Article

‘I told them not to love one another!’ Gender, Christianity and the role of adult education in the Ugandan response to HIV/AIDS

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Introduction: acknowledging the boundaries of adult education

The only vaccine to combat HIV/AIDS is education. (…) Unlike other contagious diseases, AIDS is easy to prevent and preventive education works. (proceedings of workshop, UNESCO 2001)

The image of education as an injection drug is a popular and compelling one, particularly in the context of HIV/AIDS. But while it provides a welcome boost to health education activities, it also carries substantial risks. The most pertinent is perhaps that education here appears as an external force that penetrates societies and individuals and reforms them in a predefined way. Such an overestimation of the powers of education is not only bound to create disappointment, it also skews our interpretation of failure once it does occur. When education fails to produce the ‘rational’ behaviour changes it is believed to harness (condom use, abstinence, faithfulness), inflated expectations are rarely blamed, instead education’s unfulfilled promise is explained by pointing to ‘barriers’ that allegedly stood in its way: tradition, ignorance or, simply, ‘culture’.

In this paper I argue that it is more useful to think of the moral boundaries within which education takes place than of the barriers to it. Crucially, the idea that education may push boundaries while at the same time proceeding within boundaries allows us to consider the educational process as an expression of the historical and political contexts within which it takes place. By contrast, a focus on barriers to education easily dehistoricises and depoliticises the endeavour, forgetting that education reproduces rather than invents societies.
I start out by looking at why facilitators in one adult education programme in Madudu, central Uganda either evaded the issue of HIV/AIDS or limited themselves to hastily disseminated, moralising reminders about the value of faithfulness and abstinence. This tendency is all the more surprising when considering that the same group of facilitators eagerly discussed questions about HIV/AIDS and sex during their own training to become adult educators. Why did they regard such a discussion as inappropriate or difficult in the context of an adult education class? A first line of explanation considers the long-standing link between adult education and Christian organisations and practices. Learning rituals in the classes resonated with those of Christian worship and this I argue has consequences for the moral boundaries of debate. In short, facilitators and participants were not comfortable for class discussions to contemplate without immediate condemnation those practices and beliefs they took to be ‘un-Christian’. Some adult educators may consider this a barrier to ‘open debate’ and one that in this case may carry serious health risks. It is argued here that recognition of such boundaries is a helpful first step for exploring means of working within them as well as expanding them. This is not to say that adult education should avoid challenging the sometimes undoubtedly bigoted views of learners but it is to say that, for better or worse, the control programmes can exercise over actual debates in classes is far more limited than widely imagined. To recognise this puts into perspective some of the contradictions that have plagued adult education practitioners ever since Freirean conscientisation efforts were first criticised.

The perception of gender relations is a second important aspect explaining why debates in the classes were more likely to stick with solemn pledges to marital faithfulness than to address safer sex practices. Far from being self-assured patriarchs, I argue that many Ugandan men, rightly or wrongly, perceive their male authority to be on the wane. HIV/AIDS may well be a contributing factor, since public debate on the issue tends to condemn what was previously widely considered a virtue – men’s sexual prowess. Being the wife of a man with largely unfulfilled patriarchal aspirations can be a delicate role to assume and this may prove all the more true for women learners. That is so because schools in Uganda have long been regarded not only as a place of opportunity for women but also as a risk to their feminine integrity. Thus it may well be that women who form the majority of learners in adult education classes are particularly careful not to arouse any suspicion that their feminine virtue is in any way compromised by their attendance.
Against this background it becomes clearer why the – mostly male – facilitators are content, perhaps relieved, either to skip debates about HIV/AIDS or to collude with participants and limit proceedings to the expression of religious fervour.

**Research context**

Madudu sub-county is a rural area in Buganda, 160 km to the west of Uganda’s capital, Kampala. Here the NGO ActionAid implemented a programme using the Reflect approach. Reflect seeks to combine the philosophy of the Brazilian educator Paulo Freire with graphic tools derived from Participatory Rural Appraisal (PRA). The principal idea, summed up very briefly, is that visual tools such as village maps, rainfall calendars or health matrices are constructed by participants to analyse and discuss locally relevant issues. Proponents of the approach consider it more suitable to generating meaningful debate in adult education classes than the otherwise often used primers containing images and pictures which may or may not serve as stimulus for fruitful debate (for more information see Archer and Cottingham 1996a; Archer and Cottingham 1996b).

In this article I discuss excerpts from a larger study which followed cohorts of adult learners in Uganda as they progressed through a Reflect programme (Fiedrich and Jellema 2003). The idea was to gain a more in-depth understanding of how particularly women participants perceive adult education programmes and engage with them. Most of the findings presented here are drawn from ethnographic observations I undertook in two villages, here referred to as Kilunga and Kilemba, over a period of two years (1998-2000). The regular observation of literacy meetings and other public occasions (ie markets, church services, festivities, etc) provided information and impressions that I then followed up through repeated semi-structured interviews with participants, their partners and others with no direct involvement in the programme.

Although Kilunga and Kilemba are only a few hours’ drive from Kampala, many who live there speak of the area being ‘remote’ and its people as ‘backward’. Those who have heard of Madudu sub-county in Kampala are likely to concur with such sentiments, noting that Madudu is known for belief in witchcraft. Many of my respondents in Madudu blamed the lack of loyalty of those who moved to town for the notable absence of development efforts. Short-lived attempts at forming an agricultural co-operative and sporadic health campaigns apart, the area has rarely been the focus of
attention either for government agencies or for NGOs. This is not to say that residents were unfamiliar with development ideals but there was a tendency to assume that the rest of the world would always be a step ahead. And yet, significant changes were afoot in Madudu, perhaps the most important has been the liberalisation of agriculture that has made it much easier for farmers to market their products while also exposing them to the vagaries of the market and significantly curtailing access to inputs for those with few means. With few exceptions, everyone in the area is involved in subsistence farming activities and depends on income from crop sales (coffee, tobacco, and maize being the main cash crops).

