda and Ndoko as well as Deacon Nambase all indicated that premarital sex lies at the intersection of a broad set of problems facing girls. Apart from sex before marriage being a sin, they cited other implications such as it curtailing girls’ education and constraining their general life chances. Pastor Muranda pointed out, “[P]remarital sex is a hidden crisis because the victims are overwhelmingly young and poor girls who don’t know the disadvantages, and get involved in such affairs” (IRL: 20/09/13). Similarly, Deacon Nambase alluded to premarital sex mostly taking place between partners from different age groups and that it impacts females more negatively than it does males. He said, “[P]remarital sex is one of the practices we are discouraging among our members. It destroys girls’ potential and reinforces gender inequalities because most of the affairs are between young girls and older men” (IRL: 20/09/2013). As noted, their views were premised on religious grounds, generally acknowledging the unequal gender implications.

Rather than only describing views on premarital sex as a practice to be discouraged because it is sinful, religious leaders also commented on the consequences of early marriage for young females especially. Three of the five claimed that both premarital sex and early marriage predisposed females to gender-based violence. Pastor Kathimo and Deacon Hamunyera shared that premarital sex and early marriage create conditions that expose girls to poverty and violence. Pastor Kathimo said, “... young girls who engage in premarital sex with older men are often abused because they entirely depend financially on them” (FGDRL: 05/10/2013). Deacon Nambase said that premarital sex posed a health risk for girls because such relationships often occurred between young virgins and older men are were already sexually active. He said, “... these men might be HIV-positive or infected with STIs as they have been in different sexual relationships before. As a result, the poor girls suffer the consequences of getting these diseases”
(IRL: 20/09/2013). Despite acknowledging not only the health and economic risks faced by females in particular, but also their vulnerability to gender-based violence, religious leaders still discouraged condoms being made available to youth, as I show later in Chapter 9.

Premarital sex was discouraged within this community despite knowledge different members of it were fully aware that youth are sexually active. Learners themselves acknowledged the pervasiveness of sexual activity. Instead, as I illustrate in the next section, various leaders and healers valued virginity and promoted abstinence and chastity in the midst of evidence that showed high HIV prevalence amongst youth (compared to the national profile) as well as that unwanted teenage pregnancy was rife in this community.

7.5 Custodianship, family honour, sex, virginity, and early marriage
The data showed that safeguarding virginity was one of the reasons adduced to support the traditional practice of early marriage. Cultural, religious, and gender beliefs interplayed with views on the preservation of virginity. First, it emerged that culturally, virginity was not only valued, but also honoured, rewarded, and celebrated. All three traditional leaders who participated in this study confirmed this perspective. Mr. Hausiku, a traditional leader, stated that parents of a virgin bride were always rewarded during their daughter’s wedding. He said, “It is a prestige for parents to keep their virgin-daughters until marriage since they are rewarded with additional cattle as the dowry by the son-in-law and his family” (ITL: 01/10/2013). Mr. Naiteta, also a traditional leader, shared that in accordance with the Kavango traditional cultural practice, there was a celebration immediately when the marriage was consummated and the bride was found to be a virgin. He put it this way, “[T]here is also an additional celebration once it has been confirmed that the bride is a virgin. Everybody in the community will know about this. It is a big event. Every parent wishes that their daughter finds herself in such a situation” (ITL: 08/10/2013). Ms. Mpande, the third traditional leader, described the excitement of celebrating the bride’s virginity as a status every woman would like to go through to gain respect from her husband’s family and the entire community. She emphasized that it was for this reason that early marriage was encouraged. She said,

Parents are skeptical that their daughters will remain virgins for a long time, so the earlier they marry, the better. It was not advisable to keep the girl single for a long time
after her menstruation because she can easily fall into temptation and lose her virginity. It was not just possible to forfeit that opportunity of celebrating her virginity, which was also a feature of good parenthood (ITL: 06/10/2013).

Complementing the views above, in focus group discussions, some parents noted that early marriage safeguarded virginity and guaranteed sexual purity before marriage. These parents indicated that a ‘virgin girl’ was viewed as sacred and that she symbolized sexual purity since she would be a value to the potential family into which she married. Ms. Veijo from Tantera stated, “[I]t is a dream for every mother to raise a daughter who is humble and committed to honouring her virginity until marriage” (FGDP: 24/05/2013). From the same school, for Ms. Nambara and Mr. Mbambero, virginity was also of prestige value. Every girl, they proposed, needed to safeguard it; not for the sake of their own health or physical safety but to uphold and safeguard the family name. Correspondingly, three parents from Ntopa pointed out that a leading benefit of early marriage was girls’ ability to remain virgins until marriage. Mr. Shangongo stated, “Even though early marriage has its fair share of disadvantages, that practice needs to be commended for its contribution to the control of sexual intercourse without the blessing of a Church-sanctified wedding” (FGDP: 28/05/2013). In the same vein, Ms. Mate added, “[E]arly marriage reduces uncalled-for premarital sex which teenagers are engaging in these days for pleasure, and which is contributing to the creation of a polluted female body” (FGDP: 28/05/2013). According to this logic, losing one’s virginity before marriage was viewed as harmful to the girl’s reputation since she would be viewed as ‘deflowered’. For most of the parents, the only way to retain the honour was to have girls remain virgins until the sacred ritual of a church-sanctioned wedding. This, they claimed, had to be done before they were tempted to engage in sexual relations. The expectation that girls should preserve their virginity revealed the gendered nature of discussions as no emphasis was put on boys’ remaining virgins until marriage. The link between virginity and early marriage as a mechanism to preserve family honour (and not also for health safety) was noted in responses by this cohort of parents and community leaders.

Apart from the aforementioned reasons, parents held that their responsibilities and authority as preservers of girls’ virginity was called into question when the latter lost their virginity before
marriage. In other words, parents deemed it their responsibility to guard and control girls’ honour so that they would be in a position to ‘give away’ ‘pure’ girls’ in marriage. Ms. Nambara from Tantera said, “[F]amilies advocate for early marriage to avoid the situation of being seen as lacking sound morals and allowing their daughters to engage in sex before marriage” (FGDP: 24/05/2013). Ms. Mate from Ntopa concurred and put it this way, “[W]e have a responsibility to ensure that our daughters remain virgins until marriage. However, this is a difficult undertaking as children are not easy to control. That is why our counterparts in the past used to encourage their daughters to marry as early as possible to avoid the embarrassment of giving away a bride who is not a virgin to her spouse” (FGDP: 28/05/2013).

Mr. Manyengo a parent from Ntopa explained that parents were very restrictive with their daughters while they are still young and in this way, are able to observe all their movements. He acknowledged the fear parents have that girls might become out of control and do something unbecoming when they grew older. As a result, they opted for early marriage to circumvent possible sexual transgressions prior to marriage. He said, “[W]hen girls are young, the girl’s parents can easily to control them. However, when they grow, they become stubborn and demand their rights. Hence, the best is to let them get married early to protect them from engaging in premarital sex; that parent will not be able to handle them (FGDP: 28/05/2013).

Another parent from the same school, Ms. Mate added, “[T]he advantage of letting girls get married while still young is that parents are be able to control them but when they grow older, parents run the risk of not being able to supervise them properly” (FGDP: 28/05/2013).

Parents further discussed the overwhelming support community members with moral authority such as traditional leaders, religious leaders, teachers, and peers exercise in an effort to sustain the practice of virgin brides. In recalling the past, four parents highlighted that community members of the immediate social group to which young girls belonged, helped to preserve young female virginity. They conceded that it was more difficult to do so in recent times; given the practice of young girls having sex with older men. Mr. Shangongo from Ntopa pointed out, “[P]remarital sex was collectively condemned and there was no room for it. Unlike today where some elders instigate young girls to have sex with them” (FGDP: 28/05/2013). Mr. Mbambero and Ms. Veijo from Tantera also mentioned that in many contexts, community members were
conscious of who was the prospective husband of each girl in the community since spouse selection was done reasonably early. As a result, they policed the actions by girls who were compelled to be honest about the sexual relations they might have before marriage. Surveillance of girls within and outside immediate family structures put pressure on them to remain virgins until marriage. Ms. Mate from Ntope and Ms. Nambara from Tandera shared similar sentiments concerning the consequences of girls having sexual relations before marriage. They explained that single women who had sexual relations before marriage were perceived as particularly unsafe in the sense that they were seen to be ‘loose’ as well as easily available to men who would be likely to take advantage of them. Ms. Mate said, “Single women who engage in premarital sexual activities lose their respect in the society and are being considered as prostitutes” (FGDP: 28/05/2013). Ms. Nambara said, “[G]irls lose their reputation and will be regarded as not marriage material as a lot of men will look down on them” (FGDP: 24/05/2013). In their view, girls in this category lost the opportunity to be positioned as serious marriage contenders because they would be regarded as being sexually out of control. Little or nothing was said about boys and the expectation concerning virginity and purity. Further, respondents were silent on boys’ moral conduct or sexual activity before marriage.

As I will show later on in the next chapter, the arguments above resonate with the notion of custodianship and control over youths’ sexuality by parents. Adult participants continually referred to a collective effort by people in the community to discourage sexual relations amongst young people. They proposed surveillance and vigilance by community members with moral authority to condemn premarital sex which was regarded as immoral. It emerged that the social incentives to preserve virginity did not take into account that learners were sexually active and precluded any discussions on protective methods that could allow teenagers to engage in sexual relations but still be protected from HIV infections, STIs and unwanted pregnancy. Such views, as the data in the Chapter 10 shows, had an influence on participants’ perspectives on the role of schools in making condoms available and accessible.

While virginity was prized in the community, tension arose between the need for females to prove fertility and the ability to produce an ‘heir’ and the requirement to remain virgins. The section below provides evidence on such a tension.
7.6 Fertility, early pregnancy, and ‘readiness’ to marry

The meaning assigned to ‘teenage’ pregnancy varies among different cultures and religions, as do its implications and consequences. As earlier stated, the concept of ‘teenage’ was not commonly subscribed to in the community where the study was conducted. Respondents also did not assign value to age as an indicator of maturity or adulthood and as such, had conflicting views on pregnancy, youth and its link to fertility. Such views demonstrated the difficulty respondents had with the use of condoms in general, and making these available as disease preventive and safe sex mechanisms.

Many confirmed that pregnancy was only acceptable if it occurred within marriage. However, parties did not agree on the appropriate childbearing age as their perceptions on the ‘right’ age for marriage varied. Traditional leaders and traditional healers shared contexts in which ‘teenage’ pregnancy was socially acceptable. They pointed out that pregnancy was only acceptable in marriage as a source of status and for a girl-child to confirm her entry into adulthood. Ms. Mpande, a traditional leader, and Ms. Mpindo, a traditional healer, shared similar views indicating that pregnancy constitutes an important element in marriage due to the value attached to fertility. They alluded to childbearing being frequently the single most important element of women’s status as it is signaled the ability to produce an heir. Ms. Mpande said, “[Y]oung brides are expected by their husbands and in-laws to demonstrate their ability to conceive soon after the marriage and pregnancy in this regard is cherished” (ITL: 06/10/2013). In the same vein, Ms. Mpindo emphasized, “[T]here is a sort of trial period immediately after the wedding (about six months) to prove fitness by the couple and fertility is a core aspect” (ITH: 28/09/2013). Similar views were expressed by the other two traditional leaders, Mr. Hausiku and Mr. Naiteta, who claimed that community members don’t have a problem seeing a girl pregnant regardless of her age as long as she is officially married. Mr. Naiteta put it this way, “[T]hat is a sign that the wedded couple have started their own family and are ready to have their own offspring. No community member will frown on this” (ITL: 08/10/2013).

All five religious leaders also indicated that youth becoming pregnant outside marriage is a wrong practice and early marriage ought to be discouraged. Deacon Nambase put it as,
“[P]remarital sex that is a single leading cause for youth falling pregnant is wrong and is driven by the devil’s advocacy that make people disregard Bible teachings” (FGDRL: 05/10/2013). Deacon Kathimo and Deacon Hamunyera also expressed that youth falling pregnant and child marriage is ungodly and demands a collective effort to address it. Deacon Kathimo said, “[E]arly marriage and pregnancy before marriage are all results of defiling one’s body and Christians ought to be guided properly to protect themselves from falling prey to these temptations” (IRL: 26/09/2013). Deacon Hamunyera emphasized that, “… pregnancy among the youth and early marriage interferes with the Christian path of upbringing since youth members become victims of social evils. All adults should join hands to curb this problem” (IRL: 24/09/2013).

Traditional leaders, traditional healers and religious leaders indicated that pregnancy before marriage is not only viewed as a social problem, but that it is actually prevalent. For this cohort, pregnancy outside of marriage interfered with marriage prospects and it also brought the family name into disrepute. Ms. Mpande, the female traditional leader and Ms. Mpindo, the female traditional healer stated that pregnancy outside of marriage generates stigma for girls and their families since it happens outside of the traditional norms of accepted behaviour. Ms. Mpindo expressed, “[I]t is a disgrace to the family if a girl falls pregnant before marriage. That means that she will have a kid out of wedlock and will forfeit the opportunity of celebrating her virginity during her wedding” (ITH: 28/09/2013). Sharing similar views, Ms. Mpande mentioned, “[F]alling pregnant before marriage portrays a poor upbringing from the side of the parents. Such families will be laughed at by other community members for their failure to produce a virgin-bride. Girls who have children before marriage are not highly respected by their husband’s family because they are regarded as second-hand brides” (ITL: 06/10/2013).

The idea of contraception and who had access to this, as I show below, was contentious given the need for girls to prove fertility.
7.7 Contraception and fertility

Data from the interviews with the traditional leaders and traditional healers also defined who was entitled to access contraception. It became apparent that contraception was socially controlled; with religious leaders referring to church policies that restricted their use. Ms. Mpindo, one of the traditional healers, said, “[R]eproductive health services are only accessible to married couples as women are always expected to be accompanied by their husbands when they need any family planning medication” (ITH: 28/09/2013). Ms. Mpande, a traditional leader, made the following comment, “[F]amily planning is not a common traditional service and in many cases, it is out of bounds for single adolescents” (ITL: 06/10/2013). While traditional leaders and traditional healers confirmed that condoms can serve as contraception, they indicated that it should not be encouraged amongst unmarried youth. Mr. Ngoma expressed, “[T]he society should not take comfort in the safety that condoms offer. I think it is not meant for those who are not married” (ITH: 26/09/2013). His counterpart, Ms. Mpindo, shared similar sentiments. She made the point that, “[C]ontraceptives are mainly acceptable within marriage. Hence, I don’t see the point why condoms should be used for this purpose by the unmarried people” (ITH: 28/09/2013).

Religious leaders were divided on family planning; resolute that condoms should not be promoted amongst youth. They all advocated for young people to completely abstain from sex until marriage, embedding their arguments for it in the principles of purity, and fearing and honouring God. For example, Deacon Nambase said, “[I]n the Catholic Church, all forms of contraception are forbidden as they compromise the fundamental message of abstinence” (FGDRL: 05/10/2013). Most common arguments were underpinned by the religious belief of sex for conception and not pleasure and that any effort to provide contraception will undermine the Christian principle of chastity and purity till marriage. Pastor Muranda elaborated,

Children should know that their bodies are the temple of God and engaging in premarital sex [even when they are using contraception] is unholy because they are disregarding the commitment of looking after the temple of God. They should be faithful and be willing to obey the commandment of not committing adultery (IRL: 20/09/2013).
It also emerged that customary laws and religious policies had measures, such as fines and depriving ‘transgressors’ of membership privileges to control pregnancy among the youth as I show in the next section.

The above notwithstanding, there was some contradiction in participant responses with regard to fertility and its intersection with early pregnancy. In other words, some community members acknowledged that while having a child outside marriage is frowned upon, it nevertheless proved fertility. They also proposed that children are a blessing from God, whether in or outside marriage. For example, one of the traditional leaders, Ms. Mpande pointed out that,” [H]aving children is a prestigious thing in the community as many people regard it as a blessing from God and an identity of a family” (ITL: 06/10/2013). Similar views were expressed by some parents. Mr. Manyengo, for example, explained, “[C]hildbearing is a sign of one’s ability of reproduction and people have sentimental value to their own fertility [and that of their family members and acquaintance] because it is considered as a blessing from God” (FGDP: 28/05/2013).

7.8 ‘Early’ pregnancy outside marriage, surveillance, and punishment

Traditional leaders referred to customary laws that control pregnancy outside marriage. It emerged that though such laws were culturally embedded, they were also gendered because young girls seemed more often to bear the brunt and for longer than their male counterparts. Mr. Hausiku admitted though that customary laws were more effective when they were young, helping as he said, to curb pregnancy amongst unmarried young girls. He admitted that such a practice has been weakened these days by sensitization to human rights. He said, “[I]mpregnating a young unmarried girl is punishable by our customary laws. A culprit is fined three cattle for the damage. Unfortunately, these days people do not respect these laws any more as they claim that it is their right to have sex before marriage” (ITL: 01/10/2013). Similar views were expressed by Ms. Mpande who pointed out, “[C]ustomary laws are clear and contributed to the control of teenage pregnancy in the past. However, these days people will refer you to the constitution and claim that it was not rape” (ITL: 06/10/2013). For Mr. Naiteta, early pregnancy is on the increase because people no longer respect or fear customary laws. He said, “[O]ur
youth today are careless to an extent that they disregard all the customary laws and the consequences of this is that they fall prey to early pregnancy” (ITL: 06/10/2013).

All religious leaders also pointed out that punitive measures exist in the church as a form of control against sexual activity before marriage. They agreed that young girls who become pregnant or males who impregnate girls are placed under church discipline. Two religious leaders stated that though they don’t condemn those who have sinned, the church provides youth with a second opportunity to come back to God for forgiveness and restoration. They proposed different disciplinary practices consistent with their denominations and doctrines. These included withdrawal from church activities such as being a member of a Church choir or any other standing committees for youth; sitting in an isolated set of chairs or benches during any church service or being debarred from receiving Holy Communion. Some denominations also openly ‘shamed’ the ‘perpetrator’ by openly announcing their ‘indiscretion’ to the church membership. Pastor Muranda elaborated,

We have a process which they have to undergo before they enjoy the benefits of full membership again. What we do is we disengage them from the activities of the church and we let every Church member to know about it. Thereafter, we take them through counseling and we ask them to evaluate themselves as well as to ask for forgiveness from the congregation (IRL: 20/09/2013).

Deacon Kathimo and Deacon Hamunyera also expressed that boys and girls who found themselves in pregnancy-related transgressions were banned from Church activities as a process of self-reflection and time to learn or become reacquainted with church morals. Deacon Kathimo said, “[W]e restrict them from church activities so that they learn that they have committed a sin. Thereafter, they attend Bible study sessions to instill church morals into them” (IRL: 26/09/2013). Deacon Hamunyera emphasized that, “... the practice of removing some privileges from them is seen as an approach to teach them as well as other youth members that sex before marriage is sin and unacceptable in the church’s code of conduct” (IRL: 24/09/2013).

Pastor Ndoko offered a slightly different view, explaining that while the church held similar rules to the above, he decided to change from the traditional method of banning teenagers who have ‘sinned’ from church activities. For him, it was important to combine the separation from church activities with knowledge on how not to repeat the ‘offense’. He elaborated,
In my former ministry there were some disciplinary measures against youth who fall pregnant. But I came to realize that the person involved in the transgression still needs help because for me, I have seen people who were punished for six months but still repeat the same thing. That means that teenagers lack necessary knowledge. As a pastor, you really need to take these things seriously; like provide counseling so that they can be able to overcome sexual temptations and not repeat the mistake (IRL: 20/09/2013).

The data above shows the complex link between religious beliefs, sex, and punishment with religious and traditional leaders, in particular, believing that traditional and/or religious norms ought to serve as the preventer, buffer or substitute for contraception - despite overwhelming contrary evidence of high teenage pregnancy and high (relative to the national average) HIV prevalence amongst youth in the region. Put differently, abstinence was advocated despite knowledge that youth are sexually active; with community members advocating solutions (abstinence) that seemed inappropriate for the challenge at hand. On the one hand, respondents acknowledged that the long period of time young people stay in school extends childhood with youth not exercising independence and responsibility, and in their view, creating the challenge of ‘teenage’ pregnancy. On the other hand, respondents acknowledged the value and benefits of education and recognized the inherent inequities when a girl became pregnant, because she suffered long term ‘punishment’ or the negative effects, whereas boys seemed to not suffer such consequences. I highlight these contradictions in the section below.

7.9 Contraception, early pregnancy, schooling, and gendered life chances

The notion of early pregnancy is historically situated and culturally embedded. Views on this phenomenon were important because they showed how participants made meaning of issues related to sex and sexuality as well as their perspectives and position on condoms as a method of contraception and disease prevention. The perspectives in this section also shaped beliefs on making condoms available and accessible in school. What follows are perspectives on contexts participants identified where ‘teenage’ pregnancy was acceptable as well as on measures to control unwanted pregnancies in the community. This section also presents views on how the modern notion of schooling has changed perceptions on pregnancy.

Respondents acknowledged that perspectives on pregnancy have changed over time. Most pointed out that in recent times, early pregnancy is increasingly diametrically opposed to
educational attainment. Parents in particular, acknowledged the gendered nature of this phenomenon and the extent to which it disadvantaged girls. They pointed out that one of the severest injustices suffered by young girls who fall pregnant is the denial of education. They cited that premature pregnancy kept many girls out of school; something they admitted diminished girls’ opportunity for a better life. Mr. Shangongo, one of the parents from Ntopa, explained, “[U]nplanned pregnancy has a detrimental effect on teenagers’ education. Once pregnant, very few teenagers make it back into school” (FGDP: 28/05/2013). In agreement, both Ms. Mate and Mr. Manyengo from the same school highlighted that pregnancy perpetuates circumstances that disadvantage girls. Ms. Mate said, “[G]irls lose out on their schooling when they become pregnant. As a result, very few of them will have employment opportunities because of their lack of education” (FGDP: 28/05/2013). Mr. Manyengo explained, “[T]eenage pregnancy is holding back the girls’ progress in school and without educating girls, we cannot ever hope to reduce poverty and unemployment” (FGDP: 28/05/2013).

Parents at Tantera shared similar sentiments during the focus group discussion. They strongly condemned teenage pregnancy and pointed out that it was a loss of investment since parents paid for their children to attend school, with the hope that they would get employment and become economically independent. Ms. Veijo stated, “[T]hings have changed these days. Many parents are investing a lot of resources in their children’s education and want them to be successful in their academic careers. Any disruption such as marriage or pregnancy is strongly condemned” (FGDP: 24/05/2013). Other parents, Mr. Mbambero and Ms. Nambara emphasized that society must move with the modern trend that the duration of childhood has been extended because youth attend school for longer periods of time than was the case when they were growing up. However, they still did not condone early pregnancy. Ms. Nambara indicated, “[W]e cannot endorse early pregnancy because teenagers must spend almost 12 to 13 years in school” (FGDP: 24/05/2013). Mr. Mbambo explained, “[T]he preparation time for entry into adulthood has greatly decreased because of the demand and expectation to attend school. Today’s parents must understand and encourage their children that the attainment of biological adulthood has to be delayed due to the longer time devoted to schooling” (FGDP: 24/05/2013).
Some religious leaders also pointed out that teenage pregnancy usually marks the end of girls’ education; an investment that could have had the greatest payoff for both their development and for the national development goals. Three of the five religious leaders raised concerns that the consequences of teenage pregnancy reach beyond the lives of young mothers and fathers to the next generation. Deacon Nambase said, “[T]eenage pregnancy does not only interrupt the young teenager’s academic career but rather also affects that of their children. The child of a young, uneducated mother is less likely to have a good start to their education” (FGDRL: 05/10/2013). Pastor Ndoko offered an additional explanation by stating, “[T]he early school drop-out of young girls will result in the lack of motivation in their own children and in many cases, these children do not continue beyond minimum schooling due to a lack of role-model parents” (FGDRL: 05/10/2013). In the same vein, Deacon Hamunyera claimed, “[D]aughters of uneducated young mothers are especially likely to drop out of school, marry young, and begin the cycle again” (FGDRL: 05/10/2013).

Participants highlighted a shift in society’s expectations towards youth due to schooling, even though they acknowledged the role of tradition and culture in still shaping beliefs on early pregnancy. They acknowledged the need for youth to remain in school rather than seek early marriage. Participants acknowledged the importance of delaying childbearing as opposed to the social incentive of proving fertility at an early stage. Notwithstanding such realization, most participants were still reluctant to endorse condom use as a preventative tool to remedy the situation since they didn’t acknowledge the need for contraception; advocating rather for abstinence in the face of high numbers of school going youth being sexually active as shown in Chapter 6.

7.10 Chapter summary
This chapter was the first of two chapters that provide the social and cultural context for understanding participant responses to making condoms available and accessible in school. In outlining the social and cultural values, beliefs and experiences shaping sex, sexuality, childhood, conceptions of ‘teenager’, virginity, early marriage, and the use of contraception, it provided one level of influence that shaped responses to making them available and accessible in schools.
Conceptions of childhood, marriage, premarital sex, virginity, and early pregnancy emerged as dominant discourses shaping perspectives on sexual practices amongst youth, and as I show later on in Chapter 10, also shaping responses to making condoms available and accessible in school. These were framed within broader and overarching religious, cultural, gender, and sexuality discourses. It became apparent too, that each discourse has its genesis but can change and become a new regime of discourse over time. The discourse on early pregnancy and early marriage are two examples of how discourses in this community sometimes contradict and change. For example, previously, for young girls to fall pregnant was prestigious as it was associated with demonstrating the ability to conceive and as an entry into adulthood. However, this perspective has changed since transition from childhood to adulthood has been distorted by the school system.

Contrary to the aforesaid pattern, it emerged that some discourses are consistently more stable and better retained (not without resistance though) over time, such as those on premarital sex and virginity. That discourses are historically located was evident in the responses, with the overarching religious, culture, gender and sexuality discourses framing perspectives, beliefs, values and associated utterances. An example is ways in which a religious discourse on premarital sex as sin perpetuates and sustains notions of abstinence and sexual purity in the midst of contrary evidence that points to paradoxes in youth sexual practices. In the same vein, the cultural discourse with regard to premarital sex as a taboo and that it brings the family name into disrepute highlights the gendered nature of the discourse in which girls are more disadvantaged than boys.

Unpacking the overarching and dominant discourses on sex, sexuality, early marriage, early pregnancy, and fertility helped to situate and shed light on the contradictions that emerge in Chapter 8 where I present responses to the availability, accessibility and distribution of condoms in school. While school in this context is regarded as an extension of the community, I recognize that as an institution, it is governed by particular rules and regulations and thus, different mediatory discourses. For this reason, Chapter 8 presents responses that focus on schools as institutions. In particular, the next chapter reports on perspectives that focus on sex, sexuality,
and sexual practices amongst school-going youth and the position of schools to provide yet another layer of influence to locate perspectives on making condoms available and accessible in school. Together Chapters 6, 7, and 8 serve as the backdrop against which to situate the beliefs, values, and views reported in Chapter 9.
CHAPTER 8 PERSPECTIVES ON SEX, SEXUALITY, AND YOUTH SEXUAL PRACTICES IN SCHOOL

8.1 Introduction
The current chapter presents the findings derived from focus group discussions and individual interviews with learners, teachers, parents, religious and traditional leaders and traditional healers from the two selected schools. Where appropriate, learner responses from the quantitative data of the two schools were used to frame responses by learners in focus group discussions. Such a process highlighted similarities and contradictions.

The findings in this chapter are presented in the following themes, each of which includes categories:

- Learners and sexual relations in school
- Sex, sexuality, and condoms
- Condom efficacy, quality, and sexual relations

The first theme mirrors a question posed in the questionnaire, namely participant views on whether they think sexual relations take place amongst learners who are in school. The second theme highlights responses to questions on condoms.

The next theme presents the perspectives on condom efficacy, quality, and safety. The first section provides data on the extent to which learners saw value in the use of condoms, with the second section presenting data on perspectives from teachers, parents, religious and traditional leaders as well as the traditional healers in the study.

8.2 Learners and sexual relations in school
The need for condoms to be made available in school, to an extent, is premised on perspectives and experiences of learners engaging in sexual activity while still in school. It is for this reason that I elicited perspectives on sexual activity amongst learners still in school. All the participants in the main study responded to such a question.
Data from the two schools mirrored those in the large sample showing that a large percentage perceived peers to be engaged in sexual relations as Table 17 below indicates.

Table 17: Learner perspectives on peers and sexual relations while still in school

<table>
<thead>
<tr>
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<th>School</th>
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<tbody>
<tr>
<td></td>
<td>Ntopa</td>
<td>Tantera</td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>64</td>
<td>74</td>
</tr>
<tr>
<td>No</td>
<td>95.5%</td>
<td>87.1%</td>
</tr>
<tr>
<td>%</td>
<td>4.5%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>85</td>
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<tr>
<td>%</td>
<td>100.0%</td>
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</table>

Percentages and totals are based on respondents and not responses.