The Reflect programme was open to all adults in the area who were interested in discussing local development and/or wanted to learn how to read and write. Initially, the interest was high among both men and women. However, as is commonly the case in adult education programmes, a large number of learners left within the first couple of months. Men were far more likely to withdraw, either because they felt that being a ‘learner’ was undignified or because their initial hope of receiving financial support from ActionAid did not materialise as expected. Hence, many classes consisted of women only after the first couple of months.

The short history of HIV/AIDS education in Madudu

In 1998, a group of ActionAid staff began to think about topics and issues to be included in the training workshop for facilitators from Madudu where the new Reflect programme was to commence shortly. As in the majority of programmes throughout the world, the staff members drew inspiration from the panoply of developmental topics that have informed adult education programmes for many decades and coupled this with some exploration of the area they had undertaken. While discussing what issues to propose to facilitators they also considered HIV/AIDS as one potential topic. They all agreed that it was an important topic but were sceptical about how far facilitators would be comfortable delving into this sensitive issue. Not only would participatory ethics have barred them from imposing the issue on facilitators, staff members were also aware that, on this particular issue, such action had little prospect of success.

During the training workshop, the same staff members were surprised by the many frank and explicit questions trainee facilitators asked about HIV/AIDS. Queries about the reliability of condoms or the various possible symptoms of AIDS were voiced with seeming ease and the trainees, far from being embarrassed, were intent on prolonging the debate, not least because
of the welcome titillation it provided. Although unexpected, the ActionAid staff were glad to be proven wrong and it was agreed that facilitators could test the grounds with their classes by discussing the causes of HIV infection and the means of treatment available in the context of broader debates about health issues. If these proved successful, it was agreed, facilitators and staff would co-operate to design more substantial discussion guidelines about HIV/AIDS related issues in due course.

The story does not extend far beyond this stage as the following three examples from classroom observations and interviews illustrate. In the Kilunga class, the facilitator started a session on the causes of diseases by asking learners which diseases most commonly affected them. After a few others had been mentioned, one woman suggested that AIDS commonly affected people in this village. Whereas previous suggestions had been recorded without further debate, now the male facilitator halted and asked participants whether they wanted to include AIDS on this list. After a moment of silence another woman stated that there was not much need to debate the causes of AIDS since: ‘men have freedom and can do what they want’. Her statement appeared matter of fact, caused a few smiles among the male audience, and the facilitator then moved on, saying that there would be a separate learning unit about HIV/AIDS in future and hence no need to discuss it now. After the session, he informed me that HIV/AIDS is not a significant problem in the area and, therefore, did not require extensive debate.

A second male facilitator, whose class consisted entirely of women participants, argued along similar lines that AIDS was a disease that affected mainly ‘city people’. He had nevertheless advised his participants ‘not to love one another’. He laughed when I asked him about condoms, said that they are available in the shops, but that he couldn’t possibly discuss that in the class otherwise ‘women would accuse me of giving ideas to their husbands’. It is not quite clear what this statement means since there are at least two equally plausible interpretations. One is that the facilitator could not contemplate married women suggesting condom use to their husbands or other partners. Consequently, the only use a woman has for a condom is to slip it to her husband to increase chances that his extra-marital affairs are conducted safely. The second possible interpretation is that the facilitator was worried about the consequences of women relaying class discussions about condom use to their husbands, leaving the husbands to wonder what business of his it was to educate their wives on this matter.
In a third class, the female facilitator had not discussed the issue at all, stating that she would get into trouble with the husbands of the women she taught if she started talking about ‘sexual things’. However one woman repeatedly forced other participants and the facilitator to contemplate the issue. ‘AIDS has started’ was the blunt disclosure she made on walking into the class one day and responding to other participants’ enquiries about her husband, who was known to be unwell. Several of the older women present looked at her with disapproval while some of the younger ones queried her judgement, demanding details of symptoms but then quickly asserting that she had no means of being sure and should therefore not say such things. ‘You can say what you want, AIDS has started’ she insisted loudly before the facilitator told her to calm down and stop disrupting the lesson. During the following weeks, similar scenes flared up several times but were thwarted much quicker and resulted only in general disbelief and disapproval about the disrespect this woman showed for her husband by publicly discussing his alleged status.

Clearly, one of the reasons why HIV/AIDS issues were either ignored or actively suppressed in the classes could be that facilitators were not sufficiently prepared to cope with such debates. This wouldn’t be surprising given that HIV/AIDS awareness was only one small part of the programme, introduced ad hoc during the facilitators’ training. And yet on most other issues, facilitators were found to harbour no inhibitions in using their own best judgement and many had developed their own style of fostering debates in the classroom. Also, at least on first sight, these three situations seem to contradict the keen interest in HIV/AIDS issues which facilitators clearly displayed during their own training. This is important to underline so as not to make the mistake of assuming that there is a generalised shyness about discussions of sexuality.

In Buganda, one context where frank words are expected is that of paternal aunts (‘sengas’) introducing their nieces to a range of issues concerning marital sex. In earlier times, it was not considered appropriate for a girl to discuss sexual matters with her mother (or others) and, although many girls now do not have access to a senga, the taboo on raising such issues with their mothers appears largely intact (Muyinda et al 2001). By contrast, Western ideals of family stipulate that social proximity between persons is a good prerequisite for discussing intimate issues and ‘good’ parents are those who openly discuss sexuality with their daughters and sons. Unlikely as it may seem, this observation helps to resolve the puzzle
why Reflect facilitators were comfortable discussing sexual relationships in one context (their training), but not in another (their classes), seemingly similar one. The Western ideal (as opposed to practice) that social proximity breeds trust and openess is one reason why Reflect programmes are advised to recruit facilitators from the same background and locality as learners. In practice, this means that facilitators often handle an audience of relatives where mutual dependencies are ever present. Unsurprisingly, facilitators are reluctant to breach delicate topics concerning sexual practices when standing in front of their mothers, aunts or in-laws. By contrast, the training course facilitators attended took place in a small hotel in the district town. Although some of the trainees knew each other, they all came from different villages. There were thus different factors which here may have led to the temporary suspension of moral boundaries regulating sex talk: the novelty and comfort of commodified hospitality, the interaction with middle-class, professional trainers and, perhaps most importantly, the geographical and social distance from their usual places of residence.

Of course, there are many other settings where talk about sexual relationships is condoned. Weddings and funeral rites, for example, are important arenas for matchmaking and there are, on the whole, few informal gatherings from which talk of sexual relationships would be excluded. Conversations are likely to revolve around either one’s own sexual prowess (more likely in case of men) or around amusing embarrassments suffered by others. Few people would dare use this forum to ask their own questions about sex but that is not to say that people don’t receive useful information in the course of such conversations.

I now want to investigate more closely, some of the reasons why both facilitators and learners may have thought adult education classes inappropriate arenas for such discussion.

**Adult education and Christianity**

The majority of early church communities in Buganda started as adult education classes, mostly run by African missionaries. White missionaries were often surprised that on entering areas they considered ‘virgin territory’ (ie where no white man had been before) they encountered makeshift churches. Pirouet (1978) describes the conditions which led many Africans who had studied under the very earliest efforts at missionary education, and some who had not, to rapidly open up new churches in their home areas. Literacy training was an important aspect of these new institutions. Instead
of welcoming such initiatives, white missionaries were keen to downplay the trend. For one, they feared that lack of a white presence would distort the Christian message beyond recognition. Pioneering missionaries from Europe were keen not only to convey Biblical messages but also to introduce their standards of civilised living. Thus, as Hunt (1992, 1999) reports for the Belgian Congo, Europeans took it as their responsibility to live and be seen to live by example, making ostentatious demonstrations of civility out of mundane affairs such as cooking or eating. Secondly, they worried that financial support coming to them from Europe might dwindle if black missionaries were suddenly considered a viable alternative to white missionaries. But the fast spread of churches took on a dynamic of its own, not least because of the intense competition between Catholics and Protestants.

By the early twentieth century, it was mandatory to be literate if one wanted to be baptised (Jones 1926:191; see also Pirouet 1978; Ssekamwa 1997). And being baptised quickly became a precondition to having access to political resources. To this day, it is nearly impossible to discuss education in Uganda without mentioning Christianity or vice versa. Most schools retain strong religious affiliations and Luganda has one word ‘okusoma’ referring to reading, learning or worshipping.

The following snippet of conversation with an elderly literacy participant gives some idea as to why the combination between education and Christianity remains attractive and modern:

_Researcher:_ So what is it that makes you laugh so hard about born again Christians?

_Florence:_ Have you not seen them? They only go like this [claps hands above her head] and sing ‘hallelujah’ and ‘praise the lord’ all the time. They don’t even have a book from which to read. In the Catholic Church we have a book which God has written, his words are there for everyone to read.

To Florence a ‘serious’ religion must be solemn and have ‘a book’. The importance of this is not diminished by her inability to read books and every Sunday Florence carries her copy of the Bible five kilometres to hold it during the church service. Although the adult education programme she took part in was run by an organisation without religious affiliations, she and many other learners took it for granted that this type of activity must be firmly embedded within Christian practice. To some learners, this meant turning up for classes with their Bible or other religious texts and, at least
initially, many of the women also dressed up as they would when going to church. While communal prayer only occurred regularly in very few classes, it was a more common practice for participants who left the literacy shelter to bow to the blackboard and cross themselves.

Christian ritual was also an important influence on the class curriculum. Current ideologies of participation are, for example, rooted in Christian traditions. PRA tools are of central significance to Reflect and are intended as a means of encouraging open debate, allowing for the voicing and systematic analysis of diverse opinions. Very few of the classes observed used them in this way. Many classes dispensed with PRA exercises entirely. Where they remained in use they were often employed to present an ‘ideal’ situation or the representation of ‘real’ situations served exclusively to draw out participants’ presumed backwardness and failings. In this respect, those classes that used PRA did not differ much from those which did not. In both cases, it was understood that debate should lead learners to see the wrong of their ways and repent.

To give a practical example, learners in Kilunga village used a health matrix to list prevalent diseases on one axis and various treatment options on the other. They then discussed treatment of each disease one by one, scoring which option they believed worked best for which disease. On the first disease that was discussed, there was a slight hesitation when it came to judging on a scale of one to ten the importance of prayer as a treatment option. An elderly woman determinedly resolved this by simply stating: ‘ten’. From then on, almost as a matter of course, prayer was assigned the highest score on each disease without any need for further debate. In subsequent conversations with some participants, it emerged that they were referring to Christian prayer. The dynamics behind participants routinely asserting the superiority of prayer is complicated. For one, the chairman of the Church council was present during this debate and his authority had to be revered since he was also the chairperson of the local council and one of the biggest landowners around. But apart from group politics, a strong imperative for ranking prayer highly may derive from the fact that biomedical health care, combined with prayer, have always been the gospel of Christian churches in Uganda (Vaughan 1991). In fact, the nearby church ran a large health facility and Christians attending this church were left in no doubt that there were ‘Christian’ and ‘unchristian’ choices to be made about health care.