The responses above were corroborated in focus group discussions and individual interviews with a select group learners, teachers, parents, traditional leaders, traditional healers and religious leaders. A male learner from Tantera claimed that the rate of teenage pregnancy in schools is evidence that learners were involved in sexual relations saying, “[T]here is no doubt whether sexual relationships take place at school. Everyone can see it through how many girls are falling pregnant at school” (FGDB: 13/06/2012). He made the point that his peers found it difficult to refrain from regular sex. This view was supported by another male participant in the same focus group who pointed out that teachers and parents should not doubt the occurrence of sexual relations in schools because not only is there evidence that learners cannot abstain and that it is a normal thing amongst boys, but also that it is related to the age they find themselves in. He said, “… you see boys are just boys; they will not stay like that without making sex because of the temptation and it is normal to have those relationships at our age. They will still do it with or without a condom” (FGDB: 13/06/2012). Similar sentiments were shared by both focus groups at Ntopa. An outspoken female learner encapsulated it this way, “… learners are dating [and having sex] while at school and there is nothing to hide about it” (FGDG: 25/06/2012). Learners normalized the notion of peers having sexual relations though they recognized its negative consequences, namely teenage pregnancy and HIV infection, as I show later on.

Like learners, four teachers and almost all parents confirmed that learners were involved in sexual relations as manifested through the number of girls who fall pregnant in the schools under study. Teachers stated that schools had evidence of learners caught in sexual encounters on the
school premises. However, unlike learners who normalized the practice, accepting it as ‘just the way it is, teachers and parents confessed that sexual relations amongst learners was against their expectations and wishes and that they still advocated abstinence until marriage. They voiced dissatisfaction that such a phenomenon existed and was pervasive; highlighting that schools tried their level best to curb it. Ms. Tjaru, a Life Skills teacher at Tantera, pointed out, “[W]e know that learners have sexual relationships at school. Some were even caught at night in classes with their sexual partners” (FGDT: 18/06/2012). The Life Skills teacher at Ntopa, Mr. Ndeu, expressed similar views stating, “[T]his is not a secret. We all know that learners are dating and there is very little that we can do about it” (FGDT: 19/06/2012). Ms. Shoto, the school counselor at this school said, [L]earners’ sexual relations is something that has its own history; it did not start today and some current marriages even started at school ... but something needs to be done to stop it” (FGDT: 19/06/2012).

Mr. Nkemba, the principal at Tantera, confirmed that he was aware of the prevalence of the phenomenon and cited how the school tried to curb it. Together with senior management, they reprimanded and warned several learners during the year the study was conducted and admitted that it was not something easy to control. He stated, “[W]e know that learners are in sexual relationships and we always tell them its disadvantages, but it is not easy to control them” (FGDT: 18/06/2012). Mr. Ntombi, the school counselor at the same school pointed out, “[L]earners are in sexual relationship because they are unable to control their feelings and are failing to wait for the right moment to start dating” (FGDT: 18/06/2012). The principal at Ntopa, Mr. Ntaranga, shared similar sentiments concerning sexual relations amongst learners. He said, “[W]e are aware that learners have sexual relationships because we have some evidence, but the school is more particular about this and learners are continuously reminded to stay away from such conduct” (FGDT: 19/06/2012). Ms. Shoto, the school counselor at this school corroborated this with the sentiment that the school often confronts and attempts to deal with the issue. She said, “[T]he school tries to provide learners with guidance during counseling lessons about abstinence and we ensure that boys do not have access to the girls’ hostel; but this is not always successful” (FGDT: 19/06/2012).

Interesting in the responses by principals and teachers was the messaging on restraining sexual activity rather than providing safe sex options; this in the face of evidence that learners are sexually active. In other words, mediated by a discourse on
abstinence, the general response was an attempt to get learners to abstain or curb the practice rather than a discussion on safe sex and the use of condoms to which schools had access.

Parents too acknowledged that their children were sexually active. Two aspects are worth noting in their responses. First, responses from focus groups at both schools felt that having sexual relations showed disloyalty and deliberate action by children to disobey their parents. Second, they reported disappointment that children did not uphold parental desire for them to abstain. Three parents from Tantera cited knowledge of learners having sexual relations, intimating that they did not condone the behaviour. Mr. Mutali, the school board chairperson from Tantera, said “[L]earners are in sexual relations because of their disobedience and disrespectfulness of our instructions. We don’t want them to engage in sex at school; they have to abstain” (FGDP: 27/06/2012). Ms. Kasiku, a parent from the same school reported that this practice did not necessarily reflect a lack of discussion on abstinence amongst parents and children. Mr. Kaliye, the school board chairperson of Ntopa encapsulated the general sentiment amongst parents saying, “[W]e know that our children are involved in sex while still at school, but it does not mean that we are not teaching them at home to abstain from sex. They are just reluctant to accept our advice and we are not in support of such behaviour” (FGDP: 03/07/2012). Like responses by teachers and principals, parents also described their disapproving position toward the phenomenon and encouraged abstinence despite knowledge that learners were already sexually active.

Some parents confessed that monitoring and controlling children’s sexual behaviour is complex because of the modern way of life. Two inter-related yet conflictual points are pertinent here, with the first having to do with parents wanting to oversee their children’s sexual affairs and the second, the dynamics in children’s lives that make it difficult for parents to control them. Two parents from Ntopa stated that they suspected their own children were to be sexually active though it was difficult to find proof. They also held the view that it was not easy for parents to positively influence the sexual behaviour of children today. Ms. Nambara pointed out, “[M]ost children are sexually active at school but you won’t exactly be able to identify which ones those are. They are very secretive. Unlike during our childhood, they don’t even ask for advice from elders” (FGDP: 24/06/2013). Ms. Veijo added, “[C]hildren have taken their private lives
completely away from their parents. You will only know they are sexually active when they become pregnant or get a girlfriend pregnant” (FGDP: 24/06/2013). Similar views were expressed by Mr. Manyengo, a parent at Tantera, who shared that newer technologies have changed the way young males and females think about and experience sexual relations; an aspect I elaborate on later on.

Parallel with the participant views above, traditional and religious leaders also acknowledged that sexual relations take place amongst school-going youth. The emphasis in their responses though, had to do with who was at fault for the existence of such a phenomenon. According to this cohort, premarital sex while children attended school was moderated by new social norms created by parents [at home] and teachers [at school] and was reinforced by a general lack of control in the entire community. Traditional leaders made the point that sexual relations in school are the result of teachers’ and parents’ permissive approach that allows boys and girls to socialize in compromising places together without supervision. Ms. Mpande pointed out, “[P]arents are largely to blame for the rampant sexual activity in which teenagers are engaging in. These sexual activities we see now in schools are what they would have learnt over a period of time or would have been exposed and condemned over a period of time” (ITL: 06/10/2013). Mr. Hausiku suggested that the only way to eradicate the practice of sexual relations in school was for teachers, parents, and communities to become more vigilant about what teenagers do, particularly after school. This was especially pertinent in a context where large numbers of learners resided in boarding facilities away from parents. He said, “[S]ome parents and teachers don’t even bother to find out where these learners are after-hours” (ITL: 01/10/2013). Mr. Naiteta pointed out, “[S]exual relations in school have become a public thing and the situation is now a bit more cumbersome to handle. The reason is because school and house rules are too slack; allowing children to do whatever they want” (ITL: 08/10/2013).

The four religious leaders placed emphasis on things parents allow their children to be exposed to at an early stage. They emphasized that children are sexualized through the media and that parents, whom they stated should act as filters, do not intervene. They cited that sexual relations in school are a result of a combination of poor parenting (where parents lack skills to properly groom children) and insufficient control by teachers in school. Pastor Muranda put it this way,
“[P]arenting has something to do with guiding young people to develop attitudes and enable them to differentiate right from wrong. This is lacking among many parents today” (IRL: 20/09/2013). Sharing a similar view, Pastor Kathimo stated, “[M]any parents want to make their children happy and in that respect they give them a lot of freedom including access to television and use of cellphones. Through this, young people are exposed to high levels of sexual content and they tend to try out what they see in real life (IRL: 26/09/2013).

Deacon Hamunyera and Pastor Ndoko expressed the view that parents struggle to determine the degree of freedom they should grant their children. They claimed that children are given unlimited access to media that exposes them to sites and programmes tailored for adults. Similar to what happens in the home, religious leaders alleged that schools allow learners access to social networking websites such as Facebook, with the possibility of accessing pornographic sites that are increasingly connected with potential dating or sexually explicit information. The religious leaders stated that teachers have a professional and social responsibility to minimize opportunities and contexts where sexual relations in school are possible. Pastor Kathimo identified schools as agents of socialization that should have measures in place to confine interaction between boys and girls to public places. He stated, “[T]eachers should ensure that there is full attendance in all schools and hostel activities. Learners should not be left to fend for themselves for long periods of time” (FGDRL: 05/10/2013). Deacon Nambased said, “[T]eachers need a holistic approach to ensure that learners attend school when they should and that boys and girls don’t mingle uncontrollably after the official school programme” (FGDRL: 05/10/2013). Deacon Hamunyera and Pastor Ndoko explained how schools should harmonize their social activities in ways that restrict sexual relations among learners. Deacon Hamunyera said, “[T]eachers should be vigilant and ensure that most of the school activities should happen in their full view to limit the possibility of learners engaging in sexual activities at school” (FGDRL: 05/10/2013). Pastor Ndoko added, “[T]eachers should not allow learners to be in spaces where they can engage in sexual activities. Schools should keep learners occupied with productive learning activities” (FGDRL: 05/10/2013).

Traditional leaders felt that teachers and parents were tolerant and permissive towards sexual matters concerning youth. Like traditional and religious leaders, they too emphasized the lack of
control and supervision of learners as contributing factors to the increase of sexual relations in school. To them, parents are no longer active in their children’s lives and pay little attention to their whereabouts. Ms. Mpande put it as, “[T]here is a sense of ignorance and softness among parents as they allow their children to do whatever they want to do, hence, they get an opportunity to engage in sexual activities” (ITL: 01/10/2013). Similar sentiments were shared by Mr. Hausiku, “[C]hildren are given unlimited freedom by their parents and this results into them getting involved in sexual affairs” (ITL: 01/10/2013).

The responses above indicate that for the most part, all participants acknowledge that learners were involved in sexual relations while still in school. Perspectives on sexual relations were framed on discourses on deviance and vigilance. First, the discourse of deviance is underpinned in the notions of disobedience and disrespectfulness as learners were regarded as transgressing the acceptable social norm of adhering to parent’s wishes, desires, and expectations. Conversely, learners normalized the behaviour, seemingly accepting that premarital sex in school was an assumed practice, given their age and developmental stage. For learners, it was a stage in their development, unlike conceptions reported on in Chapter 7, where adult respondents did not necessarily acknowledge that stage (lacking even the vocabulary to do so in some cases). While accepting that the practice existed (and was prevalent), adult participants were quick to admit that they did not support sex before marriage and still advocated abstinence until marriage. They blamed learners for being inconsiderate to parents’ desires. They also viewed such behaviour as learners being unable to resist the temptation of their sexual desires, the consequence of which was the youth’s betrayal of society’s wish for them to remain ‘pure’ until marriage.

Second, the discourse of vigilance was foregrounded by a belief that parents and teachers were permissive and not in control of the youth. This, traditional leaders and healers reported, was the reason for the phenomenon presenting in schools. Blame was also evident in the responses, with the former group blaming parents and teachers for ‘uncontrolled’ sexual activity amongst youth in school.

Not only was the contradiction in views on sexual activity amongst youth in school, but also on who had authority to speak about sex and by implication, safe sex practices. In a community
where the main belief was that youth should abstain, it seemed difficult for members to discuss sex and sexual matters with youth - as I show below.

8.3 Youth and discussions on sex and sexuality
Data by traditional healers, traditional and religious leaders, teachers, and parents revealed lack of dialogue on sex and sexuality in the community, creating an obstacle for learners and teachers to openly discuss sexual matters including the availability, accessibility, and distribution of condoms in school. The former assumed discussing sex and issues of sexuality with young people to be controversial and sometimes even taboo. The majority amongst this group held the view that it went against good societal morals and felt that elders needed to take care in addressing various constituencies within the community on sex-related matters. They believed that discussions on sex-related matters are sensitive and that discussions should be amongst adults only.

Religious leaders made the point that they intentionally did not talk about sex from the pulpit because of the mixed audience in their congregations. Four of them explained that there was a set way to talk about sex and that it was against their churches conventions to discuss sex with unmarried youth. Pastor Muranda noted, “[W]e don’t openly talk about sex with young people in our Churches. We only discuss sex during the pre-marriage counseling sessions with prospective couples” (IRL: 20/09/2013). Similarly, two other religious leaders emphasized that it was important to understand the kind of audience one was addressing because conveying sex-related messages to unmarried members brought wrong ideas into their minds to an extend that they might want to experiment. Pastor Kathimo explained, “[T]alking about sex is not about an individual pastor’s wish but it is in accordance with Church’s norms. As religious leaders, we also fear offending our older members because such talks can create unnecessary sexual temptations among the youth” (IRL: 26/09/2013).

It also emerged that religious leaders placed sex under things the church guards against and protects children from. Hearing or talking freely about sex, they believed, might tempt children to engage in the act. The notion of premarital sex being sin and sex belonging to the covenant of marriage endorsed such perspectives. Three religious leaders agreed that talking about sex is a
practical matter that is only suitable for adults and a married audience. Deacon Hamunyera said, “[A]s the shepherd of our congregation, we need to be cautious on things children do not need to hear. We should only talk about sex in terms of marriage” (FGDRL: 05/10/2013). Pastor Ndoko agreed, “[W]e must clearly define the balance and it is reasonable for us to set boundaries while engaging in conversation about the details of sex and only discuss with adults” (FGDRL: 05/10/2013). Pastor Muranda and Deacon Nambase stressed that religious leaders should only speak about sex with young people in accordance with biblical scriptures and that it should be limited to clarifying aspects like abstinence and addressing issues of adultery and fornication. Pastor Muranda said, “[D]iscussions on sex should be surrounded by issues related to reducing adultery and fornication” (FGDRL: 05/10/2013). Deacon Nambase added, “[R]eligious leaders should teach about abstinence not anything related to condoms or any other contraception” (FGDRL: 05/10/2013).

Notwithstanding the religious leaders’ position on sex, some learners reported that there has been some talk on sex at their church youth gatherings but that it usually focused on negative aspects of engaging in sex. Three male learners from Tantera stated that religious leaders occasionally made vague reference to sexual immorality or adultery but that the latter did not advise them as to why sex is sin or dangerous neither on how to ‘resist’ temptation. A male learner said, “[M]ost of the religious teaching about sex mainly focuses on its bad parts. We are never taught how to fight sexual desires. We are just told that they are feelings from the devil” (FGDB: 20/05/2013). Another male learner added, “[I]t seems preachers are shy to talk about sex. I have never heard a Sunday sermon that clearly addresses sexual issues in detail without just resorting to condemning it” (FGDB: 20/05/2013). Learner views suggested that religious leaders do not extend the boundary in what they can discuss but instead use biblical scriptures to only provide young people with limited facts on the link between sex, desire, and safety. A male learner from Ntopa School put it this way, “[I]t seems like pastors and other leaders are too embarrassed to talk about sex and they mostly focus on saying sex is evil. They give the impression that sex is something bad and dirty” (FGDB: 16/05/2013).

Data from traditional leaders portrayed discomfort towards discussions on sex in the public realm. Many spoke in euphemisms and used other tactics in the focus group to avoid using direct
concepts related to sex and sexuality. Almost all mentioned that sex was only discussed with young people during the initiation process. They further stressed that such discussions were confined to the family domain and that grandparents held the responsibility to teach their grandchildren on sex-related matters. Ms. Mpande said, “A father and his son or a mother and her daughter cannot discuss sex because of its sensitivity and uneasy nature. Grandparents are charged with this responsibility since they are open with their grandchildren” (ITL: 06/10/2013). Similar sentiments were expressed by Mr. Hausiku who emphasized that cultural norms made sex seem shameful and as something that only grandparents were comfortable in discussing. He said, “[I]n my culture, discussions about sex is confined to a conversation between a grandparent and a grandchild not with any other person” (ITL: 06/10/2013.)

Respondents agreed that sex was not openly spoken about with youth, with them acknowledging the difficulty teachers would face in discussing sex in a school context. The role and position of teachers as custodians of community values and as loco parentis, respondents agreed, placed them in a precarious position. Teachers and learners also acknowledged the challenge as I detail below.

8.4 The role and position of teachers and discussions on sex and sexuality in school

Almost all the traditional leaders ruled out the possibility of teachers and learners openly discussing sex in school due to their cultural norms and values. They cited age difference and kinship as possible obstacles to such a practice. Mr. Naiteta said, “[I]t is difficult for learners to openly discuss sex with teachers who are adults and strangers, for that matter” (ITL: 08/10/2013). Ms. Mpande pointed out that teachers represent parents at school and that learners regard them as such. Teacher/learner relationships, in their view, were equal to that of father and son or mother and daughter. She said, “[T]eachers replace and stand-in for parents at school and the two parties [teachers and learners] should be seen like parents and their children” (ITL: 06/10/2013).

Like traditional leaders above, the majority of parents stated that openly sexual talk between adults and young people is unacceptable. They viewed teachers as adults who would themselves be uncomfortable to discuss sex with learners since as community members themselves; they had
a reputation to uphold. A parent from Ntopa, Ms. Kandambo put it this way, “Discussing sex with young people is a sensitive and embarrassing thing to do because teachers are like parents at school. Just like what happens at home, it is not practical for a father to talk about sexual intercourse with his children, teachers will find themselves in the same predicament. If we expect teachers to do it at school, then we parents should equally do it with our children at home. I am sure that elders will not be open to that because of our upbringing” (FGDP: 03/07/2012). Mr. Sirunga, a parent from the same school, added that learners would not have the courage to approach teachers on sex-related issues because of prevailing mutual respect. The school board chairperson at Ntopa, Mr. Kaliye said, “[C]hildren will not be open to discuss sex with teachers because teachers are adults and serve as parents at school. There is no way children can engage teachers on sex matters; that is unacceptable in our community. Most of them will not even try it unless those who are not well brought up” (FGDP: 27/06/2012).

All three parents from Tantera reported that in their culture, children did not discuss sex-related matters with parents, as it was regarded taboo. They made the point that teachers in these communities were mainly family friends whom children accorded the same status and respect as parents. Parents highlighted that learners feared teachers reporting back to them, should the former ask about sex. The school board chairperson, Mr. Mutali said, “[T]here are teenagers who would be afraid to ask sex-related information from teachers. One challenge is that in small communities, there is a chance of teachers being family friends and learners might fear that teachers will inform their parents. Teenagers want to have sex, but they don’t want anyone to know or judge them for it” (FGDP: 27/06/2012). Mr. Siwaya, a parent at same school, added:

Culturally, some of these things are a taboo to talk about especially in small places where everyone knows each other, it is even harder. These teachers are close to the learners’ parents and learners undoubtedly regard them as their real parents. That is why I am saying it is impossible for teachers and learners to talk about sex issues because they know that the news will reach to the outside community who will condemn such practice (FGDP: 27/06/2012).

The data further revealed that some parents were more concerned with teachers’ status in the community, which they claimed to be at stake were they perceived to be breaking the norm and discussing sexual matters with learners. Two parents reported that teachers would be hesitant to talk about sex with learners because it would compromise their status in the community. A
parent from Ntopa, Mr. Sirunga, said, “There are social expectations parents have from teachers and teachers would like to maintain that. So they cannot go low and behave like they don’t uphold the cultural values and norms” (FGDP: 03/07/2012). Ms. Kandambo, a parent from the same school, supported this view and said, “[T]eachers will not do it because they will lose respect from the parents” (FGDP: 03/07/2012). The bond between teachers and parents, particularly in smaller communities, served as a barrier to open conversations about sex in school. Ms. Kasiku, a parent from Tantera pointed out, “[A] school is like a family; teachers are like parents and learners will not be open to talk about sex with teachers” (FGDP: 27/06/2012).

The argument from parents, therefore, suggested that it was not probable or desirable for teachers and learners to talk about sex in school because such an occurrence would go against accepted community norms. In their culture and as adults, teachers could not be perceived or known to be discussing sex or any sex-related matters in the public sphere of the school.

Teachers agreed that dominant norms in their community created tension concerning their roles and position in a policy and curriculum context that expected them to discuss sex and sexuality matters as well as make condoms available and accessible. Put differently, despite the cultural norms that restrict, open discussions on sex with young people was a curriculum requirement. Three teachers raised the tension that arose in implementing school curriculum vis-à-vis upholding cultural norms. Mr. Ntombi a Life Skills teacher at Tantera said, “[I]t is a difficult decision because one has to forfeit one’s principle to teach learners about sex contrary to one’s traditional beliefs” (FGDT: 18/06/2013).

In summary, arguments by parents and community leaders held particular assumptions concerning the teacher/learner interaction, with an expectation that the former would uphold community norms and values by restricting talks on sex with learners in school. However, sex was brought into the public realm through policy and curriculum imperatives that compelled teachers to address the topic, and as it relates to this study, make condoms available and accessible, and this created tension in the role and position of schools in general and teachers in particular. Such tensions had implications for the position of schools in making condoms available and accessible.
As with discourses established in Chapter 7, discourses on sex and sexuality mediated responses to schools making condoms available. So did perspectives on condoms, their quality, safety, efficacy, and use, as I detail below.

8.5 Efficacy, trustworthiness, and quality of condoms

For the most part, the majority of respondents had reservations about condoms, but for different reasons. Some were concerned with the scientific information that they claimed was not conclusive that condoms were totally safe and efficient in preventing pregnancy and disease infection. Others questioned the intents by Western governments in providing ‘free’ condoms to countries in Africa. Further still, there was a group who saw their use as sinful and against religious beliefs because they were man-made. I provide perspectives on each below.

The data highlights ways participants engaged with and responded to expert knowledge that constructs condoms as a safe and healthy choice against pregnancy and diseases like HIV infection with special reference to their efficacy, quality and use. This was particularly the case regarding free condoms made available in school by the Ministry of Education.

Learner views on condoms were legitimated by an everyday and common sense understanding on their use and value in the community. They reported that they obtain information on the usefulness (and worth) of condoms from friends or people in the community. The majority of the boys posited that condoms are not 100% safe and that their use creates side effects after sex. A boy from Tantera shared that people in his community do not trust condoms because they were supposedly unreliable. He stated, “[P]eople say one can still contract HIV or fall pregnant even if you use condoms because they have holes that allow sperms or the virus to pass through” (FGDB: 13/06/2012). In a separate focus group discussion with boys at the same school, two boys spoke about their belief that condoms tearing were a common phenomenon that caused an increase in HIV infection among young people. Thus, rather than prevent, they claimed that condoms contributed to the spread of HIV and STI infections. One of them said, “[C]ondoms are useless and they break unexpectedly. If this happens then one completely loses hope and then you don’t mind if they don’t use it again because there is a possibility that they are already infected” (FGDB: 20/05/2013). Similar views were expressed by boys at Ntopa who said that it
was demoralizing to have condoms break during sexual intercourse. They said because it was so common, young people chose to forego using condoms as a safer sex practice. One boy said, “[M]ost learners say that condoms are unreliable as they can burst during sex and unnecessarily expose you to risk of HIV infection” (FGDB: 16/2013).

Similar views on the untrustworthiness of condoms were expressed by religious leaders. They pointed out that everything made by the hands of man is prone to fail. They categorized condoms as an attempt by man to address a problem without taking God’s guidance into consideration. Pastor Kathimo and Deacon Hamunyera invoked scripture to make the point that condoms were not only unreliable but also not acceptable. The former said, “[T]here is no mention of a condom in the Bible and the government is committing a serious sin by promoting condoms without informing people about their failure” (FGDRL: 05/10/2013). The latter said, “Can one show me an example where condoms have stopped the spread of HIV? Condoms have been forcefully promoted almost for the past 25 years but does that effort equate with the HIV infection rate?” (FGDRL: 05/10/2013). The views expressed by religious leaders centred on them challenging the generally accepted scientific knowledge that presents condoms as an effective way to prevent pregnancy, STIs, and HIV infection against what they believed to be a sinful practice.

In many respects, the beliefs on condoms held by the traditional leaders and traditional healers were similar to those raised by the religious leaders above. What was also common among traditional leaders and nearly all traditional healers interviewed was their doubt on the efficacy of condoms as a protective mechanism against teenage pregnancy and the transmission of HIV. Rather than their breaking as a cause for their unreliability as learners indicated, this cohort’s perspectives centred on their suspicion of imported health products, including condoms. Citing hepatitis and tuberculosis as examples, two traditional leaders asserted that there had been medication donated by the Western world to Namibia, which compounded sickness instead of curing it. Mr. Hausiku said, “[C]ondoms might be in the same league as TB tablets. The condition of most people who were placed on TB treatment worsened. I don’t trust some of these treatments from foreign countries” (ITL: 01/10/2013). Ms. Mpande warned, “[W]e should not be overwhelmed by every remedy we get from the West; not all are meant for a good cause” (ITL: 06/10/2013).
In the same vein, traditional healers questioned the hegemonic role of international agencies in family planning that they viewed as a form of unsolicited population control by the West. Both Mr. Ngoma and Ms. Mpindo were suspicious of the motivation by Western countries that provided free condoms to Namibia. They questioned the interest and gains by such countries. Mr. Ngoma said, “[T]here should be something hidden in this initiative. Condoms might be infected with HIV to kill the blacks so that the Westerners remain in control of our country and its natural resources” (ITH: 26/09/2013). For Ms. Mpindo, condoms are a political move by Westerners to continue being dominant since, according to her, they cause rather than prevent HIV infection. Another traditional healer, Mr. Mbundu, claimed that condoms do not guarantee protection against HIV infection, saying, “I have a lot of people who came to me for treatment and my diagnoses at times reveals that some people are allergic to that oil [referring to the lubricant]” (ITH: 28/09/2013).

Learners were also apprehensive of donors’ interest in distributing free condoms to Namibia, describing these as the least safe. They also distinguished between the quality of different brands available for sale. ‘Smile’, the government branded condoms that are distributed in public places free of charge, were thought to be poorly made, more likely to break, and thus least safe. Learners felt that they were more likely to increase risk of HIV infection, and were capable of causing allergic reactions.

A boy from Ntopa expressed the view that the outcome of condom use is diametrically opposed to its main function of protection. He said, “A lot of boys have complained of being infected by the lubricant used on condoms. They said that condoms can cause infection to some users” (FGDB: 16/05/2013). Another boy from the same school mentioned that some men in his community were against the use of condoms because they believed they caused symptoms people attribute to HIV and AIDS. He stated, “[O]il from condoms makes men to lose weight and people will say that they are HIV positive” (FGDB: 13/06/2012). Some male learners held the view that condoms caused illnesses such as rashes on one’s genitals, which they said may result in cancer and infertility. A boy from Ntopa mentioned that while not all teenagers believed such stories, they were nonetheless scary. His view was that such ‘stories’ discouraged teenagers
from using condoms. He pointed out, “[T]hese cause fear amongst teenagers and as result, some opting to do it forty” (FGDB: 06/06/2012).

Some respondents alleged that free condoms were not 100% safe as they could break easily, enhancing chances of HIV infection. A boy from Tantera cited that boys shared many experiences with friends concerning the safety of free condoms and that his peers advised him against their use. This, he said, had to do with the lack of lubrication in such condoms. He said, “[M]y friends told me that ‘Smile’ condoms are not safe because they can break through friction during sex and you [can then] get the disease [HIV]” (FGDB: 13/06/2012). Another boy from the same school added, “‘[S]mile’ condoms are very dry and do not have enough lubrication like others; as a result it bust easily” (FGDB: 13/06/2012).

Boys from Ntopa shared similar views and highlighted that it was common knowledge amongst boys that ‘Smile’ condoms were of a lesser quality than ones sold at supermarkets or pharmacies. This group further proposed that girls were also reluctant to allow their boyfriends to use ‘Smile’ condoms because they didn’t trust their quality. One boy stated, “‘Smile’ condoms are weak and not well made. They can easily put you in a problem if they break” (FGDB: 06/06/2012). Another boy from the same school suggested, “[T]he government should rather provide ‘Cool Ryder’ or ‘Sense’ condoms instead of ‘Smile’. No one likes those ‘Smile’ condoms because of their low quality” (FGDB: 06/06/2012).

While they intimated that it was boys who were more averse to using condoms, female learners were also reluctant to use free condoms from the government because of the unpleasant odour of the lubrication compared to those commercially sourced. A girl from Ntopa reported that her friends always talked negatively about the smell of ‘Smile’ condoms. She said, “[M]y friends say ‘Smile’ condoms smell bad and it sucks ...” (FGDG: 25/06/2012). Another girl from the same school stated, “[Y]outh don’t want Smile condoms because of the bad smell. Everyone prefers ‘Sense’ condoms” (FGDG: 25/06/2012).

17 Forty is slang amongst the youth for having sex without using a condom.
18 Cool Ryder condoms are condoms provided at a subsidence price of two Namibian Dollars in the market. Its package depicts a picture of a man holding a woman with the writing “Namibia’s super dotted condoms for heightened pleasure”.
19 Sense condoms are expensive flavoured and coloured condoms directed towards more affluent consumers.
Male learners also referred to the odour as a deterrent to using free government condoms. A boy from Ntopa mentioned, “[E]very man doesn’t like ‘Smile’ condoms because they are cheap and smell very badly” (FGDB: 06/06/2012). In agreement, another boy from the same school said, “‘Smile’ condoms are not popular in our community and people say that their smell is unbearable” (FGDB: 06/06/2012). These sentiments were also apparent during a focus group discussion with boys at Tantera. Three boys reported that their peers speak badly about the condoms made available by the Namibian government.

Another perspective that emerged amongst male learners was that free condoms had a detrimental effect on their individual social status as well as the level of commitment in their relationship. Some boys pointed out that relationships were a serious commitment that ought to be respected and the use of free condoms signaled that one didn’t hold the relationship in high esteem. A boy from Ntopa said, “[M]ost boys don’t want to show their girlfriends that they use free government condoms when they date. They claim that it lowers their status” (FGDB: 16/05/2013). Another added, “[F]ree condoms reduce one’s status and a girlfriend will think that you are treating her cheaply” (FGDB: 16/05/2013). Male learners at Tantera referred to free condoms as ‘charity condoms’, making the point that they their use in a serious relationship was not appealing.

Another perspective emerging amongst boys from Ntopa was that condoms interfered with sexual pleasure. They gave different reasons for this, put forward as they said, by people in their community. Three boys at this school indicated that men complained that condoms made a noise during sex and that this compromised the romantic pleasure during the sexual act. They also claimed that condoms delayed reaching orgasm. One of the boys pointed out, “[M]en say condoms are not good because they make sex boring since you will not release fast and they make an irritating noise” (FGDB: 06/06/2012). A boy from Tantera emphasized that sex is something every boy wishes to have but one can easily forfeit pleasure because of interference by a condom.
Some learners indicated that they discussed with peers how sex using a condom is not ‘real sex’ because they view it as creating a barrier to satisfying one’s partner. Some referred to sex with a condom as ‘eating a sweet with its wrapper’ or even a form of masturbation. Some also claimed that the use of condoms displayed lack of love for one’s partner. Some were of the opinion that condoms could easily slip off during sex, putting one at risk of HIV infection. A boy from Ntopa encapsulated perspectives on the mistrust in condoms saying, “[Y]ou cannot trust a condom because it can fall off anytime while you are in the action” (FGDB: 06/06/2012).

Contrary to the views expressed by their male counterparts, most girls asserted that complaints on condoms were more common amongst boys and that they mainly used these complaints as a justification of their omission during sex. A girl from Ntopa said, “[B]oys naturally don’t like condoms and they will come up with different excuses for the girl to agree not to use one” (FGDG: 16/05/2013). Another girl added, “[B]oys will avoid condom use by making stories that discounts their effectiveness” (FGDG: 16/05/2013). Most female learners confirmed the safety of condoms, stating that regardless of the brand and source, they offered protection. A female learner from Ntopa put it this way, “Condoms are the same and they all offer protection against STIs and pregnancy” (FGDG: 16/05/2013).

Contrary to their desire to use commercially sourced condoms, most male learners indicated that they could not afford to buy their preferred condoms because they were expensive. A boy from Tantera stated, “[L]earners don’t always have money to buy the latest brands of condoms. The government must just try to make ‘Smile’ condoms in different flavours and colours to make them more interesting” (FGDB: 20/05/2013).

8.6 Chapter summary
This chapter revealed that the majority of learners think that their peers find it difficult to refrain from regular sex. They normalized the notion of peers having sexual relations though they recognized its negative consequences, namely teenage pregnancy and HIV infection. However, unlike learners who normalized the practice, accepting it as ‘just the way it is, teachers and parents confessed that sexual relations amongst learners was against their expectations and wishes and that they still advocated abstinence until marriage. They voiced dissatisfaction that
such a phenomenon existed and was pervasive, and emphasized that schools ought to try curbing this.

Parents, religious leaders, traditional leaders and traditional healers felt that sexual relationship at school is a deliberate action by children who choose to disobey parents. They reported disappointment that children did not uphold parental desire for them to abstain. They submitted that monitoring and controlling children’s sexual behaviour is complex because of the modern way of life. Two inter-related yet conflictual points were pertinent here, with the first having to do with parents wanting to oversee their children's sexual affairs and the second, the dynamics in children’s lives that make it difficult for parents to control them.

Perspectives on sexual relations at school were framed on discourses of deviance and vigilance. First, the discourse of deviance is underpinned in the notions of disobedience and disrespectfulness as learners were regarded as transgressing the acceptable social norm of adhering to parent’s wishes, desires, and expectations. Conversely, learners normalized the behaviour, seemingly accepting that premarital sex in school was an assumed practice given their age and developmental stage.

Another emerging issue in this chapter was that discussing sex and issues of sexuality with young people was considered to be controversial and sometimes even taboo. The majority of participants held the view that it went against good societal morals and felt that elders needed to take care in addressing various constituencies within the community on sex-related matters. They believed that discussions on sex-related matters are sensitive and that discussions should be amongst adults only.

As stated earlier, condoms are controversial, with many reasons as to why respondents felt they ought not to be trusted and used. While adults and learners shared sentiments about their suspicion about the use of condoms, each cohort put forward different reasons. Not only were questions raised about the efficacy and quality of condoms in general and those donated in
particular, but also about their use during the sexual act. Condoms distributed by the government were regarded as low quality in terms of the safety they offered. Some male learners also felt that their use lowered their social status especially in the eyes of their partners as it was seen as a lack of commitment. The gendered nature of these arguments reveals tension in the fundamental reason for doubting the effectiveness of condoms. A boy, for example, felt that the outcome of condom use is diametrically opposed to its main function of protection. They shared views from men in their community who were against the use of condoms because they believed they caused symptoms people attribute to HIV and AIDS. These views seemed to be legitimated by an everyday and common sense understanding on their use and value in the community. The majority of the boys posited that condoms are not 100% safe and that their use creates side effects after sex.

The final data chapter, Chapter 9, presents specific data on perspectives on the three main components examined in the study, namely the availability, accessibility and distribution of condoms in schools.
CHAPTER 9 PERSPECTIVES ON THE AVAILABILITY, ACCESSIBILITY AND
DISTRIBUTION OF CONDOMS IN SCHOOL

9.1 Introduction
This chapter brings to light interceptive discourses that shape people’s perspectives on the availability, accessibility and distribution of condoms in schools. It covers views on whether condoms are available in schools or not, how learners experience obtaining them at school as well as different perspectives on making condoms available at school. The chapter further presents views on accessibility focusing on possible factors that can hinder accessibility particularly at school as a discursive space which considers teachers as members of the community. Finally, the chapter will present views related to distribution of condoms in such a locality as school, as well as emotional feelings such as embarrassment and fear that can serve as obstacles in the way of learners obtaining condoms. The teachers’ social positioning further came into play in this regard - in particular their positions as standing in for parents (*in loco parentis*) and the assumption that some teachers have sexual relationships with learners will conclude this chapter.

9.2 Availability of Condoms in Schools
During focus group and individual interviews, respondents were asked whether schools *should* make condoms available and were asked for the reasons behind their views. As in the questionnaire, participants in this component of the study responded to questions on whether there should be consultation with parents before the school made condoms available to learners.

I begin this theme with learner experiences on the availability of condoms at school. I follow this with perspectives by the various groups of participants on whether schools should make condoms available. Thereafter, I report on reasons why they claim condoms should or should not be made available. Finally, I present perspectives on parent consent and making condoms available in schools.
9.2.1 Learner experiences in obtaining condoms at school

Although it is publicly promoted, the HIV and AIDS policy in education does not regulate the accessibility or distribution of condoms in schools. Therefore, schools have the discretion on whether to make condoms available and if they decide to, on the methods of making these available to learners.

The quantitative data from the two participating schools revealed that the majority of learners reported that they did not obtain condoms at school - as Table 18 below indicates.

<table>
<thead>
<tr>
<th></th>
<th>School</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ntopa</td>
<td>Tantra</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>26</td>
<td>19</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>40.6%</td>
<td>22.4%</td>
<td>30.2%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>66</td>
<td>104</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>59.4%</td>
<td>77.6%</td>
<td>69.8%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>149</td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

Only 19 (22.4%) of 85 respondents from Tantera indicated that they have ever obtained condoms at school. The same trend was observed at Ntopa (though slightly higher) where 26 of 64 learners answered ‘no’ to this question, despite the majority of learners from both schools (95.5%: Ntopa & 87.1%: Tantera) confirming that learners engage in sexual relations while still in school.

Citing location as the reason, four boys mentioned that while condoms were sometimes available at school, they were not readily available when learners needed them. A boy from Ntopa said, “[C]ondoms used to be kept in the library and the problem has been that the library was always locked or when it was open, then the teacher was there. Therefore, it was difficult to take one. But these days I don’t see them there anymore” (FGDB: 06/06/2012).

A boy from Tantera made the point that at his school, learners usually obtained condoms from peers. However, this stopped when police conducted a random search at the hostel. He said,
I remember at our school we were given condoms and most of the boys took them and kept it in the hostel. However, there was an incident and police officers were called to search for all dangerous items learners had in the hostel. During this operation, condoms were also confiscated. (FGDB: 13/06/2012).

Unlike the boys, girls from the two schools indicated that they had no experience of condoms being available at school. A girl from Tantera reluctantly (and shyly) responded, “I have no idea whether they were once available at our school; but I never saw them” (FGDG: 14/06/2012). Similarly, an outspoken girl from Ntopa said “[C]ondoms are not and were never available at our school, not during my time as a learner here. Otherwise I could have seen where they are kept” (FGDG: 14/04/2012).

Staff members at the two schools reported that the schools remained without condoms. All six teachers claimed that there had been no condoms at their respective schools for almost two years. They were also not even aware as to which institution was responsible for supplying condoms to schools. Mr. Nkemba, the principal of Tantera, pointed out that usually Namibia Social Marketing Association (NaSoMa) supplied schools with condoms, but this happened last two or three years ago. He said,

Imagine, condoms were brought at our school two or three years ago and we released them to learners in bulk and they got finished. And, even if they were kept up to now, they would probably be expired. The only condoms available at school now are for demonstration in Life Science and Biology lessons. (FGDT: 18/06/2012).

Mr. Ntombi, a teacher at the same school, corroborated by stating “[T]he supply of condoms to school is very inconsistent and one is not sure as whom to ask when the school runs out of condoms I think whoever is responsible to deliver condoms to schools is not doing a good job” (FGDT: 18/06/2012).

Ms. Shoto from Ntopa said that his school received condoms only once, with no instructions on how to make these available to learners. This teacher confirmed that the school placed condoms in the library but that young male teachers rather than learners used them.

Four of six parents from the two schools indicated that they were not aware of schools making condoms available to learners, as they were not informed on the matter. Two parents pointed out
that it would be a waste to make condoms available at schools because learners were not serious and would just play with them. Ms. Kasiku, a parent from Tantera, cited her own school experience, saying,

*We used to be given condoms at school but most of my friends were very ignorant and they did use them for other things. Some of them, mostly girls, collected condoms and wore them either as wristbands, as hair bands, to polish their shoes or as holders for their socks.* (FGDP: 27/06/2012).

In general, the results show that for the most part, condoms were not available in schools. There was also lack of clarity amongst participants about whose responsibility it was to supply condoms to schools as well as insufficient information in the policy on whether schools should make condoms available to learners in the first place.

The next category presents views on whether condoms should be made available in school.

### 9.2.2 Perspectives on making condoms available in school

Participants were divided on whether schools *should* make condoms available to learners, with the majority of learners in the two schools holding the view that schools should provide them, while parents and teaching staff largely opposed to it.

As indicated in Table 20, results from the quantitative survey in the two schools show similarities in responses where 42 of 67 (62.7%) learners at Ntopa and 60 of 87 (69.0%) at Tantera report that schools should provide learners with condoms:

| Table 19: Learner perspectives on whether schools should provide condoms |
|-----------------------------|----------------|----------------|
|                              | School          |               |
|                              | Ntopa           | Tantera       |
| Yes                          |                 |               |
| %                            | 62.7%           | 69.0%         |
| No                           |                 |               |
| %                            | 37.3%           | 31.0%         |
| Total                        |                 |               |
| %                            | 100.0%          | 100.0%        |

Percentages and totals are based on respondents and not responses
Focus group discussions at the two schools confirmed the above results where learners expressed their views on schools making condoms available to learners. While there was general agreement, they put forward different reasons as shown in Table 20 below.

**Table 20: Learner perspectives on why the schools should provide condoms**

<table>
<thead>
<tr>
<th>Reason</th>
<th>School</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage pregnancy is high in schools</td>
<td>Ntopa 27</td>
<td>67</td>
</tr>
<tr>
<td></td>
<td>Tantera 40</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>67</td>
</tr>
<tr>
<td>%</td>
<td>64.3%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Reduce rate of HIV and AIDS and STDs</td>
<td>Ntopa 5</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>Tantera 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>%</td>
<td>11.9%</td>
<td>19.5%</td>
</tr>
<tr>
<td>Learners are already sexually active and cannot be stopped</td>
<td>Ntopa 14</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Tantera 21</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>%</td>
<td>33.3%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Learners get condoms easily at school than other places</td>
<td>Ntopa 4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Tantera 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>%</td>
<td>9.5%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Total</td>
<td>Ntopa 40</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>Tantera 57</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>97</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents.

Table 20 shows that 67 of 97 (69.0%) respondents who answered this question suggested teenage pregnancy as the reason why schools should make condoms available. Interestingly, very few learners (19.5%) considered HIV and AIDS as the reason why schools should make condoms available, despite high prevalence rates in the region.

The pattern was consistent in focus group discussions where learners stated that there is nothing to be done to stop them from having sexual relations and for this reason, condoms should be made available. However, there were divergent views, with the first section presenting those who were in favour of such initiative and the second views that disapproved.

*Perspectives in favour of making condoms available in schools*

Thirty-two of the 40 learners pointed out the need for schools to make condoms available; primarily as it would facilitate reduction in teenage pregnancy and curtail HIV infection. A girl from Ntopa summarized the general sentiment amongst learners. She said,

*The first thing that teachers and parents should know is teenagers will have sex with or without condoms. Currently, learners are having sex without condoms that is why the teenage pregnancy is high. Now is it the best, to tell the school not to give condoms while learners are having sex without condoms or to provide them condoms? It is better to tell teachers or whoever to give condoms to learners (FGDG: 25/06/2012).*
In the same vein, a girl from Tantera said, “I think schools should make condoms available to learners to address the problem of teenage pregnancy. The reason teenage pregnancy is so high is because learners do not have access to condoms” (FGDG: 19/06/2012).

Boys who supported the notion of making condoms available at school had similar views to those of the girls. They said that schools were obligated because they were taught to protect themselves against teenage pregnancy and HIV and AIDS. Learners said the “safe sex method” was emphasized in different subjects and in the school HIV awareness programmes. A boy from Ntopa put it this way,

At school, we are taught about HIV and AIDS and why can’t the government or school provide us condoms? Teachers are the ones telling learners about how they should protect themselves against STIs and teenage pregnancy and the best way to practically realize their wish is for schools to make condoms available and accessible to learners (FGDB: 06/06/2012).

Furthermore, boys from both schools commented on being hostel dwellers. They agreed that some learners see school as an opportunity to have sex away from home where they were tightly controlled by parents. For this reason, they advocated that condoms should be made available as protection against HIV infection and teenage pregnancy. A boy from Ntopa said,

The availability of condoms at school is really a good thing because sexual intercourse is taking place at school. Boys and girls are having sexual intercourse in classrooms at school. Sometimes, it happens like when one is controlled at home, when he comes to school and get a girl, they will have sex, and the parents will not know anything about it. After a while the girl will fall pregnant or infected with HIV (FGDB: 06/06/2012).

Learners further reported that condoms should be made available because they (learners) were just like any other human being; subjected to sexual desire, feelings and temptations. A boy from Tantera stressed,

This means that when a boy and a girl come together at school, particularly in the absence of parents, they can easily fall into temptations and agree to have sex, and if there are no condoms at school than the girl might fall pregnant and HIV infection will also increase (FGDB: 13/06/2012).

Learners adopted a secular and pragmatic position arguing that schools should not use religious beliefs and values prevalent in the community to deny learners access to condoms. They made the point that the state of affairs needed urgent attention since youth confront teenage pregnancy
and HIV infection. A boy from Ntopa stated, “[R]eligious beliefs cannot to be used these days as youth are dying from HIV and AIDS. Abstinence worked in the past but not with the current teenagers. The only solution is to give condoms at school” (FGDB: 06/06/2012). Some learners mentioned teenage pregnancy and HIV and AIDS as ‘threats’ to their life. They used the notion of “life or death situation”, emphasizing that such a problem could not be addressed through Bible teaching. A boy from Tantera said, “I know that Christians don’t want to see youth dying; so to solve this problem than they must allow schools to make condoms available to learners because the idea of abstinence cannot work” (FGDB: 13/06/2012). A girl from Tantera pointed out, 

It is difficult to say that children must follow the Bible and abstain from sex until marriage. The time has changed and we are now in the crisis of life or death but I know this problem can be reduced if everyone is encouraged to practice safe sex (FGDG: 14/06/2012).

Learners further disputed (and refuted) popular beliefs that making condoms available in schools would endorse sexual relations amongst learners, indicating that many learners were already sexually active. Three boys confessed that school would be an ideal place because youth are not allowed to enter shebeens where condoms were mainly available, particularly in the rural areas. A boy from Ntopa explained, “[M]any learners can easily get condoms at school than any other place but sexual affairs mainly happen outside school, during weekends and school holidays” (FGDB: 16/05/2013). Another one added, “At many villages there are no clinics or health centres were young people can readily get condoms The best is to carry for yourself some from school” (FDGB: 16/05/2013).

Three of the six staff members and only four of the twelve parents conceded that providing condoms at schools would potentially reduce teenage pregnancy and HIV infection. The rest felt that making condoms available would promote and increase sexual activity amongst learners.

The three teaching staff acknowledged the urgency to provide condoms to learners. They highlighted that this would and should be part of the wider effort to curb sexually transmitted diseases, especially HIV infection. They disagreed that such a practice would encourage sex amongst learners. Ms. Tjaru, the Life Skills teacher at Tantera, stressed that the community
should not hesitate or fear to change their attitudes to allow schools to make condoms available to learners. She said,

*Reverting to past ways [of doing things] is very difficult, as a lot of things have changed. Children must be disciplined by both parents and teachers, and we must encourage use of condoms amongst the youth because of there is a virus. It is a reality that we must provide learners with condoms to protect them from HIV and AIDS; and this has nothing to do with promotion of sexual relationships in schools (FGDT: 18/06/2012).*

Ms. Tjaru further highlighted that the well-being of learners was more important than the moral code that many parents adhered to or ideally wanted to instill in their children. She said,

*The rate of teenage pregnancy is an indication that a large number of teenagers are sexually active no matter what moral code adults try to enforce. By providing condoms could reduce the long-term effects that these actions have on teenagers' lives. Although some people may object on the ground that schools should not be encouraging learners to have sex, it is quite clear that they already are sexually active (FGDT: 18/06/2012).*

The views of two of the three teachers at Ntopa concurred with those by Ms. Tjaru who said that communities should ‘move with the times’. Ms. Shoto from Ntopa pointed out that making condoms available to young people would not promote sexual relations, but rather save them from disease. She stressed,

*Young people must be given condoms so that they have protection whenever they have sex. It must be understood that when we talk about condom availability, we are not motivating them to have sex, but we are protecting those who are already doing it (FGDT: 19/06/2012).*

Mr. Ndeu, the school counselor, expressed similar sentiments; saying too that many teachers in the region concurred. He said,

*We teachers always advise learners to abstain but encourage those that are active to use condoms. Teachers have aired different views, but the majority of them agree that learners who are sexually active must be given condoms because you cannot stop those who are already doing it. The most important message that we teach them is to abstain and wait for the proper time. The problem with today’s children is that a lot of things are shaping their thinking and understanding; giving them condoms does not promote sex because they started it already (FGDT: 19/06/2012).*

Learner health and protection against disease infection were of particular concern to these teachers. They felt that upholding morals held in high esteem by the community jeopardized
their (the learners) health. Mr. Ndeu stated that moral codes and values could no longer be used as an excuse to prevent schools from making condoms available. He said,

*If we elders are genuinely worried about our children’s health then we should not shy always from saving their lives by giving them condoms I know the strong moral codes in our community but it is pointless to prioritize it since we know the HIV and AIDS reality on the ground (FGDT: 19/06/2012).*

The views by four parents who supported the notion of schools making available to learners concurred that the community should understand that abstinence is currently no longer appropriate and that children needed to be protected from teenage pregnancy and HIV infection. They also acknowledged that it was difficult today for children to subscribe to cultural and religious norms because they were growing up in multicultural and multi-religious societies unlike in the past. Ms. Kasiku, a parent from Tantera, stressed that as much as parents wished, the reality was that very few children were prepared to abstain from sex until marriage. She commented,

*Sex is part of life and teenagers are eventually going to have it. Only handful will remain abstinent. So if we are going to teach safe sex to those children then we need to be prepared to stand behind it and that means providing condoms freely and easily for all who want them (FGDP: 03/07/2012).*

Similar sentiments were expressed by Mr. Manyengo and Mr. Shangongo, parents at Ntopa. They acknowledged that today’s youth were different to those in their time and it was very difficult for parents to prescribe what youth ought to do. Mr. Manyengo stated, “*[C]urrent learners in schools are unique, not like in our time where parents and churches could manage to enforce their wishes of abstinence on us. We should not be ignorant to expect these kids to abstain; they must just be given condoms*” (FGDP: 24/05/13). Mr. Shangongo expressed that accepting learners from different cultures and religions posed a challenge in that schools could not advocate abstinence in a context where not all members in the community subscribe to such a concept.

Mr. Sirunga, a parent from Ntopa, emphasized the need to acknowledge that HIV posed a serious threat and that schools should address the problem by providing condoms to learners. He said, *We can’t ignore the strong sense of growing urgency of the HIV and AIDS. We know that many learners are affected by HIV and AIDS and teenage pregnancy, so I say let us make condoms*
available in schools” (FGDP: 27/06/2012). These four parents were also sympathetic to teenage girls who fell pregnant and faced the consequences of bringing up children alone and, in a worst-case scenario, became infected with HIV. They suggested that making condoms available would go a long way to remedy the situation. Mr. Sirunga explained,

We need to help these school girls. Girls will carry the shame of having a child out of wedlock with no father in sight and they will be a living proof for the whole society to judge them every day they walk in the streets. Even worse, pregnant girls are forced into motherhood and left to suffer with diseases. They need help and condoms in schools will offer a solution to this problem (FGDP: 27/6/2012).

The description above reveals that the majority of learners and some teachers and parents acknowledge the threat that teenage pregnancy, and HIV and AIDS pose to youth. They felt that making condoms available would help to minimize the challenge. Some participants however disagreed, suggesting that making condoms available would encourage sexual behaviour.

Not all participants supported schools making condoms available. While most adult participants disagreed, interestingly, a few learners were also against the idea as I show below.

Perspectives against making condoms available in schools

Adult participants were much more opposed than learners to the view that schools should make condoms available, citing various reasons for their position. Such perspectives were embedded in the principle of abstinence shaped by religious and cultural discourses. Learner positions, though, were gendered since it was mostly girls who argued against condoms being made available in school.

A common argument by the adult cohort was that condoms promoted early sexual debut and increased the likelihood of sexual activity amongst learners. Another was that learners were not yet matured and once they started, would be unable to resist the temptation of continually having sex. Mr. Ntombi from Tantera encapsulated the prevailing sentiment amongst adults stating, “[G]iving condoms to learners will not be a good thing. We are groomed that dangerous things should not be given to children who are not able to handle it. So, I consider condoms as dangerous tools because children will not have the restraint and power to control themselves when it comes to sex” (FGDT: 18/06/2012).
Twelve of the twenty female learners from the two schools concurred with the above, suggesting that making condoms available would increase sexual activity amongst learners. A girl from Ntopa said, “[M]ost of the learners will start dating [and having sex] because they know that condoms are available” (FGDG: 25/06/2012). In Tantera, a girl pointed out, “[C]ondoms in schools will tempt learners to experiment”. (FGDG: 14/06/2012). In agreement with her peer, another girl at the same school reported, “[P]eer pressure to have sex will increase and at the end of the day every learner will be tempted to have a sexual partner” (FGDG: 14/06/2012).

Three of the six staff members in the study criticized any initiative to make condoms available in schools claiming that communities generally disapproved. They also emphasised that normalizing and formalizing this practice in schools would establish sexual activity as a norm amongst learners and create peer pressure to participate in sexual relations. They alleged that making condoms available would create temptation to engage in sexual activity that is at first ‘protected’ [through the use of condoms] and then later ‘unprotected’. Mr. Ntaranga, the principal of Ntopa emphasized, “[P]roviding learners with condoms will actually encourage the early commencement of sexual activity and when they start, it will be hard to stop even if they don’t have condoms. They will just do it like that” (FGDT: 19/06/2012). He continued, “[P]roviding condoms at school will lead to learners experimenting with sex and once they get involved, they will find it hard to stop. They will do it even if they are not in possession of a condom and consequently they might become infected with HIV” (FGDT: 19/06/2012).

The Life Skills teacher and counselor from Tantera made the point that making condoms available would not only be tantamount to endorsing the practice of having sex at will, but also tarnish the school’s image. Mr. Nkemba said,

> I think providing condoms to learners will be a challenge. We all know that these teenagers are not married. I am aware that they might be sexually active but when you give them condoms, you are indirectly saying that ‘you should go ahead to have sex at school’. For example, to boys it will imply that you can pick any girl and have sex with her because you are provided with the ammunition. And the more we provide condoms, the more we will be encouraging them to have sexual intercourse at school. This will tarnish the school’s image (FGDT: 18/06/2012).
Eight parents from the two schools opposed making condoms available. Reasons for this differed though. Like teachers, some parents were concerned with early and increased sexual activity amongst learners. One of the parents mentioned the possibility of making condoms available leading to prostitution, with the possibility of learners being exposed to sexually transmitted disease, particularly HIV infection. Ms. Kandambo from Ntopa said, “[C]ondoms have promoted the increase of young people having sex for money, namely, prostitution and having sex for enjoyment. This has brought about an increase in the likelihood of sexually transmitted disease including HIV and AIDS. The availability of condoms at school will make the matter worse” (FGDP: 03/07/2012). Mr. Kaliye, the school board chairperson in the same focus group highlighted, “[T]he easier learners obtain condoms, the more they will have sexual intercourse with different partners” (FGDP: 03/07/2012). In addition, he mentioned that sex amongst learners would be normalised were they to have access to condoms in school. He said, “[M]aking condoms available in schools will make sex a normal thing among learners since it is like granting them permission to do it” (FGDP: 03/07/2012).

Four of six parents at Tantera stressed that condoms in schools should not be encouraged as learners would take it as an opportunity to experiment. They added that the trend would promote sexual abuse amongst school-going youth. Mr. Mutali said, “[G]iving out condoms will be equal to instigating children to engage in sexual intercourse. Learners will regard the availability of condoms at school as permission granted to have sexual relations and every learner will try to do it” (FGDP: 27/06/2012). Another parent from the same school, Ms. Mate, felt that allowing condoms represented tacit approval for adolescent sexual behaviour. She said, “[T]he moment the school makes condoms available to learners, then every learner including those who are not yet sexually active, will start to get into sexual affairs because the tool has been provided” (FGDP: 28/05/2013).

Some teachers and parents felt that making condoms available in schools would compromise the morals and values held dear in the community, while others disputed that notion. Those who opposed making condoms available considered the practice as an infringement on the moral codes of the school and community.
Some opposition to making condoms available in schools seemed associated with the school image as well as the relationship between school and community. Most adult participants argued that making condoms available at school would not only increase a decay in moral values but also tarnish the school’s image. Four teachers from the two schools pointed out that schools were reputable institutions that command high respect amongst community members and thus would lose their reputation were they to make condoms available. Mr. Ntombi said, “[S]chools are respected places and the moment condoms are made available at these institutions, then their image will be at stake as the community will not rate them high anymore” (FGDT: 18/06/2012). Mr. Ntaranga said, “Namibia was built on its morals and schools are responsible to teach these morals. Sex amongst teenagers is not one of them. Therefore, a school loses its reputation in the community for making condoms available because it is doing something opposite to its expected function” (FGDT: 19/06/2012).