The close connection participants make between biomedicine and
Christianity may then also explain why the conclusion to this particular debate was: ‘when we are ill we go to see the doctor immediately.’ Other forms of treatment, such as local herbs, which had also been discussed, were eclipsed in the final pledge, which the class reiterated many times in the following weeks. Perhaps more interesting still, are the issues that were not discussed. Witchcraft was jokingly volunteered as a curative measure but it was taken for granted that this was an aside, not to be included in official proceedings. In this area, alcohol is also a popular means of coping with disease, particularly among men, who make less use of biomedical facilities than women. Again, learners did not point this out as one means of treatment to be compared with others.

As mentioned earlier, the Reflect class in Kilunga village, as most others in the Madudu project, did not discuss HIV/AIDS in this or other lessons. However, the above example provides an impression of the lines along which discussions on health are regulated. While development planners often assume that adult learners are simply out to learn the most effective ways of keeping healthy, my research suggests that learners are equally keen to portray education as the force that makes them sophisticated and modern. Publicly subscribing to Christian ideals of virtuous behaviour is very much part of this effort. HIV/AIDS is difficult to integrate with this ambition since it is still largely associated with sinful behaviour.

This brings us to another important boundary for classroom debates on HIV/AIDS: the long-standing attempts by Christian churches and state authorities to regulate African sexuality. One of the earliest and most prominent pieces of legislation in the Uganda Protectorate was the Uganda Marriage Ordinance in 1902, which effectively introduced separate jurisdictions for Christians and non-Christians (Haydon 1960). Although in subsequent years several efforts were made to ensure that this law really did foster monogamy, it did not succeed, even though in Buganda, the elite eventually backed it with its own legislation. In 1917, the Buganda Adultery and Fornication Law gave native courts the right to impose fines in case of divorce (rather than just negotiate compensation) and a 1919 circular from the Chief Justice of Buganda had the consequence that:

Ganda courts would not recognise customary marriage at all in the case of men who claimed to be adherents of Christianity or Islam. In effect, in order to have a customary marriage recognised by the courts, you had to declare yourself a pagan. Since this was equivalent to declaring yourself to be a benighted savage, it amounted virtually to the withdrawal
of recognition from customary marriage in Buganda. (Southall 1960: 213)

The only notable effect of these and subsequent legislative efforts was that conflict around marital arrangements was concealed from official scrutiny, that marriages were ended without divorce, and that living together ‘in sin’ became reportedly more frequent. Though technically illegal, it was still easily possible for a man to marry one wife in church and others through the native courts. Since the group to whom this legislation could have posed the biggest threat, ie the educated Bugandan elite, was also the one on which both the colonial state and the churches depended most, none of the prevalent powers had a serious interest in criminalising this important constituency.

Of course, abstinence and faithfulness remained the only permissible doctrine to be acknowledged positively in churches and church-related institutions, such as schools. Up to this day, being part of a polygamous relationship is not per se a barrier to being a respected member of a congregation as long as one keeps it reasonably quiet. Thus, it is not surprising that in the classroom context, adult learners are quick to make a ritualistic pledge to faithfulness, condemning adultery and polygamy in the strongest available terms. Outside of these Christian defined spaces we do not find a world of immorality but a different set of moral standards. This is an important distinction that is still commonly obscured in many literatures. However, particularly for my discussion of gender relations it is crucial to recognise that Christianity introduced a struggle between moralities, not a quest for morality (see also Heald 1999).

‘Divorce is easy and the marriage tie is loose’
I meet Nakabale on a Sunday morning, on the path leading to his house. As he gets off his bicycle he informs me of John’s recent death, shaking his head at the shamefulness of the circumstances. John died of AIDS. His death is a punishment by God for the sinful lives conducted not only by John but also by many others. Nakabale was not one of the better known moralists in the village and so I asked him whether he sometimes went to church. ‘No, at my age (73) there is no need, I will not change any more now’. But he used to go when he was young, when the church was still very new and had a French missionary whom he liked to hear preach. Thus he became convinced that Europeans are better than Africans when it comes to dealing with relationships and marriage. Europeans, he asserts confidently, do not waste lots of money on weddings.
Then he twinkles and confides that there was another reason why he liked going to church: ‘You could meet girls there!’ When meeting a girl outside of church on one of the many paths, Nakabale says, it was impossible to talk to her privately for longer than a few moments. It was also unthinkable to go and visit her in her compound. ‘If you smiled at a girl, and she liked you, she would ask you: “Are you going to church on Sunday?”’ And thus he was an ardent church visitor, exchanging meaningful glances between the segregated men’s and women’s sections, and trying to catch a moment with his love interest after the service.

To Nakabale, and no doubt many other people, churches offered an opportunity to evade strong parental control and to indulge in romance. His account of what it was like to be a young man in the early 1940s provides a different picture of prevailing morals than that painted by early missionaries. Lugard set the tone for missionary descriptions early on:

In spite of the modesty of their attire the women of these countries (i.e. district countries of Uganda) are very immoral. Death and torture are the punishment for infidelity in the king’s harem, yet intrigues are constant. Divorce is easy and the marriage tie is loose. (Lugard 1901:31; see also Hattersley 1906)

While missionaries worked with the firm conviction that churches and schools were the places where Ugandans would, for the first time, learn about morality, conservative Baganda had some reason to consider these same sites as potential sources of immorality. It appears that both Christian missionaries and Ganda culture placed emphasis on the controlling of women’s sexuality but did so in fundamentally different ways.