Mr. Nkemba, the principal at Tanera, put it this way, “[W]e have moral values to uphold as an institution of learning, and proving condoms to learners will result into them having sex continuously and the moral of the school will go down. Consequently, the community will not have any respect for this school anymore” (FGDT: 18/06/2012). When asked to explain their reservations to making condoms available in schools, two parents from Tanera passionately responded that schools ought not to provide birth control in any form, nor instruct learners on their use. They felt schools had the responsibility to inform learners about safe sex but that they did not have the authority to make condoms available. Ms. Kandambo from Ntopa said, “[S]chools can inform, yes; but should not make condoms available. Providing them condoms will only enhance the idea of sexual behaviour and schools will be regarded as a place where learners go for sex, not education” (FGDP: 03/07/2012).

Registering disapproval on making condoms available at school, Mr. Mutali, the school board chairperson said, “It is wrong for schools to provide condoms to teenagers. The sole responsibility of the school is education; that is why parents send their offspring to school. I would prefer schools not to have a hand in this condom business. It is the parents’ right to impact morals and spirituality of their kids. Do the schools know where the parents stand on this issue?” (FGDP: 27/06/2012).
The views amongst adults in the study were that making condoms available in schools would compromise or detract from the main purpose of schools because learners would become preoccupied with sex. They said their role as parents and that of the community was to protect children and therefore be selective with what learners are exposed them to.

Further concerns were raised by some parents and teachers that centred on the conflict between making condoms available and school rules; particularly the rule that prohibited sexual intercourse on school premises. They suggested that making condoms available would weaken the school rules and eventually compromise the smooth running of the school. Mr. Nkemba, the principal of Tantera, said,

*What we are trying to inculcate in the minds of learners is not engage in sexual activities at school and now if there is a policy to say that we should give learners condoms, then we are contradicting ourselves. It will be difficult for us to control learners at school because they will engage in sexual activities since school rules will become weak (FGDT: 18/06/2012).*

Similarly, the principal from Ntopa, Mr. Ntaranga, said,

*We are just fortunate that our learners do not know their rights otherwise we could have a problem. Imagine, we follow the school rules and dismiss or suspend them for having sexual intercourse at school while at the same time we are the ones giving them condoms. The HIV and AIDS policy in education encourages learners to go on with sexual activities at school, which contradicts our rules (FGDT: 19/06/2012).*

Eight of the twelve parents from the two schools shared the same sentiments as teachers by stating that there was no room for condoms in schools because they conflicted with school rules and practices. They emphasized that schools followed rigid rules that regulate daily activities and learner conduct. Introducing practices contrary to school rules would undermine their authority and position. The school board chairperson at Tantera, Mr. Mutali, stated,

*The main concern is that this exercise will make school rules weak and school managers will not know what to do. Just imagine that these condoms are brought to the principal and teachers who are the main custodians to the school rules that advocate the ban of sexual intercourse at school. Do you expect them to turn a blind eye on the school rules and make condoms available to learners? This will be a slap in their own faces because they will transgress their own rules (FGDP: 27/06/2012).*
Mr. Siwaya, a parent from the same school, supported the view and said, “[T]he conflict will rise between the school rules and the policy from the ministry because the school rules do not allow sexual relations at school, while the policy indirectly promotes sexual affairs through making condoms available in schools” (FGDP: 27/06/2012).

Two parents from Ntopa shared similar views as those by respondents at Tantera. They felt that providing condoms at school would create tension between rules and practice and place school management in a precarious position. Ms. Kandambo offered the following observation,

_I was just wondering as what would happen if teachers find learners having sexual encounter at school. Would these learners be suspended from school or not? I see this as a problem since these learners will have a case to argue that they practiced sex at school because they were provided with condoms, which is in accordance with the national policy (FGDP: 03/07/2012).

Adding to what his colleague above Mr. Kaliye stated, “I see it that the ministry decided to make condoms available in schools to allow learners to openly engage in sexual activities without any fear. But, consequences will be severe. Teachers will not be able to control these learners as they will say that you are the ones giving us the tools to have sex” (FGDP: 03/07/2012).

Parents and teachers also cited religious beliefs that precluded sex before marriage as reasons for not making condoms available. Mr. Kaliye, the school board chairperson at Ntopa, emphasized that sex before marriage was sin and against most of the religious doctrines. He cited the sixth commandment of God to illustrate his argument. He said, “In most of our churches we are teaching our youth to abstain from sex before marriage and the sixth commandment (Thou shalt not commit adultery) is very clear and making available condoms in schools will do harm to this Bible teaching” (FGDP: 03/07/2012). A parent from the same school, Ms. Kandambo, echoed the similar sentiments that making condoms available in schools might lead to illicit sexual behaviour, which was against Christianity. She pointed out,

_An Christians and mainly as members of the Catholic Church, our position on condoms is very clear; we cannot allow condoms to be given to the youth because they are not married. We have a fear that condoms will lead them into the devil’s temptation to have sex which is against the sixth commandment (FGDP: 03/07/2012)._
The views above were also prominent during the focus group discussion with parents at Tantera. Eight of twelve parents felt that the intention of making condoms available at school was not only morally wrong but also religiously insensitive. They claimed that learners came from a wide diversity of both moral and spiritual beliefs and hence, could not be exposed to condoms, which is against their beliefs. Mr. Sirunga mentioned that according to their religion, condom use was a transgression of the sixth and seventh commandments of God, thus a double sin. He colleague, Mr. Mutali shared a similar view stating,

*God does not permit us to kill, but then when a man puts his sperm in a condom; it is equivalent to killing since sperms are living things. The best is to resist the temptations and abstain. In that regard, a man is honouring the 6th commandment of God because using condoms during sex is viewed as a double sin as people are first transgressing the 6th commandment for committing adultery. Furthermore, he is transgressing the 7th commandment for committing murder by putting sperm in the condom and throwing it away. The Catholic Church is totally against condoms (FGDP: 27/06/2012).*

Diverse views on the issue by teachers also stemmed from religious beliefs. Some teachers pointed out that sex was a moral issue, and that morality and religious instruction had no place in school, but rather in the home. They were of the opinion that each school ought to maintain the religious values of the particular community in which it finds itself to avoid contravening the common and valued practices. Mr. Nkemba, the principal at Tantera stated,

*I do believe in preserving common religious values. I also believe that young people can abstain from sex and there are many young people who do abstain because of their religious views and a strong appreciation of what maturity and sexual relationship requires. Condoms for learners can offend people from different religions. Thus, schools should do what the community approves in accordance with their beliefs” (FGDT: 18/06/2012).*

Mr. Ntombi from the same school shared the following,

*Some of these kids come from homes where religious beliefs have been instilled into them; such as the Catholic faiths and Lutheran Church teachings about no sex before marriage. I don't adhere to the popular belief that everyone is doing it. Some won't have sex due to religious standing and their parents will get upset if the school decides to give them condoms” (FGDT: 18/06/2012).*

Teachers felt that schools were part of the community and thus, should support community wishes and values. As a result, schools needed to refrain from making condoms available if this was going against the wishes of the community. They stated that since the dominant religious
beliefs in the community do not support sex before marriage, teachers were obligated to honour parents’ wishes by not providing condoms to learners. Mr. Sirunga, a teacher at Ntopa, claimed that programmes to make condoms available were an initiative merely to satisfy learner sexual desires that ignored the community and parental wishes and beliefs. He said, “We cannot just make condoms available at school because learners need to have sex; what about their religious beliefs? We need to be considerate with parents’ wishes and beliefs” (FGDT: 19/06/2012). Mr. Ntaranga added, “The role of the educational institution should be as a support to both children and parents. Schools are not and should never become places where children can override their parent’s wishes in order to fulfill their short-lived desires” (FGDT: 19/06/2012).

Two traditional healers concurred that making condoms available in school would serve to stimulate unwanted desire and elicit sexual activities amongst learners. Mr. Ngoma said, “The presence of any sexually-related tool heightens sexual desire in a person and condoms in this regard will do the same to learners’ feelings” (ITH: 28/09/2013).

Like teachers, parents, and traditional healers, religious leaders also opposed the government’s initiative to provide learners with condoms in school. They indicated that every government is placed in power by God and should serve its people according to God’s laws. This notion ran parallel with the belief and the evidence in Chapter 7 by learners, that the majority of schools in Kavango Region exist in Christian communities; hence participants expressed that they ought to run in accordance with Christian principles. Almost all the religious leaders stressed that God created sex for the purpose of procreation and making condoms available in school would lead to sex for recreation. Deacon Hamunyera emphasized, “Sex belongs inside the boundaries of marriage and anyone who does it outside marriage commits a sin” (FGDRL: 05/10/2013). Deacon Nambase added, “God created sex for married people” (FGDRL: 05/10/2013).

Religious leaders advocated that young people should fear God, live by faith, and do things that bring glory to God. Thus, they all advocated for learners to completely abstain from sex until marriage. Pastor Ndoko quoted the Bible [1 Corinthians 6:18-19] to encapsulate the prevailing sentiment, “Do you not know that your body is a temple of the Holy Spirit, who is in you, whom
you have received from God, therefore, honour God with your body” (FGDRL: 05/10/2013). He went on to explain,

The moment young people break their commitment to abstain from sex they commit a serious sin because the body has to be used as a living sacrifice to God and doing something contrary means they are defiling their faith. When you defile your body it is one of the greatest sins because you are making yourself weak. Any daily activity you will do thereafter will not become successful (FGDRL: 05/10/2013).

The religious leaders pointed out that condom use was not allowed amongst unmarried church members and that making them available as an alternative to abstinence would encourage promiscuity and adultery. Deacon Nambase expressed, “In the Catholic Church, condom use is officially forbidden and making them available to our young members in schools would be unacceptable” (FGDRL: 05/10/2013). In addition, Deacon Hamunyera said, “[M]aking condoms available in school will go against the fundamental principle of Christian teaching of abstinence and promote sex among learners” (FGDRL: 05/10/2013). Pastor Kathimo shared the same sentiment by emphasizing that condoms themselves are a taboo in almost all denominations and making them available in schools would promote immorality among learners. He pointed out that teenagers should control their desire, avoid temptation, and commit to abstinence. Pastor Ndoko emphasized,

There are many temptations in life, not only about sex. How will schools deal with the temptations of learners wanting to drink alcohol or smoke cigarettes at school? Will they heed to their demands? Providing condoms in schools is equal to trying to solve a problem with another problem (IRL: 29/09/2013).

Apart from Pastor Muranda, all other religious leaders did not see teenage pregnancy and HIV infection as good enough reasons to make condoms available in schools. Pastor Muranda pointed out that he would support the initiative in his personal capacity despite this running contrary with his Church’s principles. He said, “We should recognize the plight of young girls who are losing their academic career as well as continues loss of life of productive young citizens who could take this region forward in a no distant future” (IRL: 20/09/2013). Other religious leaders were less empathetic with such situations and pointed out that those were the consequences of immoral actions. Deacon Nambase pointed out, “[Y]oung people should be taught that God have created this world of cause and effect. Therefore, they should know that if their actions are immoral then the penalties can be severe” (IRL: 24/09/2013). He went on using the quote from
the Bible [Galatians 6:7] to illustrate his point, stating, “[Y]ou reap what you sow” (IRL: 24/09/2013). Though religious leaders did not depict teenage pregnancy and HIV infection as punishment from God, they implied as much through associating it with premarital sex, an aspect described in Chapter 8.

In summary, perspectives against the provision of condoms in school were more dominant than those who approved of the practice. Reasons for the former had to do with practices they imagined condoms would promote, some of which had to do with desire and pleasure rather than for the purpose of procreation. Some in this group proposed that condoms permit immoral conduct such as promiscuity and prostitution. Others made the point that school image was an important reason to not make condoms available. They felt that condoms would endorse sexual relations as a norm and would tarnish the school image and bring the school into disrepute. The tension between school rules (prohibition of sexual relations in school) and national policy (to make condoms available) was cited as yet another reason for the challenge in making condoms available. Parents and teachers felt that school rules that do not allow sexual relations created tension between rules and practice that might have consequences for effective school management. While the majority acknowledged that sexual relations took place in schools, and despite knowledge on the advantages of making condoms available, parents and teachers expressed concerns on the role of schools, school image and their position in society. It emerged that teachers were more concerned with how the school was perceived than on the one hand, learner health and well-being and on the other hand, curriculum and policy requirements.

In the next category I present perspectives on whether parents should grant permission before schools make condoms available to learners.

9.2.3 Perspectives on parental consent to making condoms available in school
Participants were divided on whether schools should seek parental consent before schools make condoms available to learners, with the majority of learners in the two schools opposed to the view, while the adult population largely agreed. Diverse reasons were proffered.
As with 9.3, I begin by presenting overall results from the learner questionnaire of the two schools. Learner results from the quantitative data do not correspond with those from the qualitative data (Table 21) that illustrated that learners were divided on whether parents should be consulted before making condoms available.

Table 21: Learner perspectives on parent consent on availability of condoms in schools

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<td>100.0%</td>
<td>100.0%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

Responses in focus group interviews by learners at both schools showed that debates on parent consent were embedded in discourses of fear and of sex being in the private sphere of life; thus not something openly discussed or a thing that parents need to be aware of. Importantly, they considered parental consent as interference since they assumed the right to make their own decisions with regard to sexual matters, including relationships. Many learners reported that parents would become suspicious about their own children being sexually active and would be prone to confront them on the matter. Girls rather than boys from both schools articulated this sentiment more strongly, expressing knowingness concerning parental response. A girl from Ntopa explained,

My parents will not grant that permission. My father will ask a lot questions and will even confront me at home. My mother will be very angry as well. They will ask me questions like, ‘are you already having sex, do you already have a boyfriend and are you no longer a virgin’ and so forth (FGDG: 25/06/2012).

Another girl from the same school concurred and expressed her fear of confrontation with parents were they to have word about such a practice in school. She stated,

Parents should not be consulted because they will definitively not allow it. Some parents will obviously become angry because they will suspect that all learners have sex at school. Some parents think that their children are not sexually active though children do it behind their backs. Consulting them will result in all parents losing trust in their children. (FGDG: 25/06/2012).
Girls at Tantera raised similar concerns. They felt that seeking parental consent would alert parents to sexual activity in school, causing them to restrict movements there and increase control and surveillance of their whereabouts. A girl supported this view by citing her own situation, “My parents will not allow it and will even become more vigilant to observe all my movements because they will now suspect that I am amongst those who are sexually active at school” (FGDG: 14/06/2012). Three girls from Ntopa expressed the view that parents would become unnecessarily suspicious concerning their children’s activities; thinking that everyone at school has sex. This, they intimated, would lead to a breach in trust because some learners committed to parents to uphold the honour of being virgins until marriage. One of the girls said, “Involving all parents on the issue of condoms in school will bring needless tension; it is not all learners at school who want to have sex. Parents will assume that every learner at school is sexually active and they will lose trust in their children’s commitment to abstain until marriage” (FGDG: 16/05/2013).

Seventeen of the 40 learners from the two schools indicated that parent levels of education and openness to discuss sex with children would pose a challenge if schools consulted parents. A girl from Tantera said,

My parents will not allow it and they will be very disappointed. Since they are not educated and are not open about sex and relationships, it will make the matters worse. My mother will be quiet but become stressed and might even end up with high blood pressure. But, my father will probably be brave and ask if I also get involved in sexual affairs at school (FGDG: 25/06/2012).

This above argument runs parallel with what I have reported earlier in this chapter on how silence of sex and sexuality shape participant’s perspectives towards availability, accessibility and distribution of condoms in school.

It further emerged from the focus group discussions with boys from the two schools, that they did not want parents to be involved in their sexual life and viewed the idea of consultation with parents as permitting or authorizing parents to dictate to them private aspects of their lives. Boys felt that parents would impose their will and stop schools from making condoms available since the majority are against sexual relations outside marriage. Boys emphasized that as ‘grown-ups’, they need privacy with regard to individual sexual behaviour. A boy from Tantera maintained,
We are grown-up boys and girls, and most parents will not be able to tell their children on what to do especially when it comes to sexual relationships. This means that learners should get condoms by their own will if they need condoms. Why should parents give permission for that? (FGDB: 13/06/2012).

Some boys held the view that they needed space to exercise some freedom without any parental involvement. They posited that they were matured enough to make ‘simple’ choices such as when to start dating and obtain condoms. One of the boys who was very outspoken said, ‘[P]rincipals or whoever is in charged should start to recognize learners as important component of decision making particularly on issues that concern their private affairs such as accessing condoms” (FGDB: 20/05/2013). Two boys from the same school echoed the sentiment that they did not see the need to solicit parent consent since there were a number of school matters where parents were not consulted. One of them said, ‘[P]arents should have the confidence in their children to make their own decisions on the condom issue; just like they have confidence in them when they allow them to choose subjects they would like to do” (FGDB: 20/05/2013). Similarly, four boys from Ntopa stated that parents had little choice on the matter; even if they refused schools to give condoms, learners were able to still access them through other means. One of them stressed, ‘[P]arents should not have input on this matter as it is up to a learner himself/herself to get condoms Even if they refuse them at school, learners can still get condoms at other places if they want to” (FGDB: 16/05/2013).

Some boys were surprised that such an idea was even open for discussion and questioned the relevance of consultation with parents. They claimed their independence and the status of being ‘grown up’. A boy from Ntopa said, ‘What will parents do about it at our age? Some of us are big enough and we will not feel comfortable for our sexual life to be discussed with our parents” (FGDB: 06/06/2012).

Boys from Ntopa reported that some parents do not want to get involved in discussions on children’s sexual affairs. One boy stated, ‘[S]ome parents do not like to [be] involved in their children’s sexual matters. Even at home, because they regard them as mature enough. So calling them at school for that meeting will not help anything” (FGDB: 13/06/2012).
Responses by boys signaled a belief that learners and schools are autonomous and thus have power to make decisions on sexual matters. Boys invoked their status as sufficiently matured and independent to make personal decision and choices. Girls though, were more concerned than boys with what parents would say or do when they heard that condoms were available at school. The former’s views were constructed in discourses of fear and the latter, potential lack of privacy on sex related matters. Girls were concerned with the authority parents had over their sexual lives and the consequences this would have on their position as virgins and the notion of being ‘pure’ till marriage. Boys, on the other hand, were less concerned about the consequences of parents finding out that condoms were available in school. Rather, they were determined to position themselves as independent and capable of making decisions, including on their sexual lives.

Adult participants though, had different perspectives and advocated for consultation. Overall, the results reveal that most supported the ideas of parental consent but for different reasons. It emerged that teacher perspectives were mainly based on effective communication to avoid possible conflict and blame that might arise if parents learnt about the practice through learners or a third party. The principal of Ntopa, Mr. Ntaranga, emphasized,

*It is important to consult parents to get their points of view because they are stakeholders in education. They will be offended if they get this information from the streets; it will give an impression as if they were undermined. Consequently, they might not offer their support to maintain discipline at school, as they will point fingers back to the school, that it created problems itself by providing condoms to learners. (FGDT: 19/06/2012).*

In a related matter, the principal of Tantera, Mr. Nkemba, described expectations by parents on what schools ought to have authority over. Parents, he said, may be distressed were they to learn that ‘new things’ were introduced at school without their consent. He said,

*... it is good to engage parents first and get their general views on the matter because these days we cannot force to teach and give children things without parent consent. Above all, we are not sure whether parents are happy with it or not. Otherwise when it will backfire; they will come and complain at school (FGDT: 18/06/2012).*

Some teachers felt that parental consent was an important element in the decision making process and that schools could run the risk of losing support from parents if they made what was considered ‘unilateral’ decisions about making condoms available to learners. Four of six
teachers held the view that they didn’t want the community to view teachers as intruding in matters they felt were in the family domain. Sex and sex-related matters, teachers agreed, fell within the private and family domain. The principal of Ntopa, Mr. Ntaranga, narrated, “[W]e don’t want to risk our reputation to deal with sexual issues at school because parents feel that those are aspects that fall within their jurisdiction” (FGDT: 19/06/2012).

Some teachers acknowledged the sensitivity of issues pertaining to sex and sexuality. Mr. Ntombi a teacher at Tantera said, “Sex and condoms are things that go against good morals of the society and making a decision about it requires a proper consultation and stakeholders’ engagement” (FGDT: 18/06/2012). Similarly, Mr. Ndeu, a Life Skills teacher at Ndopa, shared similar sentiments, expressing that many parents would find it odd that the school would make condoms available without their approval. He said, “[M]any parents will be disappointed because they think it is not in the school’s mandate to deal with sexual matters” (FGDT: 19/06/2012).

Apart from the articulated beliefs for the need to consult and fear of being blamed for going against societal norms, the above arguments also reveal that teachers felt they did not have the authority and mandate to decide on matters that they relegated to the private sphere of life. As with teachers, the discourse on jurisdiction over learners was also apparent in responses by other population groups in the study.

Parents themselves emphasized the need for a consultation process between the parent body and school to avoid disagreements. Like teachers, four deemed sex a private matter that should be left in the hands of the parents. A parent from Ntopa, Ms. Kandambo, said,

The process of consulting parents will help a lot and void parents from clashing with teachers on issues that teachers might be innocent on. Many parents will be upset if they are not involved (FGDP: 03/07/2012).

The school board chairperson of the same school, Mr. Kaliye, emphasized that some parents might feel that schools were intervening in the family domain, since they should have control over their children’s sex or marital affairs, not schools. In agreement, Mr. Sirunga, a parent from the same school, said,
It is very important to consult parents through parent meetings for them to grant the permission or not. Otherwise, some parents will even come to school, register their grievances about the matter, and question the school’s intention of giving condoms to their children. This policy is bringing conflict between the school and parents. (FGDP: 03/07/2012).

Four parents from the two schools further pointed out the tension between parent rights and the jurisdiction they have over their children and the idea of condoms being made available in school. They saw learner academic performance as a priority and the sole purpose of schools. Furthermore, they claimed jurisdiction over their children’s social upbringing and well-being. They stated that it was very important that there was consultation and in the absence of that, some parents would be very disappointed and might even confront the principal. They expressed the view that they sent children to school to learn, not be given condoms. The school board chairperson of Tantera, Mr. Mutali, put it this way,

Parents will question the school’s intention of giving out condoms to learners since it is contrary to their expectation as what should school do. I don’t think that many parents will be happy about it. Though it is the government’s policy, I strongly feel that parents should be consulted thoroughly before the schools will implement it because they have jurisdictions of those children who are in schools (FGDP: 27/06/2012).

A parent from the same school, Mr. Siwaya, supported the idea and briefly stated, “[S]chools should consult us because they don’t have a role to play in our children’s sexual life, which is our responsibility” (FGDP: 27/07/2012).

Parents at Ntopa shared similar views as those at Tantera concerning permission to make condoms available. All at this school confirmed the need to be consulted though they did not see the issue of making condoms available as a priority or an urgent matter given their expectations of schools. The school board chairperson, Mr. Kaliye said,

Parents need to be involved. However, the issue of making condoms available in schools will be a very difficult thing to be agreed upon because parents send their children to school to be taught since it is only through education that these children will get better life. No parent sends his/her child to school to get pregnant or to get involved in sexual activities. If teachers will take it on themselves to give condoms to our children, then they will have questions from parents to answer” (FGDP: 03/07/2012).
In agreement with the aforementioned, two parents expressed their expectations with regard to their children’s performance and pointed out that the school would be blamed for poor performance if it diverted its effort from teaching to making condoms available. Ms. Kandambo stated,

*Parents have high expectations for their children to perform well at school and I don’t think that they are prepared to be engaged in condom-related discussions instead of the pressing issue of their children passing their exams. We want the school to concentrate on teaching not on giving out condoms. We will not hesitate to point fingers to them if our children don’t pass because we will know that they focused on providing condoms, not giving lessons (FGDP: 03/07/2012).*

Some parents cited learner performance as an overall challenge, imploring teachers not to divide their efforts between teaching and distributing condoms. They wanted schools to pay attention to one problem at a time instead of with many issues they would be not able to solve. They stressed that they were prepared to provide guidance to schools through consultation, to avoid blame. A parent at Tantera, Mr. Siwaya summarized the general sentiment,

*Parents will turn against the school and blame it that it devoted most of its time giving out condoms instead of teaching their children (FGDP: 27/07/2012).*

Teachers seemed reluctant to make condoms available to learners because of fear of blame by parents. This sense of blame related to their being perceived to be advocating bad sexual tendencies amongst youth. Parents raised concerns about their power and jurisdiction over their children. They felt they ought to sanction whatever schools do that concerns their children.

The reason for soliciting parent consent expressed by the traditional leaders and religious leaders took a specific tone, namely that learners are underage and might make hasty, selfish decisions that are not well thought out, while teachers don’t know parents’ stand-point with regard to their children’s choices about engaging in sex relations. Two traditional leaders pointed out that parental consent is crucial and communities should not succumb to modernization that they argued, caused societies to abandon good sense in favour of individual rights and privacy. Ms. Mpandu said, “*[S]ometimes this freedom that young people are demanding is ridiculous. The issue of parent consent is a no-brainer; I cannot even believe that anybody could doubt such process” (ITL: 06/10/2013). Mr. Naitera put it this way, “*[P]arents must make such decision;
All religious leaders agreed that parent consent was a crucial element in deciding whether or not schools should make condoms available. These views support their arguments on schools not providing condoms to learners presented earlier in this chapter. They pointed out that youth were not mature enough to sort out the facts and make good choices about their sexual life. Three of them emphasized that schools should be sensitive that learners come from houses with considerable differences in their positions regarding sex before marriage and condom use. Deacon Hamunyera said, “[P]arents have a moral obligation toward their children and they should be consulted on every matter that concerns them” (IRL: 24/09/2013). Sharing similar sentiments, Pastor Muranda explained,

*Learners need support and advice from their parents, and there are learners who make a commitment to their parents to abstain until marriage. Therefore, it is insensitive to start giving out condoms without the parental consent because their children might be tempted to breach their agreement with their parents* (IRL: 20/09/2013).

In summary, arguments in this section revealed that participants were divided on the notion of parental consent. Some learners felt that as young people, they needed to become independent and make autonomous decisions. They rejected the idea of soliciting permission from parents. They posited that the stage they find themselves is natural; a time when young people need to explore new relationships and become involved in many activities outside the family. Contrarily, other groups of participants interpreted interference differently. They argued that providing condoms in school without parental consent is interference in the family domain.

The next theme focuses on the accessibility of condoms in schools.

### 9.3 Accessibility of Condoms in Schools

What follows is evidence on how learners propose they obtain condoms at school and *how* this approach enables or constrains accessibility to condoms in general. Parents, religious leaders, traditional leaders and traditional healers were silent on this matter since it mainly deals with the actual allocation of condoms in the school premises.
Most of the learners and teachers from the two schools indicated that access was mainly through teachers. Both parties confirmed that it was not easy but for different reasons, as I detail below. I present the findings in two categories; teacher positionality and accessibility to condoms and teacher-learner attitudes toward access to condoms.

9.3.1 Teacher positionality and accessibility to condoms

The results from the focus group discussions with learners at both schools revealed that they mainly accessed condoms through teachers and that they were uncomfortable doing so. They cited that as adults, teachers and community members made it difficult for them to openly ask for or obtain condoms.

Teachers occupy different roles and positions in society that shape interactions and relationships. Though their role at school is to teach learners, learners also viewed them as adults and representatives of the parent community at school. Learners regarded teachers as ‘parents’ while teachers classified learners as their ‘own’ children. A girl from Tantera said, “[T]eachers are age mates of our parents and it is difficult for us to get condoms from them because we regard them as our fathers and mothers” (FGDB: 14/06/2012).

Focus group discussions with learners also revealed that barriers including embarrassment about obtaining condoms from sources that required person-to-person contact complicate accessing condoms. The majority of learners cited potential embarrassment in having face-to-face encounters with teachers to ask for condoms or to take them in a full view of teachers because they regarded them as parents. A girl from Tantera said,

_"I cannot go to a teacher and ask for condoms because a teacher to me is like my own mother or father... and for them to know that I obtained condoms is like officially announcing to them that I am going to have sex, which is a shameful thing to do in my culture_” (FGDG: 14/06/2012).

In agreement, another girl from the same school mentioned, “[T]eachers are elders and are like parents to me. It is like, I cannot go and ask from my parents because it is a taboo and equally so, I cannot do that to a teacher” (FGDG: 14/06/2012).
A girl from Ntopa highlighted the lack of privacy when learners obtained condoms from teachers. She said, “… that is like I don’t know how to say it but it sucks, because they will know that learner A and learner B got the packet of condoms and they intent to have sex and that is embarrassing (FGDG: 25/06/2012).

In addition to embarrassment and lack of privacy, learners also raised the issue of self-consciousness and reluctance. Learners reported that one would need to have confidence to approach a teacher to ask for condoms. A boy from Ntopa said, “[W]e are reluctant to obtain condoms at school because of shyness … and a learner will feel that if I go to teacher X to ask for a condom, the teacher will know that this one is having a girlfriend … and today or tomorrow he is going to have sex … then that is a problem” (FGDB: 06/06/2012). Supporting the view, a boy from Tantera shared the sentiment that the inter-personal relationship between learners and teachers made it difficult for the former to ask, let alone obtain condoms from the latter. He said that only few learners had the confidence to approach teachers. This boy said, “You need to be strong and ready to answer questions when you approach a teacher to ask for condoms because they are like your parents and they prepare you to concentrate on your studies not on sexual activities” (FGDB: 13/06/2012). I will in this chapter present how these feelings affect the process of distributing condoms in school.

Learners were also reluctant to access condoms from teachers because of the connotation attached to condoms. Learners perceived teachers to be judgmental, with remarks they passed often making learners uncomfortable. Some boys pointed out that since many teachers did not support making condoms available at school, they would use every opportunity to intimidate them when they wanted to obtain condoms from them. A boy from Ntopa alleged that teachers used learner age to deny them, saying, “Teachers like commenting and they might remark on my age; like you are too young to have sex or they might say that you are too big for these girls at school; to have sex with them and so forth. These might discourage you from taking condoms from them” (FGDB: 06/06/2012).
Another boy from Tantera mentioned that some teachers like passing negative comments regarding safety in using condoms thereby scaring learners. He alleged that these were tactics to discourage learners from obtaining condoms from teachers. This boy reported, “Some teachers are always saying that condoms are not safe and should not be trusted. Now how do you expect learners to get condoms from these teachers who are already negative about it? These are just ways to indirectly tell us not to ask condoms from them” (FGDB: 13/06/2012).

A boy from Ntopa reported that teachers used learner performance as a way to discourage them from obtaining condoms. Though teachers made these remarks in general, it was enough to create discomfort amongst learners. This boy stated,

Some teachers will come in the classroom in the morning and give a talk to the class that some learners have lost focus since they are only concentrating on sex by asking condoms from teachers every day. Instead of using the time to approach teachers to ask about the subject content, they are going to teachers to get condoms (FGDB: 06/06/2012).

Another boy from Ntopa reported that teachers were continuously attributing poor performance by boys to their eagerness to get condoms and their involvement in sexual activities. He mentioned that there may be other factors apart from sexual relationships that contributed to males failing at school; yet some teachers take the former as the sole reason. He said, [L]earners can fail because of different reasons but some teachers are blaming boys that we are more in sexual relationships thus we cannot perform well in our subject. This is just an excuse to intimidate us not to take condoms at school (FGDB: 06/06/2012).

Girls from the two schools shared similar views as those by boys. They stated that as long as teachers were the ones to distribute condoms, very few learners would have the courage to ask because of teacher attitude. Girls said that though teachers teach about ‘safe sex’, they just do so in theory; they were not prepared to encourage the practice. A girl from Ntopa reported that teachers refused some learners condoms on several occasions. She said, “[T]eachers will not give you condoms and will tell you that learners are at school to learn not to have sex; but they are the ones who are teaching about safe sex … how can we practice it if they are not giving us condoms at school?” (FGDG: 25/06/2012)
Some girls stated that most teachers discuss condoms just as subject content which they want learners to know to pass an examination; not for practical use. A girl from Tantera shared that teachers used different methods to make learners feel guilty whenever they requested condoms. She said,

*They are just teaching us about condoms but if you ask them one then they will pass a lot of comments calling you sexually active or having divided attention at school. Learners are always reminded about their purpose at school whenever they want to get condoms from teachers. As a result, they decide to stop it because they are unable to withstand the pressure*” (FGDG: 14/06/2012).

Three of six teachers from the two schools felt that they represented parents at school and that learners would treat them the same way they treated their parents. They reported that learners feared obtaining condoms from them because they are authority figures and are expected to act as parents. Mr. Nkemba from Tantera said, “*[L]earners are naturally warned and reprimanded by their parents when found or suspected to engage in sexual relationship, thus they also fear this to happen when teachers notice that they are having sex*” (FGDT: 18/06/2012). From the same school, Mr. Ntombi added, “*[M]ost of their parents are against sexual relationships and I think all teachers are also against it*” (FGDT: 18/06/2012). The multiple identities of teachers became a central feature in learner-teacher’s relationship.

Some teachers also reported that learners themselves were possible barriers to accessing condoms at school. Three of the six teachers indicated that learners were ‘naughty’ and made fun of those who attempted to obtain condoms. Teachers called this behaviour ‘ignorant and arrogant conduct’. They saw learners who asked for condoms as being proactive in protecting themselves against teenage pregnancy and HIV and AIDS. Mr. Ntombi from Tantera said, “... specifically boys ... they are very naughty or arrogant so to say. They will tease everyone they see picking up condoms by calling them all sorts of names. Hence, learners are shy to pick up condoms even if they are displayed at a particular place” (FGDT: 18/06/2012).

Holding the same view, Ms. Tjaru from the same school mentioned that learners feared stigmatization by peers. She was aware of a sector of the learner population that did not advocate for condoms to be accessible or available at school. She made the point that this group created discomfort amongst the learner population, associating condoms with being ‘evil’. Girls in
particular experienced name-calling. She said, “[M]any learners are shy to pick condoms because of the consequences of being teased and gossiped by fellow learners. This is common among girls but there are also boys who bully others when they see them getting condoms at school” (FGDT: 18/06/2012).

In sum, the above results demonstrate the complexity of the socio-cultural milieu and relationships between teachers, parents, and learners. The close kinship of the society underpins the perspective that getting condoms in the full view of teachers is a norm that runs against the acceptable societal standard. Therefore, the discourses of acceptability, fear and embarrassment were apparent and it emerged that these discourses were gendered and culturally constructed. The above presents yet another level of complexity in the discourse on the accessibility of condoms in schools. Learners pointed out that teachers are an obstacle because they pass judgment and police them, while on the other hand, teachers felt that learners themselves were to blame because they discouraged peers from accessing condoms through bully tactics and gossip.

The next theme presents respondent perspectives on condom distribution in schools.

**9.4 Distribution of condoms in schools**

I investigated where schools kept condoms and in the event that condoms were available, who distributed them at school. I also asked questions on how the distribution method shaped learner uptake and use of condoms. I first present the overall results from the learner questionnaire on experiences in the two schools on where condoms are kept at school. I thereafter present results in the following categories of description: Embarrassment and fear to obtain condoms, the doctrine of *in loco parentis* and condom distribution, and teacher-learner sexual relationships and condom distribution.
9.4.1 Learner experience of condom distribution and locality

Learners were asked in the questionnaire to state where condoms are kept at school. Table 22 below gives the results.

Table 22: Learner experiences on where learners obtain condoms at school

<table>
<thead>
<tr>
<th>Inside the school</th>
<th>School</th>
<th>Ntopa</th>
<th>Tantera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Library</td>
<td>No</td>
<td>16</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>%</td>
<td>24.6%</td>
<td>11.6%</td>
<td>17.2%</td>
<td></td>
</tr>
<tr>
<td>Life skills teacher</td>
<td>No</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>0.0%</td>
<td>2.3%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>TCE workers/AIDS clubs</td>
<td>No</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>%</td>
<td>1.5%</td>
<td>1.2%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Office/Staff rooms/Secretary's desk</td>
<td>No</td>
<td>4</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>%</td>
<td>6.2%</td>
<td>19.8%</td>
<td>13.9%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside the school</th>
<th>School</th>
<th>Ntopa</th>
<th>Tantera</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nowhere/Not available at school</td>
<td>No</td>
<td>15</td>
<td>24</td>
<td>39</td>
</tr>
<tr>
<td>%</td>
<td>23.1%</td>
<td>27.9%</td>
<td>25.8%</td>
<td></td>
</tr>
<tr>
<td>Other places</td>
<td>No</td>
<td>30</td>
<td>33</td>
<td>63</td>
</tr>
<tr>
<td>%</td>
<td>46.2%</td>
<td>38.4%</td>
<td>41.7%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>65</td>
<td>86</td>
<td>151</td>
<td></td>
</tr>
</tbody>
</table>

Percentages and totals are based on respondents and not responses

Table 22 depicts that the majority of learners obtain condoms outside school. The results reveal that 25.8% (39 out of 151) of learners from the two schools indicated that condoms are not available at school, while 41.7% (63 out of 151 learners) answered that they got condoms at other places outside the school. Sixteen of 65 learners from Ntopa School and 10 out of 86 learners from Tantera said they obtained condoms from the library. Some learners (6.2% from Ntopa and 19.8% from Tantera) also indicated that the principal’s office, staff room and secretary’s desk are some places where learners obtain condoms at school.

The results from the qualitative data revealed that learners and teachers from both schools reported that when condoms are distributed by teachers, the majority of learners were reluctant to approach teachers. Similarly, some participants indicated that teachers should not be involved in distributing condoms to learners.

In the next category I present how the discourse of embarrassment and fear constrains learners from getting condoms at school.
9.4.2 Embarrassment and fear in obtaining condoms

When learners were asked why they don’t obtain condoms school, the most common responses were either condoms were not available or they are locked in offices or the library. In addition, the majority spontaneously suggested they are embarrassed to pick up condoms. This embarrassment varies somewhat in its underpinning and emphasis. Some learners had a fear of being called to order by teachers while others felt that acquiring condoms at school affects their reputation and image among the school community. A girl from Ntopa pointed, “Teachers want us to focus on our studies and I suspect that if they see you picking a condom you will be called to the office and tell you to leave sex issues to concentrate on your school work” (FGDG: 16/05/2013). Sharing the same sentiment, another girl shared that teachers at her school always discourage sex relationship at school as they see it as destructive of learners’ focus on their academic work. In her words,

Teachertells ustoleavexitotheadultsandpayattentiontouroffourstudies...thisisthemessage theygiveusalmostatallgatheringssuchasmorningassembliesandmeal-times intheDiningHall.So,whatdoyouthinkwillhappeniftheyseeyoupickingacondom? Youwillbeintrouble(FGDG:16/05/2013).

To add to this argument, a girl from Tantera said, “[P]ickingacondominthefullviewofateacherwillcountagainstyouonedaywhenyouwillperformwellatschoolactivitiessince teacherswillsaythatyouaredisturbedbyromanticaffairjustbecauseyouarealwaysseen collectingcondomsatschool”(FGDG:20/05/2013). Two girls from the same school shared their experience on how a female teacher from their school always passed general remarks about learners who search for condoms at school at the expense of learning materials. One girl explained, “[O]neofthefemaleteachersalwaysremindustolookforbooksforsstudynotfor condoms to have sex; I think she can even shout at you if she sees you picking one in the basket (FGDG: 20/05/2013).

The above perspective corroborated the fear (suspicion) of possible disciplinary measures that can be taken against those seen taking condoms. As one girl at Ntopa claimed, “[O]ur teachers are against sexual relationship at school and I think that one can be punished or given a warning if seen by a teacher picking condoms anywhere at school” (FGDG: 16/05/2013). The same feelings were shared by another girl who narrated how several learners were suspended
from school for being suspected of having sexual relationships at school. She elaborated, “I think learners are afraid to obtain condoms at school because they have seen their friends who were suspended for having sex at school; maybe teachers will think that they are collecting condoms to practice sexual intercourse like those who were caught in classes last term” (FGDG: 16/05/2013). At Tantera, three girls pointed out that although their school rules do not restrict learners from acquiring condoms they foresee some hidden consequences if teachers observe an increase in such tendency. One of them said, “[I]f you pick condoms and teachers see you than you will be the first suspect when rumours will come out that there are learners having sexual relationship at school” (FGDG: 20/05/2013). Her peer agreed and elaborated,

You never know, teachers might list-down all learners whom they see acquiring condoms and label them trouble-makers. Teachers might closely observe these learners’ movements. Such things can put you in trouble just by committing a silly mistake without you knowing that you were trapped long back (FGDG: 20/05/2013).

In another girl’s view, though condoms might be acquired freely at school, the concern is that teachers might use other methods such as introducing unrealistic rules to indirectly discourage sexual activities among learners. She illustrated,

... instead of stopping learners from acquiring condoms, teachers might set up strict rules for example locking-up girls’ residences very early and ban all school’s social activities (events) just to avoid interaction between boys and girls out of classrooms. This will be a big punishment to learners because the school will be boring (FGDG: 20/05/2013).

Both boys and girls in this study found the experience of obtaining condoms under the gaze of teachers and/or peers to be fraught with embarrassment. The social image that most learners would like to portray to the school community also illustrates how embarrassment inhibits the acquisition of condoms in school. Most girls mentioned that they try their level best not to engage in certain activities to avoid being embarrassed and damage their social image of “a decent child”. It emerged that the way in which they perceive how others (teachers and peers) judge and evaluate them in a social predicament is crucial in acquiring condoms at school. A girl at Ntopa mentioned, “People make unnecessary assumptions about you when they see you getting condoms and this gives you a bad image” (FGDG: 16/05/2013). Her peer from the same school pointed, “Sex is a private thing that most people really don’t want others to really know about ... but picking a condom at school in the presence of fellow learners or teachers is very embarrassing. Everyone will know that you are going to have sex and the next day they look at
you low” (FGDG: 16/05/2013). Another girl put it as “[M]any girls want to be seen as decent, honest and virgins ...they don’t want people to know that they are sexual active” (FGDG: 16/05/2013).

Most girls from the two schools felt that they have a status to maintain, that of being considered diligent, and they feel that acquiring condoms in school has a detrimental effect on their image. Their perceptions of being embarrassed seem to emerge from the suspicion that they can be labelled as sexually active, too bold or whores if they are seen accessing condoms. A girl from Tantera said, “... because you wonder as what others think about your picking a condom in the basket or cupboard; maybe they think you are too young... or that you are going to use it with someone else’s boyfriend” (FGDG: 20/05/2013). Another girl added, “[E]ven your own friends will spread stories that you like” (FGDG: 20/05/2013). The same sentiments were shared in the focus group discussion with girls at Ntopa. They expressed views of social discomfort and uneasiness about acquiring condoms in full view of the boys. Three girls raised concerns about how boys insinuate that girls who carry condoms are not truthful in their relationship. One of them illustrated the point by saying, “[S]ome boys will even go and tell your boyfriend that you are reckless and hard to trust because of your confidence to collect condoms shows that you are a sex addict who can go out with many guys. It is really embarrassing” (FGDG: 16/05/2013). Another girl added, “... they are unfair to us. Boys are free to pick condoms in front of us but I think if a girl does so, then they will make stories about her that will even destroy her relation with the boyfriend” (FGDG: 16/05/2013). They also mentioned feelings such as shame, guilt and blushing when asked about the process of obtaining a condom at school.

The perceptions above are underpinned by connotations attached to having condoms in these communities. Both boys and girls cited that having a condom implies among other things that the person is anticipating having sex, or has actively worked to seduce the other person. One boy from Ntopa School put it as “People already know what you are going to do once they see you picking a condom. Condom is sex and sex is condom, the two cannot be separated” (FGDB: 16/05/2013). In addition, another boy said, “Condoms are for those who are sexual active and you don’t doubt their intention when you see them picking it” (16/05/2013). Such connotations discourage many learners especially girls from acquiring condoms at school. They pointed out
that they duck acquiring condoms at school to avoid potentially embarrassing situations which threaten reputation and status.

The above sentiments are related to the high value of privacy and anonymity that underpin the reluctance of girls acquiring condoms in schools. The fear of being publicly exposed and humiliated while accessing condoms is captured in the following quotes where girls from Ntopa who imagined that everyone at school is laughing at them. One said, “If it is difficult in a small school like ours, learners are few and everybody knows everybody. The chances of being watched and judged are very big” (FGDG: 20/05/2013), girls for Tantera said, “... you will be open to becoming subjects of school gossip” (FGDG: 16/05/2013) and “They will laugh to you may form bad stories about you that will spoil your opportunity of having better relationship in the future” (FGDG: 16/05/2013) respectively. A third girl from the same school said, “[F]ellow learners will gossip about you and you will eventually get a bad reputation, which can also result into feeling guilt and loss of friends because no one wants to associate herself with a sex addict” (FGDG: 16/05/2013).

As the discussions above outline, maintaining and protecting a public image and reputation mattered to many learners. This seemed to be embedded in the fear of the social consequences they might face of violating the social norm of abstinence which is embedded in the notion of a decent girl. However, these views are gendered since boys have a different position as reported below.

Some boys stated that the aim of getting a condom is more important than what other people think about them. They confirmed that they don’t have a problem with their peers watching them picking condoms. However, some boys said they were reluctant to do so in full view of teachers. They acknowledged the discomfort especially for the first time but they pointed out that these are feelings that fade when one does it several times. A boy from Ntopa explained,

It is uncomfortable picking a condom in front of others those few times but then it gets easier. Sometimes the people you see next to you have seen individuals picking condoms from that basket all the time, so why should you bother? You are just another person getting a condom and people around probably don’t even give you a second thought, so you don’t need to stress yourself (FGDB: 16/05/2013).
His friend from the same school added, “I don’t find it to be a big deal. I did it several times and the friends seem not to give me a second look. I wouldn’t be too concerned about it. I am sure that they see those types of things on regular basis” (FGDB: 16/05/2013).

Four boys also mentioned that the safety that condoms provide is more important than the fear of being embarrassed. One boy from Tantera said, “…it does not matter, every time you are going to collect condoms think that you are being saved from HIV and that you are not ready to be a father. It is okay, you are just trying to be safe. It does not matter what other people think; just ignore then they will regret laughing at you” (FGDB: 20/05/2013). In addition, another boy shared his experience, “[I]t does bother me of being looked at; for me I just believe that my safety come first” (FGDB: 20/05/2013). The same sentiment was expressed by boys at Ntopa where one emphasized, “I would rather have someone look funny for me picking a condom then look at me funny when I have impregnated a girl” (FGDB: 16/05/2013). His friend encouraged, “… one should not be worried, you are not the only one picking condoms, so just ignore those who are looking weirdly on you; take a deep breath, get condoms and go” (FGDB: 16/05/2013).

The data further revealed alternative approaches learners use to lessen the feeling of being embarrassed when collecting condoms. A boy from Tantera pointed out that collecting condoms in a group is less intimidating than doing it alone. He said, “Ask someone like one of your really good friends to go with you and it is like a joke” (FGDB: 20/05/2013). Another one suggested, “… so bring a friend with you to cut down the fear of being teased or mocked. Safety in numbers” (FGDB: 20/05/2013). Similarly, a boy from Ntopa advised, “The trick is to get is to be brave and if you are shy, try to act cool and avoid eye contact with other people” (FGDB: 16/05/2013). His friend shared that big boys at school always send a group of naughty young boys to collect condoms for them. They are said to be bold and courageous about doing this exercise. In his words, “… young boys are open and fearless, they can collect condoms without bothering as to who is looking and people don’t take them serious as well” (FDGB: 16/05/2013).

On the other hand, teachers pointed out that learners have a moral obligation to make a choice whether they want to have sex or be embarrassed about acquiring condoms. Ms. Shoto, a school counselor at Ntopa, questioned why learners should be uncomfortable about acquiring condoms
but they are contented with engaging in sexual affairs. She went on to say, “I am not sure if they don’t have the guts to collect condoms whether they really even need them” (FGDT: 19/06/2012). Her colleague Mr. Ndeu added, “[I]f they are too embarrassed to collect condoms then they are no near ready of sex. If they are uncomfortable getting condoms at school then they shouldn’t be having sex in the first place” (FGDT: 19/06/2012). Teachers further claimed that they are not responsible for learners’ reluctance to acquire condoms. Ms. Tjaru a Life Skills teacher at Tantera explained, “I have been giving condoms to learners or see them collecting it from the library all the time. I don’t really judge them because my job is to safe their life. I don’t say anything either because I know that I cannot be able to stop them from having sexual relationship or because it is none of my business” (FGDT: 18/06/2012).

Similarly, parents and traditional leaders seemed to endorse learners’ feelings of being embarrassed as normal and portray a traditional norm of how sex matters ought to be dealt with. They emphasized that sexual desires need to be accorded extreme privacy and one should not show everybody your intention of going (wanting) to do it. Mr. Shangongo a parent from Tantera said, “Sex is a private matter and for a young person to get condoms from an elder is a sign of lack of morality” (FGDP: 20/05/2013). Similar sentiments were shared by two traditional leaders who pointed out that learners should be ashamed to get condoms at school because that is not environment where sexual relationships are supposed to happen.

On the other hand, religious leaders were adamant that condoms should not be distributed in schools.

In the next category I present discourse around in loco parentis and how it influences teachers’ positions with regard to their distributing condoms to learners in school.

9.4.3 The doctrine of ‘in loco parentis’ and condom distribution

Data from the adult participants showed that there is a tension in determining a reasonable standard in the hopes of striking a balance between teachers’ professional roles of implementing the government policies in school and their social responsibilities as being in loco parentis. It emerged that the discourse of in loco parentis adds a further dimension to the fluidity of
teachers’ roles. This discourse carries over parental roles and responsibilities to teachers that are shaped by the discourses of religious, culture and sexuality. As a result, teachers have to come to terms with these fluctuating roles and decide whether they should distribute condoms or not.

Some teachers indicated distributing condoms to learners is a modern thing that can put their positions at risk because some parents might not like it. Ms. Shoto, school counselor at Ntopa, pointed out, “Parents have entrusted us the responsibilities of caring their children and we have certain liabilities when things go wrong” (FGDT: 19/06/2012). She went on to explain, “… standing in for parents is a risky business because the exact extent and nature of this responsibility and power differs from one society to another and from one case to another” (FGDT: 19/06/2012).

Almost all teachers agreed that distributing condoms to learners is a controversial moral issue and that they might expect counter-pressure to have them ostracized by the community because of a potential breach of trust. Mr. Nkemba a principal of Tantera said, “Teachers cannot get involve in distributing condoms because we will betray parents since they have a lot of trust in us” (FGDT: 18/06/2012). His counterpart from Ntopa, Mr. Ntaranga, corroborated, “Teachers must stand in for parents out of good faith as authority figures and we cannot be ignorant to do things that will offend them” (FGDT: 19/06/2012). At least two teachers pointed out that in this day and age of excessive lawsuits, parents might target some teachers for going beyond their jurisdiction. Mr. Ntombi said, “Some parents take sexual matters as family life and they can easily issue teachers for giving condoms to their children” (18/06/2012). Teachers’ attitudes seemed to be of self-defense and they think that if they take a neutral position or support the dominant views of the community then their actions will not be interpreted wrongly.

Similarly, parents, traditional leaders and religious leaders felt that charging teachers with the responsibility of distributing condoms to learners will put them into a precarious position. Three religious leaders pointed out that teachers are a special section of society and traditionally they serve the local community in various clerical or civil affairs capacities, and they would want to keep a good reputation. Deacon Hamunyera explained, “Teachers are seen as useful servants who are expected to support local Churches without deviant attitudes. They are often expected to
help in Bible studies, singing in choirs and so forth” (FGDRL: 05/10/2013). In addition, Pastor Ndoko expressed, “Teachers are expected to serve as parents at school as well as to be a source of ideas on how to solve delinquency among the youth. Therefore, we cannot imagine them distributing condoms to learners” (FGDRL: 05/10/2013). It appeared that religious leaders considered not being a deviant as an integral feature for one to be accepted in a community. Hence, teachers as community members were expected to heed the conventional standard of not distributing condoms and remain obedient cadres of the society who represent parents’ wishes at school.

Another facet of the doctrine of in loco parentis was seen in the expectations of parents from teachers. Some parents indicated that teachers cannot feel comfortable about distributing condoms because they have a duty of care toward learners [on behalf of parents], and if this is betrayed, then teachers might face some consequences. Four parents highlighted that parents and teachers might be in conflict if teachers decide to distribute condoms to learners. Mr. Mambero a parent at Ntopa School said, “We entrusted our children’s physical safety and moral upbringing to the school and to the teachers, who should accept the blame of being negligence if they do it contrary to our expectations” (FGDP: 24/05/2013).

In summary, the arguments above suggest that teachers’ positions as ascribed to them by the community can be a constraining factor in the distribution of condoms to learners as they are expected to conform to certain acceptable norms that are determined by the dominant discourses of the local society in which teachers and schools are located. It also emerged that teachers’ fear of being labelled as deviants and being ostracized is one integral feature is their reluctance to distribute condoms to learners. It became evident that there is a possibility of teachers being negatively stereotyped if they decide to distribute condoms. Those teachers who decide to go against the popular belief of condemning sex among teenagers are seen as irresponsible community members. Some parents and religious leaders held the same view with teachers and pointed out that it is important for teachers to recuse themselves from sexually related matters to maintain the trust parents invested in them as in loco parentis.
In the next category I present views on teacher-learner relationships as a persisting concern in the community and how this problem can be compounded if teachers are charged with the responsibility of distributing condoms to learners.

### 9.4.4 Teacher-learner sexual relations and condom distribution

Teacher-learner sexual relationships are a concern in the region and respondents claimed that young male teachers could use the system of distributing condoms to identify girls who are sexually active and target them. Girls were more outspoken and sensitized to this issue than boys. Twelve of twenty girls reported that it was not easy for girls to obtain condoms particularly from young male teachers who could take the opportunity to propose to them. A girl from Ntopa reported, “*I*t is not easy to ask condoms and pick condoms from young male teachers because sometimes we meet in clubs and they can even propose to you since they know that you are sexually active” (FGDG: 25/06/2012). Another girl from the same school added, “*W*e are scared to get condoms from teachers because some will ask you ‘Who is your boyfriend?’ and they will start proposing you once they learn that you are sexually active” (FGDP: 25/06/2012).

Some girls revealed that the age difference between them and some male teachers was significantly marginal, making it easy for those teachers to become attracted to the girls who may approach them for condoms. They pointed out that they fear to approach these teachers because this could signal sexual activity amongst girls. A girl from Tantera put it this way, “*S*ome of the male teachers are too young and the moment you go to him to get condoms or he sees you picking them up, then he will know that you are sexually active and will start proposing you” (FGDG: 14/06/2012). This was also the view of another girl from the same school who pointed out, “*...some male teachers are single and easily get attracted once they know who is sexually active at school*” (FGDG: 14/06/2012).

Parents expressed their concern and discomfort regarding teacher-learner sexual relationships at school. They mentioned that different schools cite the phenomenon and as a result, parents prefer minimal interaction on sex-related matters between teachers and learners. Three of six parents claimed that some teachers might exploit the opportunity of distributing condoms to start dating learners. Mr. Sirunga, a parent from Ntopa stated, “*S*ome parents will allege that teachers are
giving out condoms because they want to have sexual relationship with learners since some of these cases have been reported already. The best is for learners to avoid getting condoms from teachers and initiate another method (FGDP: 03/07/2012). Mr. Mutali, the school board chairperson at Tantera corroborated,

*There have been complaints already of teachers impregnating school girls and these might be teachers who are single or those who are not faithful to their wives. Then if teachers distribute condoms at school, some parents will say that it is conflict of interest because they want to have sexual relationship with learners without it resulting in pregnancy (FGDP: 27/06/2012).*

The results suggest that girls and parents do not trust some teachers to distribute condoms to learners due to the on-going teachers-learners sexual relationships prevalent in some schools.

The section above reported conflicting perspectives towards the distribution of condoms. It would seem that the majority of girls believe obtaining condoms at school would lead to being judged and victimized. They further alleged that such an exercise could expose them to young male teachers as being sexually active and subject them to being proposed to. This further confirms the notion of sexuality belonging into the private sphere.

**9.5 Chapter summary**

The chapter brought to light interceptive discourses that shape people’s perspective on the availability, accessibility and distribution of condoms in schools. It confirmed earlier findings that the overarching discourses of religious, culture, gender and sexuality are integral features of the whole conversation around condoms in school. The dominance of the overarching conservative discourses is corroborated by the fact that those who dared to differ from the dominant discourses were seen as deviant. As a result, participants continuously advocated for conduct that is in line with the acceptable norms that are shaped by the overarching discourses.

Most adult participants highlighted that they had a moral obligation to ensure learners comply with what was considered upright. For example, they advocated for proper vigilance to safeguard the principle of abstinence and asserted their right to have jurisdiction over their children/learners’ sexual affairs. Similarly, most parents and elders tried to project the disposition of the ‘good child’ and one who complies with acceptable norms and one who is
committed to abstinence and other sexual mores. These views were more of denial because all participants confirmed that most learners are already sexually active. On the other hand, most learners felt that they deserve some degree of freedom and privacy to have control over their sexuality. They believe that the safety that condoms offer is more important than what other people think or say about it. They however do not trust free condoms that are distributed in schools.