Thomas writing on girls’ boarding schools in Kenya, reveals that schools were a far from straightforward attempt to imbue girls with domesticity ideals (2000). Most obvious of all, removing girls from their homes demonstrated to them that other options than home life existed. Further confirmation that not all women were house-bound came in the person of the European lady teacher, who generally was a mobile, unmarried, professional woman with a salary, a wardrobe and not a child to her name. However much she herself may have believed in the gospel of domesticity, she and many of her actions effectively undermined it. For all the rhetoric of respecting male authority, at least the lady teachers in this context were not shy of putting up a challenge against the girls’ fathers if one of their protégées was to be married young or to a ‘heathen’.

The reason for dwelling on this clash of moral perceptions so extensively
is that it still persists. For example, many recent writings on HIV/AIDS and education have been preoccupied with the notion that schools may themselves be a ‘risk factor’ in pupils’ lives rather than only being places where pupils learn to avoid ‘risks’ effectively. Mirembe and Davis (2001) argue that schools reproduce prevailing gender norms in Ugandan society and consider this a major obstacle to pupils, in particular girls, gaining the self-efficacy necessary to refuse ‘risky’ behaviour. They consider a range of power dynamics which are seen to infringe on the capacity of schools to encourage ‘healthy’ habits. What remains unchallenged in this and many other accounts is the assumption that schooling itself is principally a force for good with ‘risks’ creeping in only through malevolent forces from outside.

Can this assumption still hold true if general perceptions of schooling are similar to those Nakabale earlier expressed about churches? In East Africa both churches and schools have long been viewed both as places of opportunity and of risk. Stambach (2000) has recently documented the ambiguous expectations of schooling in Tanzania. Her respondents were confident that schooling would turn children into modern and sophisticated adults, good Christians and potential wage earners. At the same time, it was also common knowledge that school ‘spoils’ girls, that the career towards becoming a ‘city sister’ involved leaving customary marriage norms and other restrictions behind (although few manage to do so for good). All of this to say that both schools and adult education classes are spaces that one should expect to contain a certain degree of sexual tension. It is important not to reduce this merely to a matter of ‘risk’ and ‘risk awareness’ for it may also involve romance (Parikh 2001), sexual gratification and/or material exchanges (Mills 1999; Nyanzi et al 2001; Pickering et al 1997; Ssewakiryanga and Mills 1995). For someone who teaches or facilitates in the midst of these various ambitions and anxieties about schooling and sexual attitudes’ strict moral conservatism may easily seem the most viable option. In the next section, I will illustrate how current gender dynamics provide a further incentive for facilitators to keep debates about sexual attitudes low key.

**Gender and ‘danger’ in adult education**

Most husbands of women who joined the Reflect classes were positive about their wives’ initiative, often expecting that education would improve their wives’ domestic skills. Such expectations are unsurprising given that domesticity training has long been the mainstay of women’s education in Uganda. Throughout the programme, most husbands maintained that their
wives’ education posed no threat to male authority, often arguing that education rendered women more sensible, thus easing the exercise of male authority. Parallel to this relatively confident stand, at least some men were also found to have anxieties about their wives’ education. In a small number of cases men barred their wives from going to the classes. They were aware that arguing against education is an uphill task and were often reluctant to explain their stand to me. This situation is relatively common in adult education programmes and the response from programme makers is usually to deny that such male anxiety has any basis. Conscientious programme makers will often try and seek out these men to reassure them that adult education is perfectly harmless.

What many outsiders do not realise is that this status of ‘harmlessness’ is not a naturally given attribute of adult education but one that facilitators and participants often struggle to maintain. In the circles studied, several single women met lovers and this was tolerated, even joked about. However, facilitators were not entirely comfortable with this and saw a risk that classes could become ‘like a bar’ (ie a place where no respectable woman would be seen). Matters became far more serious if a married woman was deemed to have an affair. On one occasion, the husband of a Reflect participant found a love letter to his wife in their compound. Although there was no indication that this affair was in any way linked to the classes, this was of immediate concern to the Reflect facilitator, who tried to calm down the husband while also reassuring him that the actions of his wife were immoral and deplorable. In the next Reflect session this woman facilitator condemned the wife’s actions and made her repent publicly. On another occasion the same facilitator learned that a woman regularly told her husband that she was going to the classes, left her home, but did not turn up for the class. Again, the facilitator saw it as her duty to intervene and ensure that nobody gained the impression that her classes could be used as a convenient alibi.

Thus, when facilitators are reluctant to discuss HIV/AIDS related issues in the classes, it may have less to do with any personal or cultural inhibitions and more with the ambiguous reputation the classes struggle with from the start. Adult education is revered by participants as a modernising force but some aspects of it are also feared and facilitators justifiably feel threatened by any suggestion that classes may endow women with sexual licence.

But why is there so much anxiety about controlling women’s sexuality in the first place? Patriarchal ideologies may explain why it is taken for granted that women’s sexuality ought to be kept in check, but they cannot explain
why this should be a cause for anxiety. Although patriarchal sentiment may be strong in many Ugandan cultures, anxieties about women’s sexual agency signal that men often have far less power over their wives than they feel is their entitlement. Both men and women in Madudu were often keen to present their realities as closely resembling an ideal of male/female cooperation with ultimate control in male hands. To this end, women sometimes downplayed the decisions they took, the money they made and also the sexual agency they exercised. Such self-diminishing statements are not necessarily proof of how deeply women are indoctrinated by patriarchal norms, in fact it is more likely that women make them so as to juggle effectively with these norms. This is so because male control does not always translate smoothly into male privilege, instead it also implies male obligations to provide and protect. Women who foreground their dependence on male guidance may often do so to re-emphasise men’s obligations toward them, underlining how much they themselves have retained ‘traditionally’ feminine traits so as to insist that men also keep up their side of the bargain (Tranberg Hansen 1992; see also von Bulow 1995).