It emerged that teachers and peers can constrain accessibility and distribution of condoms in school because they are seen as gatekeepers. It became apparent that the social connotation attached to “being seen with a condom” is so damaging that one foregoes the safety that condoms provide to preserve one’s image. Most learners do want to be judged, labelled and ridiculed. In the same vein, teachers don’t want to be associated with condom distribution in school because they can be seen as deviants and insensitive towards to acceptable norms. Despite their individual principles on condoms in schools, teachers feared being stereotyped and ostracized by the community.
CHAPTER 10 DISCUSSION AND ANALYSIS

10.1 Introduction
I undertook this study, which drew on Foucault’s theory on discourse, to examine dominant discourses shaping perspectives, responses, and experiences on the accessibility, availability, and distribution of condoms amongst learners, teachers, religious and traditional leaders as well as traditional healers in a select number of schools in the Kavango Region, Namibia. A Foucauldian lens enabled me to pay attention – insofar as they pertained to my study - to the meanings, beliefs, and values people attribute to social life in general and the way in which these meanings, beliefs and values contribute to producing, reproducing and disciplining the sexual subject as this related to making condoms accessible, available, and distributable in school. Such a theoretical framework enabled me to examine not only power relations but also the effects of discourse in regulating behaviour and disciplining the sexual body in a particular discursive space (Foucault, 1976; 1989). As I highlight in this chapter, the overall results point to pervasive compliance and conformity to a dominant script on sex and sexuality that prevented the insertion of any discussion about sexual well-being or safe sex practices that included the use of condoms among youth.

I originally wrote the chapter in three parts, with the first highlighting the dominant discourses identified through an analysis of the results. The second part was an analysis of the effects of discourse showing the way in which dominant discourses led to the emergence or prevalence of other discourses. The third component focused on how subjects are disciplined and the extent to which they self-regulate, accentuating the extent to which discourse regulates, subjugates and disciplines what is said with regard to sex (and by implication, about condoms in schools), who has authority to speak about the subject, as well as how such things are framed and spoken about. This component of the analysis also highlighted ways in which the discourse is also subverted - albeit in a limited way. In the end though, it was difficult to separate the first and second components. While I do not signal this in the headings, the chapter is constructed around a number of tensions emanating from the results.
The first part of the chapter combines the dominant discourses with their effect, which produced yet another layer of discourse. I identify religious, moral, and cultural discourses as those dominant in this community and highlight ways in which these intersect to produce a particular sexual subject that is expected to conform and comply with dominant expectations of abstinence, virginity, ‘the good child’ from a ‘good family’, and purity. I follow this with a section that emphasizes the effects of the above on people’s perspectives and behaviour; producing yet another layer of discourses, in which fear, shame, and embarrassment were prominent. Irrespective of the participant group (learners, teachers, parents, traditional and religious leaders, and traditional healers), the layers of discourse led to the majority choosing to adhere to the dominant script for fear of being perceived as deviant.

The second part of the chapter is an analysis of the regulatory nature of discourse and the extent to which it is both internalized and exteriorized. I use Foucault’s notion of the panopticon device and surveillance to highlight how in traditional social and cultural contexts, dominant discourses work to produce highly surveilled (and self-controlled) and exceptionally regularized members, despite the presence often of conflicting modern forces. In so doing, I provide a framework to understand social action in a highly regulated discursive space that contributes to insights into why - in the face of widespread knowledge on the efficacy of condoms in mitigating pregnancy and HIV infection - their widespread acceptance and use remains a challenge. This framework also provides a tool to analyze the interplay between learner and teacher behaviour (in contexts where education policy imperatives require condoms to be made available and easily accessible, with the latter as primary distributors) and a highly regulated and policed social and cultural space.

10.2 Dominant discourses, discipline, control, conformity and compliance and the context-specific production of the sexual subject

Prevalent in the results was the extent to which cultural, religious, and moral discourses intersected not only to produce the sexual subject but also to mediate and regulate the social space in which people made meaning of their sexual lives in general and to making condoms availability, accessible and easily distributable to school-going youth in school in particular. Through the meanings ascribed to childhood, virginity, early marriage, ‘the good child’, the
‘good family’, and fertility, a docile, ‘God-fearing’ and ‘pure’ sexual subject was invoked by parents, religious and traditional leaders and traditional healers that contradicted the reality of pervasive sexual activity amongst school-going youth. In acknowledging sexual activity amongst peers and therefore the need for condoms to be made available and accessible in schools, learners produced an agentic sexual subject who had the right to make informed sexual choices, and by implication the right to condoms. While there was acknowledgement that youth are sexually active, the former group (parents, traditional and religious leaders and traditional healers) choose instead to invoke a submissive adolescent who complied to the dominant traditional discourses and their regulatory practices, rather than choosing to recognize young people’s potential agency in preventing pregnancy and HIV infection.

Not only did cultural, moral, and religious discourses mediate the kind of sexual subject invoked, but they also mediated how and by whom sex was spoken about. Put differently, the dominant discourses invoked a particular sexual subject; authorized and legitimated who invoked such a subject; who was and was not allowed to speak on sexual matters; as well as how sexual matters were brought into the public space of schools. Such authorization and legitimation regulated the discursive space in which discussions on sexual health, safe sex, and resources such as condoms were permitted; with negative consequences for the sexual well-being of youth in Kavango Region.

10.2.1 Religious, cultural, and moral discourses and producing the docile sexual subject

The results of this study show how restrictive religious tenets and tendencies complicate efforts to reduce HIV infections and teenage pregnancy amongst youth in the Kavango Region. Evident too in the findings was the pervasive conformity and compliance to dominant discourses amongst members in the community. ‘Truth’ about sex and sexuality was constructed in and through a restrictive religious and moral discourse that precluded the inclusion of a health, well-being or sexual safety discourse in which access to condoms for youth might play a role. Custodianship on sexual matters was not only determined by parents, religious and traditional leaders and healers but also (as they perceived it) policed by them. In constructing deliberations on sex and sexuality in religious and moral terms, religious institutions silenced discourses on sexual health and safe sex thus precluding any possibility for the use of condoms amongst the
youth - this despite the admission by all participants that school-going youth were sexual active. For the most part, religious institutions thus provided the moral code and point of reference on the kind of youthful sexual subject deemed to be acceptable in the community where the study was located.

Typically, the sexual subject was gendered, with females under constant surveillance. Put differently, females in the study were the object of the panopticon, policed to comply with social norms that created unequal expectations between males and females. They were expected to remain virgins till marriage, while the same was not true for males. In fact, discourses on male sexuality were absent, with little or no reference to expectations on how boys should behave in this context. There was an unresolved contradiction though, in that on the one hand, females were expected to remain virgins, whereas there was also an expectation that they would display their capacity to conceive - an expectation that juxtaposed virginity and fertility discourses. While the latter was not encouraged, parents admitted to not frowning upon girls falling pregnant. Such results animated the complexity of the space where youth made meaning of their sexual lives, underlining the tension between religious, moral, and cultural discourses.

Teachers in particular upheld (or were expected to uphold) the moral and religious code. Fearing the consequences of being perceived as deviant by parents and community leaders, teachers seemed unwilling and indeed unable to subvert the dominant discourses of not making condoms available despite knowledge of the dangers of unprotected sex and the consequence this had for the sexual health of youth. Compliance and conformity to religious and moral discourses was thus pervasive, with very little if any deviation from the norm by this group. The same was true of parents who, despite knowledge of sexual activity among children, chose to foreground abstinence.

10.2.1.1 Abstinence vs normalised youth sexual practices

The data revealed that all the schools in the study existed in Christian communities, with the majority of parents and religious leaders holding the view that they (schools) ought to be governed in accordance with ‘Christian’ principles. Making condoms available in school was perceived to be socially divisive, as the religious institutions in the community believed that
learners ought to remain celibate until marriage or until they completed school. Parents, religious leaders, and some traditional leaders were more outspoken on this matter than teachers and learners, emphasizing that distributing condoms in school would be an affront to their religious beliefs and practices.

That school-going youth were sexually active in the Kavango Region seemed to have little consequence for discourses on sexual health and sexual safety amongst adults in this community. While they acknowledged the sexual risks faced by youth, parents, traditional and religious leaders and traditional healers chose to foreground abstinence - framing their responses within religious and moral discourses on virginity, ‘the good child’ and sex outside marriage as sinful; ignoring, as they did, the normalised sexual practices youth said characterized the phase in which they found themselves. Even though learners did not always make reference to age as a distinguishing feature, they acknowledged the ‘adolescent’ phase as one characterised not only by a sexual desire but also by sexual activity. Such normalization of desire and behaviour was particularly evident in responses by male learners. On the other hand, parents, teachers, traditional and religious leaders and traditional healers positioned youth as children who were not yet ready to make informed and healthy sexual choices; a position that made it difficult or impossible to insert a discussion on making condoms available in school. In this instance, religious discourses coincided with cultural constructions of childhood to produce a sexual subject incapable of making sexual choices that might prevent pregnancy and disease. An innocent, docile, and compliant sexual subject was invoked who adhered to expectations to remain ‘pure’ and ‘unspoilt’ until marriage.

A pervasive religious belief was one that privileged abstinence over safe sex, with a secondary consideration of premarital sex as ungodly and sinful. The reluctance to make condoms available in school derived from perspectives that such a practice would ‘lead’ learners into the temptation to have sex before marriage; a contradiction of religious teachings on abstinence until marriage. Making condoms available in schools was not only viewed as morally wrong but also religiously insensitive given the diversity of both moral and spiritual beliefs of learners. Parents and religious and traditional leaders and healers’ arguments were embedded in the principles of purity and in fearing and honouring God. They advocated that young people should fear God,
live by faith and do things that bring glory to God. In such a discursive space, abstinence was not only desirable but also idealised. The perspectives and responses thus revealed the restrictive nature of moral and religious discourses that limit constructions of an active and informed sexual subject; one able to exercise safe sex options that could obviate pregnancy and HIV infection. Instead, an innocent and docile sexual subject was invoked that lacked agency.

Negative perspectives towards premarital sexual relations were further evident through adults’ tendency to limit learners’ understanding of sex and sexuality. This they did by advocating premarital chastity. Since the religious doctrine foregrounded abstinence, it depicted unwanted pregnancies and HIV infections as the social consequences of not complying and conforming to the prevalent common religious values in the community. Though religious leaders did not explicitly depict teenage pregnancy and HIV infection as punishment from God, they implied that it was the consequence of a sinful life in which the body was defiled. In this rhetoric, not abstaining was linked to being irresponsible and was thus punishable by God.

The findings above run concurrent with different studies on religion and condoms in other contexts where youth were also encouraged to adhere to the pledge of abstinence as a form of honour and commitment that pleased God; maintaining that it is the cornerstone of HIV and AIDS prevention (Powell & Cassidy, 2001; Featherstone, 2001; Scott, 2004; Carlson; 2007, Bosmans et al, 2006; Mwansa, 2011; Uecker, 2008); (Powell & Cassidy, 2001; Featherstone, 2001; Scott, 2004; Carlson; 2007, Bosmans et al, 2006; Mwansa, 2011; Uecker, 2008). Most churches are against premarital marriage, let alone the use of condoms to prevent HIV infections. They often use a moral code to advocate abstinence and not only delay in sexual debut but also a delay in having sex until marriage (Carlson, 2007; Bosmans et al, 2006; Mwansa, 2011). As in the current study, earlier work also depicts ways in which abstinence and faithfulness were presented as protective mechanisms against HIV infection and teenage pregnancy; these were put forward as the ‘accepted’, ‘expected’, and ‘ideal’ (Scott, 2004; Carlson; 2007). Such a position did not take account of the pervasive sexual activity amongst youth, a practice that disposed them to disease such as HIV infection and pregnancy.
There were contradictions in narratives on early marriage that sustained the discourse on abstinence and the need for youth to remain in school and become educated. Some teachers and a few learners, particularly males, adopted a secular position and considered advocating abstinence as reverting to past ways of thinking. They did not perceive sex as a moral issue and advanced the view that morality and religious doctrine had no place at school. Learner well-being and sexual health was more important to this group. The majority of learners took for granted that becoming involved in sexual relations was inevitable; a normalized position shown as pervasive in the results. It was clear that learners invoked an active sexual subject, not only one who is able to exercise agency over sexual matters but also able to make healthy and informed sexual choices. Learners considered parental involvement in decisions on making condoms available in schools as interference and as taking away their agency to make safe sexual choices.

Tension was evident between modern and traditional perspectives on abstinence. Traditional leaders and traditional healers acknowledged the difficulty in the expectation that youth would and indeed should abstain, and the prolonged childhood brought about by the modern institution of schooling. Though they encouraged abstinence, they conceded that though it was desirable it was not always applicable in modern times due to the extended time between puberty and marriage. This notwithstanding, adults in the study were adamant that youth should abstain. Similar findings were reported elsewhere where researchers found that abstinence could be taken for granted amongst young people around the world (Finer, 2007; Ghule, Balaiah & Joshi, 2007; Ogunsola, 2012). Such studies also reported on the occurrence of premarital sexual behaviour amongst adolescents; a situation that highlighted the tension between traditional and modern expectations.

There were a host of beliefs, especially amongst male learners, about the negative consequences of remaining abstinent. Most felt compelled to conform to social prescriptions of male virility which involved early sexual debut and having more than one girlfriend. Similar findings were reported by Oshi et al. (2007) who showed that boys displayed anxiety when they were not involved in sexual relations at an early age, fearing that they would not be able to impregnate their wives once they married. Indeed, the status of sexual experience was particularly related to the ability to seduce many partners (Oshi et al., 2007). Studies by Melhado (2008), Bosmans et
al. (2006) and Maticka-Tyndale et al. (2005) all reveal that youth who had never had sex were laughed at or taunted by those who had already had sex.

10.2.1.2 Positionality, fear and condoms in school
Together with abstinence, the evidence revealed that a discourse of fear was widespread amongst stakeholders. Fear proved to be the cause and effect of religious and moral discourses, related primarily to people’s standing in the community and their hesitance to deviate from what was expected of them. The results showed that different stakeholders feared how they might be perceived were they to condone access to and the availability of condoms in schools. Fear manifest in different ways amongst participants. For example, learners’ action was impeded not only by fear of being observed by teachers and peers to be accessing condoms, but also in being perceived to be sexually active. Even in their absence, learners felt surveilled by teachers and peers resulting in discomfort amongst themselves and in learners failing to access condoms. Such perceived policing underscores Foucault’s notion of the panoptic eye and its role in disciplining the subject (Foucault, 1989).

Fear was also evident in the way teachers described their positions. Constructions of ‘teacher as parent’ results authorised them to define what might be considered ‘good’ or ‘moral’ in a school context. Teachers were positioned as custodians and supervisors of the moral-code of abstinence in schools - a stance they adhered to and reinforced. They embodied fear of what community members would say or think of them if they allowed learners to access condoms in school. To avoid criticism, they advocated for parental consent before condoms are made available.

Parents also feared that they might be perceived to be permissive in their child-rearing practices and thus chose instead to reproduce the dominant discourse on abstinence and in so doing upheld the expectation of not making condoms available to youth. The need for parental consent emerged from a perception that parents are the main custodians and natural guardians of children who had not yet reached an age where they could make informed choices on sexual matters. The appeal to a docile, innocent sexual subject was also evident in the manner in which parental consent was constructed. Though some teachers acknowledged the impact that condoms in schools might have on reducing HIV infections and teenage pregnancy, their will to implement
the HIV and AIDS policy in education was forfeited due to the connotations the community attached to the intention of giving learners condoms. As the discussions show, maintaining and protecting a public image and reputation mattered to many teachers even though this put in jeopardy learners’ sexual health and well-being. They considered distributing condoms to learners, particularly the lack of privacy and anonymity, as a controversial moral issue that might result in their being marginalized (or ostracized) by the community. To them, it violated trust between teachers and parents. Teachers felt they were entrusted with maintaining learners’ ‘purity’ by advocating abstinence; the consequence of which was fear of the social consequences were they seen to be violating the social norms, values, and expectations of the community.

The argument has already been made that teachers feared losing respect in the community were they seen to be distributing condoms in schools. Adult participants (parents, religious leaders, traditional leaders, and traditional healers) surveilled teachers through calling upon their position as ‘in’ - loco parentis’ and in appealing to their trust and respect. Teachers who decided to distribute condoms to learners would compromise their status in the society. Such teachers would be seen by fellow adults as encouraging sex amongst youth and contributing to moral decay.

As the discussion above outlines, maintaining and protecting a public image and reputation mattered to adults in this community; to the exclusion of any discussion about protecting youth from risky sexual practices that might lead to pregnancy and HIV infection. Teachers in different contexts were reported to be fearful of social expectations, choosing not to offend by going against societal values and norms, and preferring instead compliance to maintain their reputation (Rompel, 2001; Mufune, 2008; McGinty & Mundy, 2009; Chinsembu, 2010; Nambabi & Mufune 2011). The consequences for going against the norms and values were considered to be severe as it included ostracization by parents, expulsion from the church and the possibility of job loss, despite the policy imperative for schools to make condoms available.

Acceptance and compliance, where participants felt that it was important to be accepted by other members of the society, also emerged as discourses shaping beliefs, attitudes, and behaviour, especially that of parents and teachers. The notion of making condoms available in schools locates aspects of life associated with sex in the public sphere whereas, in general, these are
taboo, controlled and in the private sphere of life. It emerged that the community not only wanted to preserve child innocence regarding sex but also to decide on youth sexual affairs. Learners too wanted to preserve their position, while at the same time engaging in sexual activity. On the surface, teachers and learners complied with ‘the expected’, both not wanting to deviate from the norm. Yet, learner behaviour subverted the ‘expected’ in that they engaged in sexual behaviour with or without condoms, and with or without permission from parents or teachers.

A few studies support the findings in the study on fear as a deterrent to making unpopular choices to act outside the norm. Finger and Pribila (2003) also report that adolescents were reluctant to obtain condoms from a public space like a health facility, even when free, because health workers questioned their behaviour. Similar results were reported by Meekers and Ahmed (2001) that teenagers were afraid to go to health clinics to ask for condoms because they were known by health workers who would question them about use of condoms and their age. Learners also feared taking condoms in the full view of health workers because they were concerned about their image as docile youth who were not yet sexually active.

10.2.1.3 Policing the sexual subject: discipline, control and vigilance
This study reports three perspectives regarding discipline, control, and vigilance towards teenagers’ sex relations in schools. First, learners felt that parents and teachers were restrictive and that they not only prescribed but also proscribed teenage sexual behaviour. This they did by policing learners’ whereabouts. Learners pointed out too that their right to decide on sexual affairs was a private matter, viewing parent and teacher involvement as interference. Contrarily, most parents pointed out that government policy on condoms in school intruded into their jurisdiction of deciding how to bring up their children. Thus, both groups felt the gravity of the disciplinary regimes placed upon them even though the source of control was different. Such findings are consistent with those from a study by Furstenberg et al. (1997) who reported that parents in the USA took the government to court for infringing their rights to bring up their own children in the way they chose.
An interesting result of these conflicting views was the attitude of religious leaders, traditional leaders, and traditional healers that parents and teachers struggled to determine the degree of freedom they should grant to teenagers. Even though parents and teachers attempted to safeguard virginity, limit sexual activity and police sexual behaviour, they had little control of how to do so. Some in this cohort blamed modernity for the emergence of new social norms created by parents [at home] and teachers [at school], and reinforced by lack of control by the entire community. They held that sex in school is the result of teachers’ and parents’ permissive approach that allows male and female youth to be found in compromising places together. Such perspectives confirmed the power bestowed (and imposed) on teachers and parents as custodians of religious and moral codes and as those authorised to exercise agency over the ‘acceptable’ sexual subject. Third, teachers and parents felt that new dynamics in teenagers’ lives made it difficult for them to control sexual relations at school and home. They conceded that the advancement of technology limited their power to control and discipline teenagers - an issue also linked to the modern context.

The above analysis highlights the tension between freedom, choice, and rights, showing how complex in fact is decision to make condoms available in school. On the one hand, teenagers positioned themselves as capable subjects who had the right to exercise choice over their sexual lives. Requesting parent consent was thus viewed as a violation of this right to choose. Such a position displayed authority and agency by learners that was pitted against views amongst adults in this study that positioned youth as having no agency. In their view, youth (a) were still children and thus innocent and pure, (b) ought to abstain, and (c) were difficult to control given the modern context. In addition, adults believed that early sexual involvement by learners did not result from lack of vigilance and control on their part, but rather from exposure to modern social mores.

10.2.1.4 Policing the sexual subject: shame and embarrassment

The effect of religious and moral discourses resulted in feelings of shame and embarrassment in the learners. Shame in Koskela’s (2003: 52) words is “a strong and painful feeling arising from negative self-evaluation and others’ negative evaluations of the self” while Parrott and Harre (1996) in Buckingham and Bragg (2004: 48) define embarrassment as “when one expresses
social anxiety as a consequence of perceiving that others have an undesirable impression of him or her.” In other words, people feel ashamed and/or embarrassed if they appear worse when compared to others.

It emerged that in an attempt to obtain condoms, the majority of learners felt that person-to-person contact created potential embarrassment. This emanated from constructions in the community that regarded sexual relations amongst youth as immoral and which placed sexual issues incontestably in the private realm. Consequently, accessing and carrying condoms became an undertaking that learners were reluctant to do due to lack of anonymity and secrecy and the potential shame associated with being caught out.

Taking the above narrative into account, the Namibian government’s initiative of making condoms available, accessible and in making schools distribution points did not yield success among learners because of a regulatory system deployed throughout public spaces which reinforces particular ethical behaviour and which thereby diminishes opportunities for learners to acquire condoms. In terms of social space and control, the lack of anonymity and privacy afforded by the school as a discursive space to a large extent increased the significance of self-regulatory emotions such as shame and embarrassment caused by specific social arrangements such the awareness of the eyes of the school community (teachers and peers). Therefore, learners preferred to be perceived as obedient citizens who respected the sexual mores of their community; and thus chose not to access condoms. Put differently, shame of being perceived as deviant and embarrassment at being exposed resulted in self-regulation. This led learners to engaging in covert and risky sexual practices because they are shy and embarrassed to expose themselves as sexually active individuals.

The findings by Awusabo-Asare et al. (2008), which point out that shame and embarrassment is high among learners in African contexts because they live in a radius of kinship, are confirmed by this study that reveals that it was difficult to access condoms in a school setting where almost everyone is known and therefore confidentiality and privacy cannot be guaranteed. Learners reported feelings of being questioned and/or judged, and the consequences of this were potential loss of friends and a bad reputation. Learners’ feelings of shame and embarrassment interfered
with their accessing condoms in school as they expressed views of social discomfort and uneasiness about acquiring condoms in full view of peers and authority figures. The relational nature of the Kavango Region’s social arrangement, constructions of childhood and adolescence, and expectations of virginity amongst youth were characteristic of tightly-knit traditional social arrangements that provide a context in which learners’ activities and behaviour are policed and measured against normalized community conventions. My results make very clear the extent to which shame and embarrassments were not only products of such social arrangements, but also the condition in which social behaviour was produced and reproduced. In a similar way to research reported by Maharaj and Cleland (2006) and Bell (2009), learners in this study tried to impress on their partners that they didn’t carry condoms around because it might imply that they always anticipated the possibility of having sex or that they regularly seduced other people into having sex with them. The upshot, as I show later on, was that learners not only self-regulated their own behaviour, but also policed that of others. The layers of regulation and discipline were ensconced in religious, moral, and cultural discourses that disallowed the formation of active sexual subjects who were able to make informed and safe sexual choices.

10.2.1.5 Policing the sexual subject: the ‘good’ child and ‘good’ family

Self-regulation amongst learners was high, as was the tendency to police others’ behaviour. They policed themselves by being vigilant in their actions keenly aware of what peers, teachers and/or parents would say about behaviour perceived to be deviant. The consequence was that learners willingly conceded the authority over their sexual lives and instead complied by submitting to what was expected. They gave away their own will to resist by internalizing as ‘common sense’ certain rules and norms from their parents and teachers. Submission was evidenced by learners not accessing condoms in school because they didn’t want peers and teachers to know that they were sexually active. They preferred to portray an image of the ‘good’ child who abstained from sex. Such a stance was also associated with family status where a virgin was held in high social prestige. They nevertheless were covertly sexually active and the very covertness of this activity (minus condoms) places them at higher risk of STIs and the HI-virus.

It emerged that the association of condoms with sexual relations before marriage had particular consequences for the uptake of condoms in school. Learners policed themselves against being
seen accessing condoms in schools for two reasons. First, they would prefer to conform to the society’s expectation of a ‘good’ child by not displaying their sexual intentions by obtaining condoms in schools. Second, they wanted to depict an image of the ‘good’ family, with a ‘good’ social standing, which complied with society’s norms of abstinence, delayed sexual debut and (female) virginity until marriage. Evident in learner responses, therefore, was the extent to which learners were aware of the ‘eyes’ of the community, which they internalized.

As stated earlier, learners wanted to maintain the image of the ‘good’ child from a ‘good’ family image who did not indulge in sexual relations before marriage. Any judgment against this would lead to feelings of shame and embarrassment. Such conclusions concur with those of other studies that reported that teenagers who fail to abstain are considered to be a disgrace to their families (Mburu, 1979; Pluhar & Kuriloff, 2004). Narratives from adult participants in this study revealed that family was regarded as a core unit from which traditional society drew its values. The family’s name was highly valued and so any tainting of it through youth engaging in premarital sex would be viewed unfavourably and be seen to be unacceptable. This implies that condoms either for the purposes of contraception or the prevention of STIs and HIV infection would be discouraged because it would be seen to violate the family code of abstinence. In sum, learners felt that accessing condoms in school was an improper action - a feeling associated with the assumption that they would be ridiculed by peers, teachers and parents, and eventually, that their own image would be tarnished as well as that of their families.

Shame and embarrassment also resulted from the position teachers held in the community and in the school as ‘in loco parentis’ as I highlight below.

### 10.2.1.6 ‘In loco parentis’, teacher position, and compliance

Teachers are members of a society and occupy different roles as mothers, fathers, sons, daughters, husbands or wives and so on. The space they hold in society shapes how they are positioned in school by learners as well as by the broader community. The study revealed that the place teachers held on the one hand as *in loco parentis* and on the other hand, as a gateway to condoms in school, had consequences for the sexual behaviour and access to condoms amongst learners. The principle of *in loco parentis* brought along with it parental roles and responsibilities
placed on teachers that were shaped by the discourses of religion, morality, and particular understandings of the relationship between sexuality and youth. As a result, teachers were confronted with fluctuating roles and decisions on whether they should distribute condoms or adhere to societal expectations that encourage abstinence amongst school-going youth.

The hierarchical inter-personal relationships between learners and teachers made it difficult for the former to ask, let alone obtain condoms from the latter. Learners had internalized the ethos of an extended traditional family which negatively influenced learners’ willingness to access condoms in the full view of teachers because they would be seen to be transgressing a norm that runs against the acceptable societal standard – a norm, moreover, which learners have fully internalized. The complex interplay of the socio-cultural milieu and relationships between teachers, parents, and learners results in the dominant perspective that learners are children of the community not of an individual parent, and that the community plays a significant role in the formation of individuals and collectives.

As explained above, learners accepted teachers as parents and thus felt uncomfortable about approaching them on matters pertaining to sex and - as most relevant to this study - highly uncomfortable about obtaining condoms those perceived as *in loco parentis*. It emerged that teachers were expected to maintain a good reputation by being seen to uphold the social values and moral codes held dear in this community. Teachers also considered themselves to be moral gatekeepers who were expected to uphold expected norms and values concerning sexual matters. Societal norms and practices that inhibited learners from accessing condoms also mediated teacher behaviour. Teachers as community members were expected to pay heed to the conventional standard of not distributing condoms and remain compliant by representing parents’ wishes at school.

As stated above, teachers’ positions as ascribed to them by the community emerged as a constraining factor in the distribution of condoms in schools. The expectation to conform to certain acceptable norms that are determined by the religious, cultural and moral discourses was evident in the results. The study revealed that teachers are confronted with a dilemma about navigating between their roles in school (to make condoms available) and positions in society (to
maintain the moral code of abstinence, virginity, and purity). Their multiple roles and positions created tension in determining a reasonable standard in the hope of striking a balance between teachers’ professional roles of implementing the government policies in school [distributing condoms in school] and the social responsibilities of being in loco parentis [promoting abstinence and sustaining virginity].

External projections of the problem of pregnancy and HIV infection also led to constructions of an innocent and docile sexual subject. In other words, by constructing the discourse around the quality of condoms, participants were able to displace the problem of pregnancy and HIV infection as I highlight further below.

10.2.1.7 Denialism and blame
Mbali (2004) and Schüklenk (2004) postulate that different governments’ efforts to curb HIV infections and teenage pregnancy through condom use have been marginalized by the very people who ought to be at the forefront of the fight and this study revealed two ways in which the effort was relegated and misdirected: first, through denial of the effectiveness of condoms as a method of preventing HIV infection and protection against unwanted pregnancy among the youth, and secondly, there was a tendency to displace the blame for the root cause of HIV infections and teenage pregnancy.

This study found that denialism on the effectiveness of condoms was prevalent in this context. Some participants stirred up conspiracy theories by alleging, amongst other things, that condoms cannot be trusted, that they interfered with sexual pleasure and sensation, that they curtailed life, and that condoms encouraged promiscuity and being infected by diseases such as syphilis and HIV. Such perspectives reinforced denialism in acknowledging condoms as an effective way to curb HIV infection and teenage pregnancy. This finding is consistent with evidence of a study conducted in Windhoek by Rigillo (2008) who reported that condom distribution agencies were blamed for the spread of HIV for a number of reasons that included encouraging Namibian women to engage in sex work. Like Rigillo (2008), this study revealed that some adult participants denied that condoms can potentially curb HIV infection and teenage pregnancy but would instead encourage experimentation with sex amongst learners. Equally, some learners
suggested condoms provide false confidence and eventually perpetuate the spread of HIV and teenage pregnancy.

Blame was also evident in the way participants described the prevalence of sexual relations in school, claiming that this was a combination of teenage delinquency, poor parental oversight, lack of skills by parents to properly groom children, and insufficient control by teachers at school. It might be deduced, therefore, that there were conflicting views about who should take the responsibility (blame) for learners’ engagement in sexual relations which results in an increase of HIV infection and teenage pregnancy. For example, adult participants stated that teenagers were unruly and blamed continuous access to social networking websites such as Facebook and pornography which they claimed are responsible for increasing sexual desires amongst learners. Traditional leaders, religious leaders, and traditional healers on the other hand, pointed to teachers and parents being too tolerant and permissive in sexual matters. They emphasized their lack of control and supervision as factors contributing to the higher incidence of sexual relations in school. To them, parents and schools were insufficiently active in their children’s lives and paid too little attention to their whereabouts. They stressed that parents were not sufficiently vigilant and that they gave children unlimited access to social media that exposed them to sites and programmes tailored for adults. The consequence, as they saw it, resulted in children experimenting with sex. These observations point to increased social awareness of the need to police and discipline the body by adults in this context without the insertion of a health and safety discourse that would lead to learners protecting themselves against pregnancy and disease. Even though policing children’s behaviour was called for, little in the discourse pointed to adults considering protection through condom use. This, in part, was due to discourses on silence as highlighted below.

10.2.1.8 Sex, silence, and the public domain
Silence pervaded most sex-related aspects in the community where this study was conducted; not an unusual occurrence in that the UNAIDS (2009:23) reports that many African societies have been described as sexually conservative where talking directly about sex in public (and often in private) is basically unacceptable. In this study there was a silence about sexual and reproductive rights at both public and inter-personal levels. It emerged that adults were considered as the only
appropriate purveyors of sex-related topics. They viewed discussing sexuality with young people as controversial and sometimes even taboo. The majority of adult participants held the view that it goes against the good moral values of the society to discuss sex with teenagers. They pointed out that it was important to understand the kind of audience one was speaking to because conveying sex related messages to teenagers brought about wrong ideas in their minds to an extent that they might become motivated to experiment.

Studies conducted elsewhere in Africa by Muhwava (2003) and Browning (2011) concur with findings from the current study. They report that discussions on sex related topics were found to be offensive because they were not habitually discussed openly or publicly. Health workers and public health educators are reported to struggle when they convey information on condom use; they startle and offend their audience by talking about taboo sexual subjects. Like Muhwava (2003), Browning (2011) and the UNAIDS (2009) report, participants in this study reported that sex is taboo and that it is something one did; but did not talk about. Data from parents, traditional leaders and traditional healers portrayed discomfort with public discussions of sex. They spoke in euphemisms and used other avoidance tactics to dismiss an open and public discussion about sex and sexuality. The close bond between teachers and parents, particularly in smaller communities, served as a barrier for open conversations about sex in school. Parents, traditional leaders and traditional healers emphasized that sex is a sensitive issue and that teachers should act cautiously. They viewed teachers as adults who would themselves be uncomfortable to discuss sex with ‘children’.

Silence surrounding sexual matters also manifested in discussions on permission to distribute condoms in school. The study revealed that parents considered such issues a private family matter that required their sanction before a third party intervened. They felt that an initiative to make condoms available in school encroached into the family domain where they had jurisdiction to determine what was good or bad for their children. This was evident where the majority of parents advocated for proper consultation before schools provided condoms to learners. They reported that schools should not have a role in sexual matters since they were not aware of parents’ position on the subject. A study conducted by Reising et al. (1995) in USA reported a similar opposition to making condoms available in school and that this stemmed from
and prescribing While equally parental al. an room active dialogue, particularly society Contrary AIDS and needed considered where parents available that the sex social (2005) limits with sex, social sex, social subjects. Youths voices were not only absent but effectually silenced. Little or no room for discussion was possible on the reality that learners were sexually active and that such an occurrence ought to drive the decisions which adults make. A study conducted by Bersamin et al. (2005) highlighted that the need to make condoms available should supersede issues of parental authority, and that because parental consent is not necessary for sexual activity, it should equally not be necessary in providing resources for safer sexual activity.

While the findings revealed that learners were prepared to challenge parents’ dominance in prescribing to them what to do regarding sex, it became evident that some learners were reluctant and instead complied with society’s pressure not to obtain condoms at school and to abstain from
sex. They indicated that they were ever aware of the negative consequences of becoming involved in sexual relations while still in school and that these included the risks of HIV infections and teenage pregnancy. They played down the restrictions imposed on them by parents as well as school rules not to get into sexual relationships. Instead, they positioned themselves as agentic, people who had authority and jurisdiction over the sexual decisions they made. Rather than position themselves as subjected (Foucault, 1989), this group chose to foreground their agency not to access condoms and remain ‘pure’.

The section that follows provides a framework for understanding social action in a highly regulated discursive space that contributes insight into why - in the face of widespread knowledge on the efficacy of condoms in mitigating pregnancy and HIV infection - their uptake nevertheless remains a challenge. This framework also provides a tool for analyzing the interplay between learner and teacher behaviour (in contexts where education policy imperatives require condoms to be made available and easily accessible, with the latter as primary distributors) and a highly regulated and policed social and cultural space.

10.3 A Framework for understanding social action in a highly regulated discursive space
The effect of the discourses discussed in detail elsewhere in this thesis showed how all in this discursive space were regulated and disciplined by the society in which they lived and made meaning of their lives. What follows is an analysis that serves two purposes. First, it provides insight into the regulatory practices and how they worked. Secondly and more importantly, this section offers an analytic framework for analysing teacher and learner behaviour in a highly regulated and disciplined context. While I demonstrate the way Foucault’s (1976) conception of subject formation and how the processes of subjection, regulation and discipline work to highlight the limited possibility for resistance and subversion in such spaces, I also show how resistance operates as a form of power, to produce an active – if constrained - sexual subject.

10.3.1 Regulating and disciplining the sexual body through surveillance
Foucault’s analysis of people in contemporary society draws attention to the ways in which power relations act upon people and discipline them. It is important to note that, in this view, discipline is not punishment. Rather, and more importantly, “discipline ‘makes’ individuals: it is
the specific technique of a power that regards individuals both as objects and as instruments of its exercise” (Foucault, 1977: 170). Central to Foucault’s analysis of people is his analysis of “power relations”, which he refers to as relationships among people in which “one wishes to direct the behaviour of another” (Foucault, 1977: 171).

Foucault (1977) cites hierarchical observation, called the “panoptic gaze”, as an instrument responsible for the success of disciplinary power. In hierarchical observation, the disciplinary apparatus makes it possible for a single gaze to supervise everything under the purview of the disciplinary power (Foucault, 1977). According to Foucault (1978), surveillance impedes people’s thoughts and actions and causes them to examine their every move through a process of self-surveillance. The policies, rules, and regulations of any society follow the dominant discourses of those societies. In his view, it is sufficient that there is the possibility of continuous surveillance by those with greater power for hierarchical observation to be used functionally as a specific mechanism of coercion on those with less power.

A crucial feature of surveillance for Foucault’s understanding of contemporary people is its turn inward. Using a Foucauldian conception, participants (teachers, parents, learners in particular) in this study are made to feel that at any moment they are being watched and judged (particularly by traditional and religious leaders and healers). In response, they watch, judge, and control their own behaviour in accordance with a normalizing gaze. In all their activities, public and private, and at all times, they are rendered visible and potentially culpable by the disciplinary mechanism that imposes a system of self-surveillance to make their behaviour match the norm. This is how “the soul” in Foucault’s view, “is the prison of the body” (Foucault, 1977: 173).

The need to be accepted by and to be viewed as acceptable by a given society produced the levels of surveillance people described as mediating their practices that, by implication, had the consequence of mediating responses to condom availability, accessibility and distribution in schools. Surveillance in this study is held in place through hierarchies where individuals oversee each other and manifested at two levels in this study: exteriorized and internalized.
10.3.1.1 Exteriorized surveillance in subjecting the sexual subject

Exteriorized surveillance was expressed through how participants take away their own will to resist by internalizing as ‘common sense’ certain rules and norms from people in the community.

As it related to learners at one level, surveillance acted as an external mechanism where they felt peers, teachers and parents monitored them, and that they could not access condoms in schools because they would not only be regarded as sexually active, but also exposed. The ‘panopticon gaze’ by teachers, learners observed, was restrictive, policing learner movement and action pertaining to sex. This contributed to reluctance on their part to obtain condoms in school. It became evident that the external surveillance by teachers created tension between how learners behaved towards condoms being made available in school and their actual sexual lives. The social environment at school made learners fearful of approaching teachers either to obtain condoms from them or of accessing them in full view of teachers.

Fear emanating from and sustained by surveillance was also perpetuated and reproduced in and through the notion of ‘a good child’ who abides by the parental expectation of abstinence until marriage. Submission to this discourse was evidenced by learners admitting that they did not want to be seen to be getting condoms from school because they didn’t want peers and teachers to know that they were sexually active. This perception derived from self-awareness and consciousness of being surveilled. Put differently, the discourse of a ‘good child’ induced a state of consciousness and supposed permanent visibility despite there being invisible eyes. From a Foucauldian viewpoint, learners automatically disciplined themselves because they assumed that they were constantly watched from an unknown place, with accessing condoms a wrong conduct. ‘Good’ children not only abstained, but also did not engage teachers or parents in discussions concerning sex or ask for or about condoms. In attempting to maintain abstinence amongst the teenagers, teachers asserted their power by judging those who sought access to condoms at school.

Learner action towards accessing condoms in schools was further impeded by fear of being observed by teachers, with teacher’s social positions creating discomfort among learners without the physical act of the former stopping the latter from obtaining condoms. The school context as
well as constructs of teacher as ‘in loco parentis’ authorised teachers and their positions in ways that allowed them to decide on what might be considered ‘good’ or ‘moral’; acceptable or disdainful. Learners rendered themselves powerless by complying with notions of being a ‘good’ boy/girl, accepting the ‘teacher as in loco parentis’.

The moral discourse also shaped teacher and parent perspectives, thus affecting and often constraining learner behaviour toward condoms. The results revealed that the majority of learners reported overwhelming sexual activity in school yet live in denial, not wanting teachers or parents to know. Teachers and parents regarded premarital sex as immoral. Learners did not want to be perceived as ‘immoral’ even though they considered sex to be a normal practice amongst youth. In fact, learners accepted sex as a normalised practice; something expected by peers that youth participate in. The tension emphasizes Foucault’s (1978) explanation of how power works and why some people perform irrational acts. Foucault postulates that there is no absolute morality (1978). Morality is created through the exercise of power. Put differently, there would be no objective (non-discoursal) basis for saying that any act that we typically think of as immoral is in fact immoral.

All participants in the qualitative component of the study conflated and did not distinguish between parent and teacher roles thus normalising the teacher-learner relationship as a ‘real family’ and kinship. This blurred the teacher/parent roles and reinforced the practiced surveillance as learners inadvertently expected teachers to control their sexual behaviour as parents do, even though they expressed disquiet in this regard. While the majority of learners considered teachers as an obstacle to accessing condoms in school, they nonetheless expected them to act the way they did.

Tension also manifested between adherence to and implementation of national policy on the one hand and the teacher’s social position on the other. The majority of teachers expressed views of social discomfort and uneasiness about distributing condoms to learners because of their own positions and beliefs. Any attempt to implement the policy of making condoms available and accessible in school and requiring teachers to distribute them posed a challenge to the dominant existing discourses in school and the community. These included sex as immoral outside
marriage, the need to preserve children’s innocence, the ‘in loco parentis’ teacher-learner relationship, fear of offending ‘the community’, parent jurisdiction and rights over children’s affairs, and preserving cultural and moral codes. The consequence was surveillance of teachers by learners and parents.

Surveillance by parents also played a role in learner and teacher perspectives and subsequent actions concerning accessing condoms at school. A discourse of silence around sex shaped learner-teacher as well as learner-parent interaction. Many learners revealed that they would not like their parents to be asked for permission to make condoms available at school because it would raise their parents’ suspicions concerning their sexual activity. Learners also treated sexual relations as a private matter, with them not wanting parents to know or be involved in decisions in this regard. It became evident that the majority of learners wanted to conform to parent and teacher expectations, while teachers wanted to maintain relationships between school and community. Parents, on the other hand, wanted to be viewed as ‘good’ parents with good social standing, and this resulted in their policing both teachers and their children. Levels of surveillance were thus held together by what was expected by and from each group. As Foucault (1978) proposes, power is relational. The effect was that dominant practices were reproduced and sustained rather than transformed to allow open discussion on or free access to condoms, without fear of ridicule or marginalization by the dominant groups in this study, that is, teachers, parents, religious and traditional leaders and traditional healers. Put differently, learners and teachers complied even though learner subversion was evident in their admitting to knowledge of sexual activity at school. Both reproduced rather than transformed the dominant practices by maintaining silence on aspects pertaining to sex and by maintaining their socially expected roles.

In highly regulated societies, norms and practices are reinforced and reproduced by a panopticon gaze (an omnipresent eye) that polices and regulates people’s compliance with the accepted norms. Interestingly in this study, learners, teachers and parents embodied the conscious presence of ‘the eyes of society’ over all their sexual activities and as a result, they developed a psychological state of regulating their own behaviour most of the time. These findings show the extent to which individual subjects in a society adopt self-regulating behaviour that sometimes militates against their own well-being, including in this case, their sexual well-being.
The notion of conformity and self-regulation animates Foucault’s (1982) conception of subjectivity, particularly his argument that it is not something which is given to individuals but instead it is the effect of power, knowledge, and other influences. Foucault (1979, 1980, 1982, 1988, 1996) puts forward that people assimilate themselves into subjection to power without it being imposed upon them and they can equally choose to resist power and do what they think is right. For example, from a Foucauldian perspective, learners who decided to access condoms at schools seemed to ignore both public expectations and the normalizing gaze and so seemed to act independently. Such acts though, have consequences. From the perspective of learners in this study, it would be that they might be deemed promiscuous; from that of parents that they would be perceived (and ostracised) as permissive, and from the perspective of teachers that they are encouraging promiscuity and contributing to the decay of the moral fibre of a specific society.

While Foucault associates freedom with resistance, learners in this study were confronted with the choice of making the decision to conform to the acceptable norms or of choosing actions that were in conflict with dominant social expectations and practices. It became evident that many learners opted to conform and as a result were reluctant to access condoms in schools. For many, conformity had the unintended consequence of potential risk of falling pregnant while still at school and/or of being infected by the HIV virus. Hesitancy to obtain condoms on the part of learners because they felt policed by peers and teachers was only one side of the story. Contrary to the notion, therefore, that exteriorized surveillance which might discourage learners from obtaining condoms in school; the findings also reveal that some obtained condoms on the school premises, despite the anticipated disapproval. While they feared disapproval, being caught, ridiculed, or exposed by peers and teachers, learner concerns about obtaining condoms in school did not preclude the possibility of access elsewhere nor did it prevent them from engaging in sexual activity. Their ability to source condoms outside of school highlighted that some learners resisted and subverted dominant expectations. While learners complied with public expectations of being ‘good’ they subverted the normalised practices by obtaining condoms through a variety of other mechanisms.
Foucault’s analysis of people in society draws attention to the ways in which power relations act upon people to discipline them but also how they resist power (Foucault, 1977). Foucault (1977) does not consider individuals to be entirely enslaved by power relations. He clarifies that people are both subject to power and the agents of power. Foucault’s explanation of submission and freedom is relevant to and understanding of learners who subverted the norm. He states that people do not submit themselves to power as a system of domination which controls everything and which leaves no room for freedom (1980: 92). Thus, while the majority of learners may submit to the dominant discourses and subsequent power relations by being reluctant to obtain condoms in schools, others decided to exercise their freedom. Freedom seems to be understood by Foucault in the form of resistance. Foucault (1978) explained that resistance can take a number of forms and significantly, can do so because it is an effect of the power relations it opposes. In the current study, the presence of resistance was manifested by learners who decided to obtain condoms in and outside schools.

The social pressure that the community places on the role of teachers with regard to making condoms available in schools rendered teachers vulnerable to exteriorized policing. The study revealed that teachers were reluctant to challenge the existing norms that govern sexual beliefs, norms and attitudes, as they didn’t want to be seen as advocating immoral behaviour amongst learners. They were conscious of the public’s expectation about the handling of sexuality in schools and amongst the youth and preferred not to do anything against such expectations. Teachers regarded themselves as family-friends to learners and distributing condoms in schools would offend parents and blemish personal relationships.

Exteriorized surveillance was also expressed through the need by teachers to maintain a good reputation. Through refusing to conform to policy imperatives, teachers perceived their decision not to give out condoms at school as proper since it did not offend community members and because their names would not be brought into disrepute.

10.3.1.2 Internalized surveillance and the disciplined sexual body
Of significance to the argument in this study is the idea of a form of consciousness at the heart of constructing one’s own sexual subject. Alongside this consciousness is the logic of internal self-
surveillance where people police themselves. Feelings of shame and embarrassment reported in this study draw attention to the way in which internal surveillance manifests. Put differently, the conscious awareness of the ‘eyes of the community’ around learners, parents and teachers triggered self-regulation and constituted the basis of social control in the same way as the invisible guard in Foucault’s metaphor of the panoptic tower deployed the gaze to control the inmates. According to Foucault (1977), although in the ideal prison, the panopticon would keep the body entrapped, its real target was not the body but the mental state of the inmate. Trapped in the panopticon implies that learners, parents and teachers internalized the rules, regulated their own behaviour even when it was not necessary and, thus, exercised power over themselves. Self-surveillance was thus evident amongst all three groups; with learners reluctant to access condoms, teachers unwilling to provide condoms and parents withholding consent; each with reasons linked to the dominant social norms and expectations.

Foucault’s (1980: 98) analysis of people in contemporary society draws attention to how power relations act upon people, discipline and construct them. Central to Foucault’s analysis of people is his analysis of the body and the power relations acting on it. By “power relations,” Foucault (1980: 102) refers to relationships among people in which “one wishes to direct the behaviour of another”. In the context of this study, parents, religious leaders, traditional leaders and traditional healers’ surveillance of teachers’ actions can be understood relative to the Foucauldian situated concept of submission.

The relationship between subjectivity and self-surveillance is demonstrated through how teachers ordered their actions and subscribed to the norms through fear, shame and potential blame, producing what Foucault (1976, 1989) terms prisoners of their own subjection. At school, teachers are expected to represent and maintain society’s expectations and ideas. It emerged that the ideal public function of teachers is to impart particular knowledge the society considered appropriate. Not only were discussions absent on sexuality and condom use, but they were clearly located as strictly the purview of adults. Thus, the environment where teachers worked put them under external surveillance by the community including learners. This led to their internal surveillance of their actions. In other words, teachers felt that they could not distribute condoms to learners in schools because parents might regard them as advocating bad habits
amongst learners. Teachers therefore relinquished the choice to make condoms available to learners for fear of the consequences they would suffer in contradicting the acceptable norms in the context in which they lived. The perception of the consequences this had for their own lives seemed greater than the negative impact of not making condoms available to learners (despite putting learners’ well-being if not their lives at risk).

Foucault’s (1978: 134) conceptualization of power explains that, “power includes guiding the possibility of conduct and structuring the appropriate action that others have to take”. Some teachers in the study recognized the impact of condoms in schools on HIV infections and teenage pregnancy. However, their will to implement the HIV and AIDS policy in education was foregone due to the connotation the community attached to the intention of giving learners condoms. Teachers’ decision to ‘give up’ making condoms available to learners in schools because of potential criticism from parents confirms what Foucault (1980: 27) term as “prescription to what is considered as morally and ethically” upright by the dominant group. This surveillance constrained teachers from exercising their freedom to decide for themselves on what is right. They subscribed to an action that was considered as acceptable in their communities, but not necessarily ‘right’ for the learners in their care.

From a Foucauldian standpoint, teachers as individual members of the society assimilated themselves in subjection to power and control by modifying their own conduct to operate within specific norms in order to avoid any possible conflict with the community. They refined their role to ensure that they don’t offend the society by indulging in condom distribution - an action considered as immoral. The potential threat of being observed by community members was sufficient to create fear and compel them to turn towards themselves without being forced.

The relationship between the government’s effort to make free condoms available and accessible in school and learners’ reluctance to access condoms provides a relevant example to illustrate the complex interplay between internal and external surveillance. The government’s initiative did not yield the desired outcome because of reluctance by learners to be ‘exposed’, fear by teachers of being perceived to be promoting unacceptable behaviour, and discomfort by parents at being perceived as permissive. The accompanying blame and shame also became the cause and effect
of exteriorized and internal surveillance. In terms of social space and control, lack of anonymity and privacy in school (as a discursive space), to a large extent increased self-regulation among teachers and learners.

10.4 Chapter summary
Foucault (1976) makes the point that discourse says something about the people who speak it. Discourse communicates “knowledge not only about the intended meaning of the language, but also about the person speaking the discourse” (Foucault, 1976: 134). He further argues that by analyzing the discourse a speaker uses, one can often tell things about the speaker’s gender, sexuality, ethnicity, class position, and even more specifically, the speaker’s implied relationship to the other people around him/her. This study revealed that some people in the community have the privilege of using certain discourses. It became evident that religious leaders, traditional leaders, traditional healers and parents considered school as a place for learning and not for sex-related matters. They emphasized that sex is a sensitive issue that ought to be treated cautiously, and that it had no place in schools. They viewed teachers as adults who would themselves be uncomfortable to discuss and/or deal with sex related issues.

Arguments from adult participants indicated a particular expectation from teachers and learners to conform to norms that restrict discussions about sex with young people. Any attempt to advocate openness towards sexual issues might be seen as interfering with the social norm and change the moralistic approach which religion and socio-cultural domains have accepted as a convention for discouraging premarital sex.

According to Foucault (1978), certain types of discourse enable specific types of individuals to speak what is considered as ‘truth’ or at the very least, to be believed when speaking on specific subjects. Discourses also give these individuals degrees of social, cultural, and even possibly political power. Foucault (1978) argues that people must overcome the idea that power is oppression, because even in their most fundamental form oppressive measures are not just repression and control, but they are also productive, causing new behaviours to emerge. While this might be the case, in highly regulated contexts, the will to subvert and reproduce new behaviour seemed difficult and even undesirable.
CHAPTER 11 CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

11.1 Introduction
This chapter summarizes and concludes the study. The rationale, theoretical and the methodological approaches that were used in the study are also restated. As a form of conclusion, I briefly synthesize the primary findings of the study and make recommendations for further studies in the field.

Situated in the Kavango Region of Namibia, the research focused on establishing the dominant discourses shaping perspectives and responses amongst learners, teachers, parents, traditional and religious leaders, and traditional healers\(^{20}\) to the accessibility, availability, and distribution of condoms in schools. Lawlor and Shaw (2002: 34) point out that “the phenomena of HIV infection and teenage pregnancy do not occur in a vacuum where individuals make choices outside a social and cultural context”. Central to the this study, therefore, was an assumption of the complexity in the relationship between the social context in which people make meaning of their lives, and their knowledge, beliefs, values, and behaviour or social action in general and - as it related to the focus of the study - making condoms available to school-going youth in particular. Many studies have established that people have knowledge about condoms, that they understand that condoms are readily available, and that they understand the efficacy of condoms in preventing HIV infection and minimizing sexually transmitted infections (STIs) as well as teenage pregnancy. Despite this, the fight against HIV infection and teenage pregnancy and the use of condoms to mitigate this remains a challenge. This tension gave impetus to the focus and led to the theoretical orientation of the study. The assumption was that beliefs, values, perspectives and social action could not be understood outside the social and cultural context shaping these. Rather, they are the consequence of an interlocking set of factors which, according to Foucault (1976), are embedded, produced, and reproduced in and through discourse.

A study that sought to understand the beliefs, values, and meanings people attribute to making condoms accessible and available at school required a theoretical framework that would enable

\(^{20}\) Rather than identifying each group for each of the discussions, I distinguish between adults and learners (children) in this chapter to draw conclusions.
me to analyze meanings in the context in which they are situated and embedded. In the case of
this study, I needed a theory that enabled me to examine feelings, perspectives, beliefs, values
and meanings associated with making condoms accessible, available and distributable in schools.
The use of Foucault’s concepts of discourse, subject formation and subjectivity, power and
power relations, resistance, and surveillance allowed for such an analysis and provided the
theoretical tools to unpack the underlying conditions that mediate social action in contexts where
tradition overrides modern conceptions of sensitive issues such as those pertaining to sex and
sexuality. Through such an analysis this investigation was able to illuminate how disciplinary
power acts to produce and reproduce self-knowledge that in turn leads to the benchmark by
which learners, teachers and parents come to define themselves as members of a society.

Foucault offered ways to analyze and explain how dominant discourses shape people’s
perspectives and responses to the availability, accessibility and distribution of condoms in
school. This includes how institutions and groups [the dominant] utilize discourse as a means to
transmit, produce and reinforce power; and how individual members of society exercise their
freedom to resist and do what other members of society might consider abnormal. First, I used
Foucault’s theory to conclude that for the most part, participants choose to subject themselves to
what people in their social and cultural context considered as normal with regard making
condoms available in school. In such a discursive space, they confined their conduct within the
parameters of normality, choosing rather to comply and adhere to dominant expectations.
Foucault’s conceptions of subjectivity and surveillance provided a framework to understand how
people regulate and discipline themselves. Second, the constant division between normal and
deviant conduct, to which every individual is subjected, brought into play an opportunity to
analyze the mechanisms individuals use to choose what their society considers normal or
aberrant; acceptable or intolerable.

The study used both qualitative and quantitative methods, in other words, a mixed methods
approach. This involved the intentional collection of both quantitative and qualitative data and
the combination of the strengths of each to answer research questions. De Vos et al. (2005) state
that mixed methods may also provide a basis for triangulation but more often, they become the
source of different ways of conceptualizing the problem. The participants in this study who were
purposefully selected were high school learners who were potentially sexually active, high school teachers, parents, local traditional leaders, traditional healers, and local religious leaders. I collected my data through questionnaires, focus group discussions and individual interviews.

Because discourses on sex and sexuality are sensitive topics for individuals to discuss in public in many societies, it may be possible that participants either under- or over-stated their reality. For example, the views on whether learners have ever acquired condoms at school may have been distorted as learners might have feared being exposed. Equally, teachers, parents, traditional leaders, and religious leaders’ views on whether schools should distribute condoms might be one-sided as data collection took place in strongly religious environments. It might have been that such leaders wanted to preserve their positions and be seen as preservers of the community religious and moral codes - hence their strong perspectives. Thus, they may have felt obligated to report responses that were socially acceptable to the church’s beliefs. Triangulation of data was therefore important to increase verification and reliability in the results.

The high level of religiosity amongst participants may have buffered some personal perceptions about condoms in school. Religious individuals advocated for higher levels of abstinence and lower levels of premarital sexual experience. Due to the high reported religiosity by participants, as well as the small sample size, the results of the study are not generalizable to the larger population. Conclusions made from the results may be applied only to Kavango Region. The diffusion of the results across regions and backgrounds must be determined by subsequent studies.

11.2 Summary and conclusion

The study concluded that most adults in the study were against making condoms available in school. In highly regularized societies such as the one in which the study took place, dominant discourses not only normalize beliefs and practices but also police behaviour; and in this case, not always to the advantage of youth’s sexual health and well-being. Such policing took two forms: exteriorization and internalization. In other words, the study determined that when people, in this case learners, teachers, and parents normalize their beliefs, attitudes, values, they begin to comply in the way they conduct themselves (a) because they believe that they are under constant
surveillance and (b) without being forced to do so. While it can also be concluded that people have freedom to choose and resist normalized practices in any given context, the results in this study show that resistance and exercised agency or freedom was limited in this context where traditional social and cultural norms are highly regulated.