The reality for men and women in Madudu, the research site, and elsewhere in Uganda is that most men are in no position and/or are reluctant to be providers and protectors. To be a woman in contemporary Uganda often involves the enduring of hardships and injustices but there still is relative clarity on how to be a respectable woman. Colonial, post-colonial and developmental efforts at ‘empowering’ women may have expanded the opportunities open to women but this has always been in addition to women’s ‘traditional’ roles. What it takes to be a respectable man is much less clear and has changed rapidly during the last century. The colonial project involved a radical redefinition of manhood, disallowing or restricting earlier practices such as warfare and hunting. Cash cropping and wage labour, the alternative occupations the colonial powers held in store for men, were and remain difficult to reconcile with male identity patterns of pre-colonial times. Many people in Madudu agreed that today, having money is the most reliable signifier of a respectable man. A man with money can afford to cultivate the symbols of manhood from an earlier time, he can have many wives and many children. Heavy drinking and the controlled use of violence are also not factors that would damage his reputation as long as he retains the potential to provide for his dependants.

Most men are only very occasionally in a position to act as provider and often have a far more tenuous grip on family affairs than they care to admit.
While many women in Madudu were privately cynical about their husbands’ ability or willingness to provide for them, such criticism always targeted men’s failure to act ‘manly’ and never sought to openly challenge or displace male authority in principle. To both men and women, the cultural ideal of male authority and female subservience was important so as to retain respectability in front of the outside world and also to maintain the elusive promise of being a provider and being provided for.

Debates in the *Reflect* circles were often carefully protective of the above arrangements. Thus, it was unproblematic for a woman participant to complain about her husband and receive sympathy for her plight. By contrast, the circles were clearly not the place for a woman to mention that she was thinking of running away, or acquiring a lover, or that she was contemplating no longer serving her husband food. Nor would any participant have contemplated advising such actions to a woman relating her marital difficulties. In fact, the earlier example of a woman participant claiming that her husband had AIDS, is one of very few cases where it was observed that a woman breached this etiquette and was openly ‘disrespectful’ of her husband. She was rebuked for it and some time later she denied that she had ever made such a claim and made visible attempts to restore her reputation, for example, by vigorously arguing that the circle should mount a campaign against women’s drinking.

It would be easy to portray women’s efforts in the circle as passive compliance with dominant gender norms. However, that would be to ignore that women actively struggled to affirm an ideal of feminine respectability against a practice that they knew to be permanently irreconcilable with the ideal. Thus contemporary gender dynamics combine with previously discussed Christian values to set moral boundaries for debates on HIV/AIDS in this particular context. It should now be apparent why such debates are far more likely to revolve around stern calls for marital faithfulness than safer sex practices. Before I move on to discuss how adult education might address this pattern, I briefly want to consider a last issue concerning gender. Much current writing looks to analyse gender relations with a view to how they must change so as to encourage ‘healthy’ attitudes. Little attention is so far paid to the way HIV/AIDS is already changing the dynamics of gender relations.

In Madudu, it seemed that one reason why HIV/AIDS was a sensitive issue was that women blamed men for bringing it into families. When I asked women during semi-structured research interviews who was to blame for the
spread of HIV/AIDS most affirmed that men were the perpetrators. Men who took part in the research were more likely to be general in their answers, apportioning blame to increased mobility or ‘city people’. The men’s answers are more in line with Ogden’s findings from Kampala where ‘town women’ were widely blamed for the spread of HIV/AIDS (Ogden 1996; see also Davis 2001). While town women have a long history of taking the blame for any perceived immoralities in Ugandan society, there is an inevitable logic to the blaming of men. Men are expected to have multiple partners while women are not. So regardless of what the statistics may say, men and ‘town women’ are seen as guilty. In the case of men, this further undermines their role as protectors of women. Instead, they must now get used to the idea that they themselves are, or are seen to be a danger to their families.

Silenced or simply silent? Sketching the boundaries of ‘open debate’ on HIV/AIDS

So far, I have outlined how two factors, gender relations and Christianity, place boundaries around debates on HIV/AIDS in Madudu. I have been careful to avoid the term ‘barriers’ since it implies an immovable hindrance that must be broken down so that progress can be made. Boundaries can be shifted or expanded without necessarily being torn down. They remain both as a source of limitation and comfort. The discussion presented here suggest that adult education takes place within boundaries and this section serves to outline some ways in which programme makers may account for these boundaries. The first real barrier to this, however, is the idea that ‘good’ education, administered in the right dose, will cure people of cultural ‘barriers’ to rational, ‘healthy’ behaviour. This section starts by looking at an example of an education-as-vaccine narrative, to then analysing some of the contradictions inherent to the genre and developing ideas on how to address them.

The following is an excerpt of an article written by a foreign consultant to Swaziland. Oliver is the author of a book about ‘study circles’ and recounts how, following a one day training workshop, the first study circle about HIV/AIDS is mounted:

…the study circle idea, where circle members learn from each other and participate democratically, did not seem foreign to the 32 women of Lobamba…. The idea wasn’t foreign, but one that capitalised on centuries of tradition in the Swazi culture…. We decided to concentrate on Session 1 to elicit personal testimony, encourage the women to talk freely, and to humanise the HIV/AIDS issue through personal
identification. Accustomed to lectures and videos, the Lobamba women were slow to warm to the study circle process. But seated facing each other, they gradually started to tell their own stories about HIV/AIDS, overcoming their fear of strangers and anxieties about such a personal issue.... All in the hut seemed to realise the gravity of the situation regarding HIV/AIDS in Swaziland and that education was the key. After several hours of talk, several women exploded in indignation. It was no longer someone else’s issue. The Lobamba women realised it was their issue.... “When we go from here,” said a participant, “we have to share this education with our extended family, with our chief, and with the men’s groups. We’re dying and our men don’t care!” … The women left the hut after three hours of non-stop discussion. They agreed to take a summary of the minutes of the discussion to their chief and the men’s council, an action few would have advocated prior to the meeting. They seemed to gather strength from each other as the session progressed, emboldened and empowered, and willing to act collectively for their survival. By speaking out candidly before peers in the non-threatening study circle atmosphere, they were building within themselves the capacity for participation, for having a “public voice”, and for deriving collective action from the collective learning that took place. As they were leaving, one asked pointedly, “What happens in a society when the women are ahead of the men?” The study circle had given them one answer – become an informed public through deliberation and act on the knowledge. A powerful lesson. (Oliver 1996:323-326)

The narrative of transformation Oliver constructs here differs from others in the same genre only through its speedy progression, accomplishing its feat in no more than three hours of ‘non-stop discussion’. Learners elsewhere may deliberate weeks and months before similar results are reported but the story of collective empowerment often consists of similar elements and contradictions. Group activity is concomitantly understood to be part of African ‘tradition’ and to transform it profoundly. It is not a foreign idea but still something that learners could not get quite right without external input. Although long-standing democratic traditions in Swazi culture are noted, it is ultimately still the study circle that is seen to act on women, ‘giving’ them answers and allowing them to build ‘within themselves the capacity for participation, for having a “public voice”’. 

In this way Oliver paints an all too familiar picture of change occurring as a result of the right tools and techniques. The latter are seen to encourage women to talk freely and such open debate is considered the prerequisite to
learners adopting rational decisions. The apparent plausibility of Oliver’s account is enhanced by its exact mirroring of Western ideals of democracy. Here, the degree to which an outcome is considered rational and legitimate depends on the rationality of the procedure through which it is reached. Though most Westerners will concede that non-rational means, such as personal obligations, emotional ties, or blackmail can be far more important incentives for action than democratic procedure, this does not challenge the firm belief that ‘good’ means lead to ‘good’ ends (see also King 2000). In practice, it is of course impossible to eliminate non-rational influences by procedural rule but writings on development are awash with claims about methods and approaches that purport to do precisely that. Oliver’s assumption that ‘open debate’ is the natural route to morally upright feelings of indignation then requires a considerable leap of faith.

It is also interesting to note that, although personal testimonies and women’s own stories are said to be at the heart of ‘open debate’, they produce no diversity of accounts. Instead all women seem to share the same problems, requiring similar solutions. This is not an untypical scenario in descriptions of participatory development processes (see also Booth et al 1998) and clearly one that should be cause for scepticism. For the stories that can be told ‘freely’ in this context are limited and often predictable (see also Plummer 1995). ‘The Lobamba women’, according to Oliver, identified three major obstacles to the prevention of HIV/AIDS:

1. The male-held myths about multiple lovers and the use of condoms;
2. The prevalence of polygamy;
3. The lack of a government and public commitment to a broad-based educational programme (Oliver 1996).

Except for the mentioning of condoms, the problem identification the women present here is strikingly similar to that which has preoccupied missionaries in Africa for more than a century. It would be naïve to assume that women coincidentally replicated the missionary agenda as their own. Their efforts in this respect are far more likely to reflect their keen awareness of the possibility that ‘open debate’ is an integral part of attempts to regulate their sexuality. Thus participants can easily become complicit in turning HIV/AIDS education into Victorian calls for ‘clean’ sex or even no sex. What is missing in this record of an ‘open debate’ is any reference to instances of women’s multi-partner strategies or their reasons for not wanting to use condoms in certain situations.
The answer to the finding that open debate in adult education is inevitably contrived and circumscribed is often to search for new tools and methods that will make the atmosphere even more relaxed and still less threatening. However, this is not an answer in cases where participants are choosing to remain silent on certain issues because silence grants them greater freedoms than ‘open debate’. I have argued here that certain historical aspects of schooling and gender relations influence what participants want said in the classroom and what they do not want discussed in this context.

Regardless of how much virtue adult educators find in dialogue and open debate, the findings from Madudu and elsewhere also suggest that programme makers rarely have the means to impose their ideals. In many Ugandan societies, the ability to remain discreetly silent, to limit the information one passes on about oneself or those close to oneself, is considered a sign of moral strength and decency. In societies where personal dependencies are the norm, it is perhaps to be expected that self-mastery rather than self-expression is regarded a positive marker of individuality. Where personal obligation rather than individual autonomy define the self, issues of disclosure and stigma take on a different meaning. Speaking out is then not an unambiguous sign of ‘coming clean’ and ‘being honest with oneself’ it can also be a sign of selfishness and weakness, tarnishing not just oneself but also others. In Madudu, the causes of a death were rarely clear but premature deaths often triggered intense speculation about past sexual relationships of the deceased, ever increasing the pool of people who were ‘under suspicion’ of being sero-positive. Whenever I asked people about why very few ever spoke about their own status the answers invariably stressed the need to protect others through keeping silent (‘he has children, who will they marry?’). It should, however, also be noted that the issue of disclosure is marred by the fact that this area of Uganda, as many others, is still characterised by inaccessibility of testing facilities.

Even if the kind of (partial) silences just described are seen as ‘risky’ to health, I am arguing that adult educators must be careful about pathologising them entirely. While Ugandan society constantly debates where the boundaries of silence are to be drawn, adult educators must respect that certain silences enhance individual freedom and/or serve to protect others. Thus the main pre-occupation of adult education in the current context should not be to sharpen its tools to ensure ‘really’ open debate but to increase its relevance in the context of the various debates that go on about HIV/AIDS.
Education is clearly one factor explaining why many Ugandans today are relatively well informed about HIV/AIDS. However, there is also evidence that the knowledge passed on through awareness-raising campaigns does not displace other bodies of knowledge obtained through a wide range of sources. To know the various ways in which HIV can be transmitted and how one can protect oneself against it does not stop one from also knowing, say, that abstinence causes impotence or that malicious powers (foreign or domestic) pierce condoms so as to deliberately spread HIV, etc. People are very aware that some of this knowledge is not appropriate in an educational (read modern) context, that it is separate and that, if mentioned at all, it is advisable to discard it demonstratively as ‘rumours’ or signs of ‘ignorance’. This may be one area where sensitive programme planning can help to extend the horizons of debate so as to include aspects otherwise branded as ‘backward’. One way would be to bring people like sengas (i.e., paternal aunts who provide advice on sexual relationships to their nieces) into adult education classes to speak to learners. There now are commercial sengas, who will pass on advice against a small fee. Some of the advice they stand for may well contradict the awareness-raising messages conventionally associated with adult education but this only reflects a reality where Ugandans accept that there are different sources of authority to different bodies of knowledge about HIV/AIDS.

Bringing outsiders into adult education classes, whether sengas or, as already happens sometimes, conventionally trained health workers or councilors, is a positive step. As earlier discussed the social proximity existing between a local facilitator and his/her learners can sometimes be beneficial but there are also many times when social distance is an asset, making it ‘safer’ for learners to ask certain questions or listen to perspectives they would otherwise not hear. In this context, one could even think of inviting people who are ‘openly’ HIV-positive but not living locally to come and speak in the classes.

There are also several activities that may enhance coping strategies for HIV/AIDS without necessarily requiring debate about this sensitive issue. Providing assistance with the writing of a will, for example, is something many Ugandans would like to be able to do regardless of HIV status. It is an activity that arguably falls within the remit of adult education.

Also, and this has been highlighted by many others, if adult education is to maximise its contribution to increasing awareness about HIV/AIDS then it must find ways of reaching men much more comprehensively than it does...
Marc Fiedrich

so far. In Uganda, men are unlikely participants in adult education classes, not only because they usually have had more opportunities for schooling than their wives but also because they feel more self-conscious about being seen in a classroom. To many men being ‘in school’ is decidedly unmanly. Women, by contrast, often search for opportunities to socialise respectfully away from home, rendering adult education classes an event that, to them, may prove just as attractive as the Sunday service. Thus, while it is urgently necessary for men to become more pro-active in protecting themselves and others against HIV/AIDS, the analysis here suggests that there are gender-specific factors that may render men more reluctant to hear the message. It has also been argued that the environment of an adult education class, and particularly the close and virtually unavoidable association with Christian institutions, introduces its own set of constraints when it comes to debating sexual relationships. Bars, video halls or market places then seem more likely venues for face-to-face educational activities with men although this does, of course, require changes to both the form and content of adult education.

In demonstrating some of the limits to current adult education practice addressing HIV/AIDS related issues it is important to remember that it is neither necessary nor possible for classes to be all-encompassing. Both men and women in Uganda pick up information about HIV/AIDS from a range of sources and talk about it in different fora. However, there is a tendency among educators, and particularly adult educators to insist, in line with the Enlightenment tradition, that learning knows no bounds. This stand has undoubted merit and yet it carries with it the risk that we ignore some of the context-specific boundaries to learning highlighted here. Awareness of such boundaries not only promises greater realism with regard to educational outcomes it also more importantly focuses our attention on gaps in our HIV/AIDS strategies that may be addressed by other means.

Notes

1. The views expressed are those of the author and should not be attributed to the European Commission or other institutions.

2. The study was designed and implemented by ActionAid UK with funding from the UK Department for International Development (DFID). Findings from a parallel study in Bangladesh are also published in Fiedrich and Jellema (2003).

3. Since HIV/AIDS related issues were not a specific focus of the original research, the more formal survey tools also used in this and another urban field site, produced no results of relevance to my exploration here.
4. In contemporary Uganda, churches have gone to some length to ensure that condoms retain the status of the third and last means of HIV/AIDS prevention, one that is not on a par with abstinence and faithfulness. HIV/AIDS activists are now becoming louder in their demands that condoms are treated as an equal option. Ironically, my exploration above suggests that the case for condom use might not be helped by being voiced in the same breath as abstinence and faithfulness, two Christian values whose permeability Ugandan society has long since tacitly acknowledged and accepted.

5. One example of such debates is the current controversy around Vice President Kazibwe’s announcement that she has been beaten by her estranged husband. Virtually all contributors to this debate stress that her husband should not have beaten her and most agree that she has a right to say whatever she chooses. But some argue that she should have chosen to remain silent about the affair or that she should have chosen a different audience (New Vision, March 20, 2002).

6. The thoughtful analysis Asera et al (1997) have done of letters written to a Ugandan newspaper health advice column illustrates how high levels of education and awareness of HIV/AIDS do not necessarily prevent letter writers from fearing infection through unlikely sources, such as, for example, eating. Mitchell et al (2001) report how audiences of HIV/AIDS related drama sessions in rural Masaka and Ssembambule were inclined to ignore messages they deemed morally reprehensible, choosing to emphasise aspects of the play that confirmed existing values.

7. Mitchell et al (2001) report that training well-respected villagers to be contact persons on HIV/AIDS matters was well received by respondents in their study but that most people would have preferred a slightly more anonymous setting for receiving advice.

References


Mills, D (1999) ‘“The nation’s valiant fighters against illiteracy”: locations of learning and progress’, *Social analysis [Adelaide]* 43(1).