The study found that there were layers of discourses, some more dominant than others, that shaped beliefs, perspectives and responses to the phenomenon under scrutiny. By far the most dominant were religious, cultural, and morality discourses. Subsumed in these was another layer of discourses that included those on childhood, adolescence, virginity, sex, sexuality and marriage, and early marriage and fertility. These the study found to be discourses in and through which people in this context made meaning of their lives in relation to condoms and their availability in school.

One of the main findings has been that religious discourses on sex and sexuality prevailed and infiltrated every aspect of social life in this community; primarily, the view that sexual activity prior to marriage was not only deviant, unnatural, and immoral, but also sinful. I argue, therefore, that religion had the most impact on adult (and on a few learner) perspectives and responses to the phenomenon this study reported on. Abstinence (and the attendant discourses on virginity, early marriage, purity), which is strongly rooted in the principles of purity and fearing and honouring God, was the prevailing influence that mediated and for the most part inhibited positive responses to making condoms available in school. Guilt, shame, blame, silence, and embarrassment became the cause and effect of a religious discourse, resulting in (a) reluctance to make condoms available in school, and (b) little or no discussion on sex among children and adults, learners and teachers and even among learners themselves. It was evident that such perspectives framed understandings and responses to sexual matters, not only highlighting the sanctions, and prohibitions but also who held the power to sanction, prohibit or condone sex-related practices. Importantly too, the results showed that sex is considered to belong to the covenant of marriage only. The adult participants in the study cited religious beliefs that precluded sex before marriage as reasons for schools not to make condoms available in school. They emphasized that sex before marriage was sin and against most of the religious doctrines, and cited the sixth commandment of God to motivate for such a position.
Following from and integrally linked to the above, were discourses on the childhood/adulthood interface. It was evident that for many in this community, the transition from childhood to adulthood was not ordinarily measured by chronological age as defined in education policies but rather, by milestones such as menstruation, employment, and marriage. Such constructions had implications for whether ‘youth’ or ‘adolescents’ as defined in school policies ought to be given condoms by schools. Such discontinuities (between community and educational constructions of the term) between tradition and modern conceptions of childhood and adolescence heightened the tension between policy and curriculum imperatives that promoted making safe sex options available to youth in the wake of high HIV infection rates and increased teenage pregnancy and communities that not only inhibited discussions on sex between adults and children, but also ‘prohibited’ sex amongst people not yet deemed to be adults. Such a tension not only had consequences for who was considered a child or adult, but also who had jurisdiction over decisions on sex-related aspects of social life in this community. It was clear that learners already exercised agency (to be sexually active or abstain) and not only felt competent but also ready to make independent decisions concerning their sexual lives, whereas the rest of the participants felt that such decisions were the obligation of adults in the community. A conclusion reached in this study, therefore, is that community conceptions of childhood and adolescence and the concomitant dominant discourses shaping these remain inconsistent with school discourses that are shaped by a modernist conception of childhood and youth. Participants acknowledged that current practices regarding the transition from childhood to adulthood were shaped by schooling as an institution that prolonged childhood. Without a language of description to mark the phase ‘youth’ or ‘adolescent’, participants felt that children were not able to and indeed should not make their own decisions on sexual matters in general, and decisions on condom use in particular. Thus, in not recognizing or possessing a language to describe ‘youth’, ‘teenage’ or ‘adolescence’ as a life stage, adults in this community were able to exercise dominance over young people’s sexuality even though in practice, as the quantitative results show, students exercised agency and were sexually active - often in ways that put them at risk of disease and pregnancy. At one level the results might be interpreted as adults showing responsibility towards youth by exercising jurisdiction over their children’s sexual lives, yet at another level, they might be positioned as negligent, given their decision not to sanction making condoms available in
school despite knowledge of high sexual activity, increased pregnancy, and high HIV infection rates amongst youth in the community. Another conclusion reached in this study points to how, in highly regulated societies, dominant religious discourses are produced and reproduced in and through existing institutions such as family, church, and schools. It also highlights how they serve to normalize beliefs and perspectives; the consequence of which is heightened external and internal surveillance. Those who deviated did so in secret, fearing being labeled as deviant or aberrant.

Social and cultural discourses, shaped by religious constructions of the ‘good’ child and ‘good’ family, also mediated perspectives and responses. A bad reputation meant loss of friends, feeling dirty, and general hostility. The high value placed on social standing primarily by adults but also by some learners (particularly girls) led to learners fearing to access condoms. In foregrounding the religious and ‘good’ subject, adults implied that making condoms available in school was tantamount to sexual deviance which is incompatible with their religious beliefs and practices. Their commitment to religion and the social status of being ‘good’ at one level allowed for the portrayal of honesty, self-discipline, and righteousness, yet at another level, blinded them to the reality of sexual activity and potential sexual risk amongst youth. The ideal to which adults clung stood in stark contrast to the high HIV infection levels and teenage pregnancy rates amongst learners. The upshot and yet another conclusion therefore, is that adult choices to sanction and obstruct schools from making condoms available (and in the case of teachers, not accessible and distributable) puts the very children at risk that they propose to be protecting.

Boys in this study showed more agency than girls and seemed much more prepared to deviate from prescribed social and cultural norms and expectations. They were less averse to accessing condoms, despite awareness of the prohibitions set by adults in the community. Boys who acquired condoms at school were seen to be brave and to belong to a special class [of those who have girlfriends]. The majority of boys valued the safety that condoms provided and chose to rather access condoms than put their sexual health at risk. To them, the risk of being ridiculed and ostracized was less compelling than the risk of impregnating a girl and/or being infected with HIV. Male learners in this study showed agency and high awareness of risk and said they were prepared to go against social norms in order to protect themselves and their partners. Such a
conclusion has implications for youth intervention programmes that are usually premised on conceptions of youth, especially males, as irresponsible and sexual risk takers. The results of this study point to the need for intervention programmes amongst youth that positions them as agentic, responsible, and capable of making informed sexual decisions.

Another notable discourse emerging from a highly regularized and religious social space was the silence around sexual matters. As Foucault (1978) explains, silence is a result of prohibitions and policing. It can be concluded that participants struggled to overcome inhibitions about talking about sex, sexuality, and condoms; relying on a religious discourse to produce their subjectivities. For the most part but not exclusively, adults in this study constructed themselves as characteristically moralistic, law-abiding, conservative, and righteous; hence considered discussions about sex as a sin. This resulted in discomfort when they imagined discussions on sex between adults and learners. Silence over sex and sexuality was not only embodied by the adults but also by learners, but for different reasons. Learners were uncomfortable about discussing sex or accessing condoms in full view of teachers because they viewed them as ‘in loco parentis’. Most parents perceived such discussions between adults and children as being shameful, immoral or inappropriate not only given the sensitive nature of the topic but also because in how they positioned learners in relation to sex and marriage. In the event that there were discussions, adults commonly deployed euphemisms rather than explicit terminology. The study concludes that such perspectives and responses create a dilemma about the role of schools in making condoms available and questions the efficacy of policies that assume an easy relationship between schools and community practices.

For the most part, adults in this study positioned learners as lacking agency, with their sexual behaviour to be mediated and disciplined by parents. Parents jealously guarded their responsibility and authority as preservers of children’s sexual ‘innocence’ in general and girls’ virginity in particular. In this regard, parental input was normalized on what schools should do regarding sexual matters. Unlike adults, learners displayed agency either in decisions on whether (or not) to have sex or access condoms with or without parental consent. The tension between adult perceptions and the reality about learners’ sexual behaviour highlights the need for intervention programmes that focus on parents rather than only on youth.
The following recommendations emerge from the summary and conclusions.

11.3 Recommendations
This study supports and expands upon many of the previous findings on different perspectives, responses, and experiences to condom use as one of the hosts of methods to protect from HIV infection and prevent unwanted pregnancy. It contributes to insights into why, in the face of knowledge about the efficacy of condoms in mitigating HIV infection and reducing pregnancy, people are still reluctant to promote them. Put differently, this study advances understandings on the complex relationship between knowledge and the social context that mediates how people use and make meaning of this knowledge. The application of a Foucauldian lens enabled the insights that emerged from this study.

11.3.1 Sex education, intervention programmes, and modalities to make condoms available
This section sets out recommendations emerging from the conclusions drawn in the study. While I propose sex education in schools and communities, intervention programmes for parents and teachers, and modalities for condom distribution in school amongst learners, I contend that schools remain difficult spaces not only for mediating discussions of sex and sexuality, but also for providing resources to mitigate sexual risk amongst learners.

   Sex education in school
It is important to acknowledge that adolescence is a time when most people become sexually active and that meeting the needs of young people is integral to an effective prevention strategy. Such a strategy, it would seem, needs close cooperation between community members, the Ministry of Education, and schools.

   Sex education in school should include relationship education and should be delivered by facilitators (other than teachers) who are trained and confident. It should provide learners with realistic skills in how to deal with social pressure that might inhibit their accessing condoms in school. Abstinence ought not to be the only option given to learners. Discussions on condoms should be framed within discourses of sexual health and wellbeing rather than primarily around
disease and danger. Issues of blame, embarrassment, and fear should form an integral part of any sex education programme.

**Intervention programmes for parents**

Intervention programmes that target parents and focus on the disjuncture between school policies and community expectations should form part of any policy intervention by the Ministry of Education especially in contexts where communities remain highly regularized. Such programmes should, amongst others, include discussions on the reality of sexual activity amongst youth, discussing sensitive topics between adults and children, the tension between beliefs, values, and social circumstances in which youth make meaning of their lives, as well as responsible sexual choices amongst youth. Such interventions should include or be mediated by community leaders.

**Intervention programmes for teachers**

That teachers need interventions is not in question. However, the nature of such interventions should include dealing with issues on teacher subject position and identity and go beyond knowledge and mediation on pregnancy and HIV infection prevention. Such interventions should also focus on how to deal with sensitive issues in discussions between adults and children. The basic premise of such programmes should be that teachers are members of a community that filters what they might consider appropriate in their roles with regard to sex and sexuality, including distributing condoms in school.

**Intervention programmes for learners**

Given the prevalence of sexual activity amongst learners, programmes with youth should go beyond knowledge on infection and prevention to a focus on health and wellbeing, including sexual wellbeing. I recommend that such programmes be held outside of schools and that they ought to be mediated by people other than teachers. Consideration would need to be given to distinctions between adults and children in establishing such programmes.
Modalities in making condoms accessible in schools

There is no doubt that condoms should be made more easily available and accessible to youth. That the school has been identified as an important conduit has benefits but also poses major challenges. Privacy or the lack thereof was the most compelling reason learners were reluctant to access condoms. One way to address this would be for schools to insert dispensers in private places such as bathrooms to make condoms available, with no involvement by teachers.

11.3.2 Future Research

This section makes recommendations for future research.

a. The study did not observe school practices nor did it analyze curriculum and policy statements. Further research is required on the relationship between policy imperatives, the curriculum and enactment by teacher.

b. The current study should be repeated in other parts of Namibia to gain insight into the prevalence of perspectives and responses to guide interventions amongst youth in Namibia.

c. Studies on sex education teaching practices would identify challenges teachers face in classrooms.

d. While leaders provided valuable insights, it would be valuable to examine practices where they mediate sex messages to youth.

e. Comparative research in contexts (in Namibia and beyond) not highly regulated would provide greater insights into the role of discursive space in shaping responses to sensitive issues such as distributing condoms in school.
LIST OF REFERENCES


APPENDICES

APPENDIX A: PERMISSION LETTER TO DIRECTOR OF EDUCATION

P O Box 1355
Rundu
18 May 2012

To: Mr. A. M. Dikuua
Regional Director of Education
Kavango Region

Through: L. K. Someno
Senior Education Office
Kavango Region

Subject: Request for permission to conduct educational research at the two senior secondary schools.

Dear Sir,

I am Naftal Sakaria Ngalangi, currently enrolled for a PHD in General Education Theory and Practice with Rhodes University, South Africa. I am doing my PHD by full thesis and so far I have completed my proposal which was already approved by the University’s High Degree Committee. I intend to engage all grade 12 learners in a survey by answering a questionnaire and later have a three focus Group Discussions (one with learners, one with teachers and one with parents) at two selected senior secondary schools. The purpose of my research is to INVESTIGATE PERSPECTIVES, RESPONSES TO AND EXPERIENCES OF DISCOURSES SHAPING THE ACCESSIBILITY, AVAILABILITY AND DISTRIBUTION OF CONDOMS IN SCHOOLS’ COMMUNITIES IN KAVANGO REGION.

Therefore, I am requesting permission to involve all grade 12 learners from all government senior secondary schools in Kavango region, and learners, teachers and parents (five each) from the two selected schools: Ntopa and Tantera Senior Secondary Schools (not real names) in my research project. The schools will be informed in writing upon receiving your response.

Your cooperation is highly appreciated.

Yours in Education

Naftal Sakaria Ngalangi
APPENDIX B: PERMISSION LETTER FROM DIRECTOR OF EDUCATION

REPUBLIC OF NAMIBIA
KAVANGO REGIONAL COUNCIL
DIRECTORATE OF EDUCATION

Tel. (066) 2589111
Fax (066) 2589222

Enquiries: Maria I. Ribebe
Email: maria.ribebe@yahoo.co.uk

Our Ref.: Your Ref.: __________
Date: Tuesday, 05 June 2012

Mr. L.K. Someno
Senior Education Officer
Professional Development
Kavango Region

Attention: Mr. Naftali S. Ngalangi

SUBJECT: REQUEST TO CONDUCT EDUCATIONAL RESEARCH AT THE TWO SENIOR SECONDARY SCHOOLS

1. Your letter dated 18 May 2012 requesting for approval on the above topic has reference.

2. Permission is hereby granted to Mr. Naftali S. Ngalangi, Education Officer to conduct educational research at the identified senior secondary schools in the Kavango Region. The normal teaching and learning activities should NOT be disrupted in the process.

Yours faithfully,

[Signature]

Afons M. Dikuua
DIRECTOR

All official correspondence must be addressed to the Chief Regional Officer
APPENDIX C: PERMISSION LETTER: PRINCIPAL

The Principal

………………………………

Rundu
Namibia

PERMISSION TO CONDUCT A PHD RESEARCH IN YOUR SCHOOL

I would like to inform you that I have selected your school as one of the schools in the Kavango Region where I intend to conduct my research.

In order not to interrupt your school programme, focus group discussions will be conducted after school during the free time of the selected participants. I have received permission from the Regional Education Director to conduct my research to show that what I plan to do is not underhand. Enclosed here is the letter from the Regional Education Director.

Thank you very much and I am looking forward to conduct my research at your school.

Sincerely

………………………
Sakaria Naftal Ngalangi
Dear Sir/Madam

My name is Naftal Sakaria Ngalangi, and I am conducting research for the purposes of obtaining a PHD in General Education Theory and Practice with Rhodes University, South Africa. The aim of my study is to investigate the dominant discourses shaping accessibility, availability, and distribution of condoms amongst learners, teachers, and parents in some schools in the Kavango Region. I am concentrating this research on different stakeholders’ views as why in the face of available knowledge and resources teenage pregnancy and HIV infection are reported to be escalating in Kavango Region. High teenage pregnancy and increase in HIV prevalence amongst youth in Kavango Region begs the question as to why it is so difficult to contain either problem, despite public awareness that condoms can offer a solution and in the face of resources such as condoms made freely available this problem prevails.

There might be different beliefs, values, and meanings people attribute to making condoms accessible and available at school. This may lead to general misunderstandings of female sexual offenders. Understanding the experiences and views of stakeholders (learners, teacher, parents, religious leaders, traditional leaders and traditional healers) may therefore expose academics and the public to more accurate information which could in turn be used to make better information available to academics, the public and the policy maker who could design prevention and protection programmes. The research is being conducted under the supervision of Professor Jean Baxen. We would like to invite you to participate in this study.

Participation in this research will involve being interviewed by me or my research assistant, at a time and place that is convenient for you and your institution. The interview will last for approximately one hour. With your permission this interview will be recorded in order to ensure that whatever you tell me can be analyzed accurately. Participation is voluntary, and you will not
be advantaged or disadvantaged in any way for choosing to participate or not to participate in the study. All of your responses will be kept confidential, and no information that could identify you will be included in the research report.

The interview material (tapes and transcripts) will not be seen or heard by any person in this organization at any time, and will only be seen and studied by myself and possibly the supervisor. You may refuse to answer any questions you would prefer not to, and you may choose to withdraw from the study at any point.

For any further information I can be contacted telephonically on +264 812460607 or via e-mail at sngalangi@yahoo.com

Sincerely,

Sakaria Naftal Ngalangi
APPENDIX E: INFORMED CONSENT TO BE INTERVIEWED

I____________________________ hereby consent to being interviewed by Sakaria Naftal Ngalangi for his study on perspectives, responses to and experiences of discourses shaping the accessibility, availability and distribution of condoms in schools’ communities in Kavango Region.

I understand that:

- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time.
- There are no direct risks or benefits involved in my participation.
- No information that may identify me will be included in the research report, and my responses will remain confidential.

Signed________________________
Date__________________________
APPENDIX F: CONSENT TO BE AUDIO-RECORDED

I________________________________ hereby consent to my interview by Sakaria Naftal Ngalangi for his study on perspectives, responses to and experiences of discourses shaping the accessibility, availability and distribution of condoms in schools’ communities in Kavango Region being tape-recorded.

I understand that:

- The tapes and transcripts will not be seen or heard by any person other than his and/or his supervisor at any time and will only be processed by the researcher.
- No identifying information will be used in the transcripts or the research report.
- Direct quotes from the interview may be used in the research report

Signed____________________
Date______________________
APPENDIX G: LEARNERS’ QUESTIONNAIRES

Dear Student

I am Naftal Sakaria Ngalangi a student with Rhodes University, South Africa, conducting a research for my thesis entitled “Investigating perspectives, responses to and experiences of discourses shaping the accessibility, availability and distribution of condoms in schools’ communities in Kavango Region.”

I would like to conduct a survey with you as a fulltime grade 12 student in one of the senior secondary school in Kavango region by taking time to complete attached questionnaire. You name will not be linked to the study response; the questionnaire format will be anonymous. Please feel free and be ensured that all the information given to me will kept confidential and will be used only for the aim of this study. Therefore, I humbly request you to respond to all questions honestly.

Thank you in advance for participating and taking your time to answer this questionnaire.

For any further information I can be contacted telephonically on +264 812460607 or via e-mail at sngalangi@yahoo.com

Yours faithfully

Naftal S. Ngalangi
QUESTIONNAIRES

Instructions:
- Please complete the questionnaire survey to the best of your knowledge.
- Read each question carefully before you answer it
- Put an √ in the box of your choice for each question
- Write clear explanations where they are required

School Code: ________________________________
Grade Code: ________________________________
Learner Code: ______________________________

Section A
1. Gender: Female [ ] Male [ ]
2. Age: 15-16 [ ] 17-18 [ ]
   19-20 [ ] 20-21 [ ]
   Over 22 [ ]
3. Religion: Christian [ ] Muslim [ ]
   African Traditional [ ]
   Other, Specify: __________________________
Section B:
ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED. WHERE IT IS ASKED, CHOOSE YOUR BEST ANSWER BY TICKING [✓] IN THE APPROPRIATE BOX

1. WHERE DO YOU GET INFORMATION ABOUT HIV/AIDS?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. WHERE DO YOU GET INFORMATION ABOUT CONDOMS?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3. WHAT DO PEOPLE AROUND YOU SAY ABOUT CONDOMS?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

4. WHAT DO PEOPLE AROUND YOU SAY ABOUT THE USE OF CONDOMS DURING SEXUAL INTERCOURSE?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. HAS ANYONE IN YOUR FAMILY TALKED TO YOU ABOUT THE USE OF CONDOMS?

YES [ ] NO [ ]

IF YES, WHAT DID THEY SAY?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
IF NO, WHY DO YOU THINK THEY HAVE NOT?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

6. DO YOU THINK YOUR FRIENDS USE CONDOMS? YES ☐ NO ☐

7. WHAT DO YOUR FRIENDS SAY ABOUT USING CONDOMS?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

8. DO YOUR TEACHERS DISCUSS THE USE OF CONDOMS? YES ☐ NO ☐

IF YES, WHAT DID THEY SAY?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

IF NO, WHY DO YOU THINK THEY HAVE NOT?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
9. WHERE DO TEENAGERS GET CONDOMS IN YOUR COMMUNITY?

<table>
<thead>
<tr>
<th></th>
<th>Mostly</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUCA SHOPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PUBLIC TOILETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FROM FRIENDS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENDING MACHINES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. DO YOU THINK LEARNERS HAVE SEXUAL RELATIONSHIPS WHILE STILL AT SCHOOL? YES ☐ NO ☐

11. SHOULD SCHOOLS PROVIDE LEARNERS’ WITH CONDOMS? YES ☐ NO ☐

IF YES, WHY DO YOU THINK THEY SHOULD?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

IF NO, WHY DO YOU THINK THEY SHOULD NOT?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

12. HAVE YOU EVER OBTAINED A CONDOM IN SCHOOL: YES ☐ NO ☐

13. WHERE DO LEARNERS GET CONDOMS AT SCHOOL?
______________________________________________________________________________
______________________________________________________________________________

14. HOW DO YOU FEEL ABOUT WHERE CONDOMS ARE PLACED IN SCHOOL?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
15. WHAT TYPE OF CONDOMS IS DISTRIBUTED AT SCHOOL?

A  Maximum Gold condoms  B  Cool Ryder Condoms  C  Smile Condoms  D  Sense Condoms

16. WHERE DO YOU THINK CONDOMS SCHOOL BE KEPT AT SCHOOL?

A  School Library  B  Boy’s toilet  C  Girl’s toilet  D  In every class

17. WHAT CAN BE DONE TO INCREASE ACCESS OF CONDOMS AT SCHOOL?

A  To make learners to distribute it  B  To put it in all toilets  C  To provide more information about it  D  To introduce vending machines in corridors

18. SHOULD PARENTS GIVE PERMISSION BEFORE CONDOMS ARE DISTRIBUTED IN SCHOOL? YES  NO

19. WHAT IS YOUR VIEW ON GIRLS CARRYING CONDOMS IN THEIR BAGS?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

20. WHAT IS YOUR VIEW ON BOYS CARRYING CONDOMS IN THEIR BAGS?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

305
APPENDIX H: INTERVIEW GUIDE – FOCUS GROUP DISCUSSION WITH LEARNERS

1. What kinds of activities do young men/young women do for fun in your community?
2. What do you and your friends do after school?
3. What do you do with your friends during weekends?
4. What do you and your friends say about the girls in your community?
5. How do you feel as a boy/ a girl on the issue of learners having relationships at school?
6. What are your views on condoms being available at school?
7. What are your personal feelings towards teachers giving out condoms at school?
8. What are the alternatives or additional methods you would suggest on how condoms should be distributed at school?
9. What do people/men/boys or women/girls say about the use of condoms in your community?
10. When do boys/girls engage in sexual related discussion amongst themselves at school?
11. Where do you boys and girls get information about sex?

APPENDIX I: INTERVIEW GUIDE – FOCUS GROUP DISCUSSION WITH TEACHERS

1. What in your view would be the greatest challenge faced by the school?
2. Is HIV a challenge in the community? (Probe and ask them to elaborate)
3. Is HIV a challenge at your school? Why do you say so? (Probe and ask them to elaborate)
4. Could you tell me about teenage pregnancy at your school? Is it a challenge in the community? Is so, probe to find out more [I will find out about whether it is older men or youth who are said to be impregnating girls]
5. HIV/AIDS policy on education requires schools to make condoms available to learners. What are your views on this?
6. What are your views on schools distributing condoms?
7. What do parents say about the availability of condoms in school?

8. How does the school make choices about distributing condom?

9. Where are condoms kept at school?

10. Do you think teachers should distribute condoms to the learners? Why do you say so?

11. What are your experiences in giving condoms to learners?

12. What is your opinion about making condoms available to girls?

13. Where in your view, should condoms at school be kept? Why do you say so?

14. Should condoms be made more easily accessible in and out of school? Why do you say so?

APPENDIX J: INTERVIEW GUIDE – FOCUS GROUP DISCUSSION WITH PARENTS

1. What in your view would be the greatest challenge faced by the school?

2. Is HIV a challenge in the community? (Probe and ask them to elaborate)

3. Could you tell me about teenage pregnancy at your community? What are your views on this?

4. What do people in your community say about sex amongst teenagers?

5. How do people in your community talk about the condoms? [Also ask about what they think about the use and availability of condoms]

6. HIV/AIDS education policy requires schools to make condoms available to learners. What are your views on this?

7. Should condoms be made accessible in and out of school? Why do you say so?

8. Do you think parents should discuss the use and availability of condoms with their children?

9. Would you encourage your child to get condoms in schools? Why do you say so?
10. Should schools ask permission from you to provide condoms to learners? Why do you say so?

11. Do you think teachers are comfortable in distributing condoms to the learners? Why do you say so?

12. Where in your view, should condoms at school be kept? Why do you say so?

APPENDIX K: INTERVIEW GUIDE – FOCUS GROUP DISCUSSION WITH RELIGIOUS LEADERS
1. What is your Church’s official position regarding marriages?
2. What is your Church’s official position regarding sex outside marriage?
3. What is the acceptable age for your Church members to officially get married?
4. What are your views on abstinence until marriage? What do you think is the cause of adolescent’s failure to abstain and remain virgins? To what extent does your Church encourage abstinence amongst its youth?
5. How do you advance those adolescents who are unable to abstain?
6. According to your church’s interpretation of the Bible, what does HIV/AIDS symbolize anything? Do you include HIV/AIDS related topics in your sermons?
7. According to your Church beliefs, how can HIV/AIDS being prevented? To what extent does your Church encourage members to go for voluntary testing?
8. What is your Church’s official position regarding condom use? What is your person point of view on that? Do you speak in favour or against condom use when you address your Church members?

APPENDIX L: INTERVIEW GUIDE – INDIVIDUAL INTERVIEWS WITH RELIGIOUS LEADERS
1. What could you consider as the main challenge adolescents are facing these days?
2. How does your Church get involve in trying to address those challenges?
3. What is your Church’s official position regarding marriages?
4. What is your Church’s official position regarding sex outside marriage?
5. What is the acceptable age for your Church members to officially get married?
6. What are your views on abstinence until marriage? What do you think is the cause of adolescent’s failure to abstain and remain virgins? To what extent does your Church encourage abstinence amongst its youth?

7. How do you advance those adolescents who are unable to abstain?

8. What are your views on teenage pregnancy in Kavango region? Were there girls from your Church who also fell pregnant? If any, how did you handle the situation?

9. What is your Church doing to reduce teenage pregnancy?

10. What are your views on HIV/AIDS?

11. According to your church’s interpretation of the Bible, what does HIV/AIDS symbolize anything? Do you include HIV/AIDS related topics in your sermons?

12. According to your Church beliefs, how can HIV/AIDS being prevented? To what extent does your Church encourage members to go for voluntary testing?

13. What is your Church’s official position regarding condom use? What is your person point of view on that? Do you speak in favour or against condom use when you address your Church members?

14. Should condoms be made available to learners in schools? If yes, how should it be made available/who should distribute it?

15. Should schools teach about HIV prevention and condom use? Should parents get involve by giving permission?

16. Should condoms be made available to the sexual active adolescents outside the schools? If yes, how should it be made available/who should distribute it?

17. Does your Church have relationship with any HIV/AIDS prevention programme in Namibia?

18. Does your Church have any open platform where you discuss about sex and sexuality with adolescents? What happen in sessions if any? Why does it not take place?
APPENDIX M: INTERVIEW GUIDE – INDIVIDUAL INTERVIEWS WITH TRADITIONAL LEADERS

1. What could you consider as the main challenge adolescents in your community are facing these days?
2. How does your traditional authority get involve in trying to address those challenges?
3. According to your tradition, what can you say about marriages? Probe on polygamy and multiple sexual partners.
4. What is your traditional authority’s official position regarding sex outside marriage?
5. What is the process that has to be undertaken if someone wants to marry a girl in her teen? What is the acceptable age for a girl to get married officially? When does adolescents ought to start getting involved in sexual relationship? Should parent for them permission before they start? Are there traditional rituals that prepare adolescents for sexual life?
6. What are your views on abstinence until marriage? What do you think is the cause of adolescent’s failure to abstain and remain virgins? To what extent do your tradition rules and practices encourage abstinence amongst its youth?
7. What is your community’s view on HIV/AIDS?
8. What is the community’s view on condoms? Does the impact of HIV/AIDS change their views on condoms? Are there any community programmes that promote condoms?

APPENDIX N: INTERVIEW GUIDE – INDIVIDUAL INTERVIEWS WITH TRADITIONAL HEALERS

1. Do you believe in HIV/AIDS?
2. What do you advise people who come to you and say that they are HIV positive? Do you offer any medication for HIV/AIDS treatment or prevention?
3. What are your views on condoms? Do you think they prevent HIV infection? Do you promote condom use amongst your clients? What your community/clients say about condom use? Imagine that you will be asked to help the government, Are you prepared to distribute condoms?