

## Languageing for life: African youth talk back to HIV/AIDS research

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**Abstract** In this article, we present a case study, undertaken in Uganda, in which 12 young people debated and critiqued four research articles on HIV/AIDS relevant to Ugandan youth. The rationale for the study was to provide students with the opportunity to respond to health research that had a direct bearing on their lives. It also complements applied linguistics research that has been undertaken in resource-rich countries with adult participants. In our study, we were particularly interested in the extent to which languageing (Swain in *Advanced language learning: the contributions of Halliday and Vygotsky*. Continuum, London, 2006) was productive for African youth engagement in policy. We argue that this research has relevance for language policy, in the sense that language policy references not only top-down policies such as the medium of instruction in schools, but also language and linguistic practices at grassroots level that have policy implications. Insights from the students, which are supported by a broad range of literature, suggest that the devastating effects of the HIV/AIDS epidemic in Africa have led many communities to rethink traditional customs and social relationships, some of which have exacerbated the spread of the disease. At a more systemic level, the students recognized that gender inequities made both females and males more vulnerable to HIV/AIDS, but in significantly different ways; that poverty undermines freedom of choice; and that beliefs and practices perceived to be “western” should be negotiated with care. These insights have important implications for policy with respect to language, health, and education.

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Young people's lack of voice means they are a weak constituency for reform. ... Young people need to be encouraged to participate more fully in public life. (Emmanuel Jaminez, World Bank Report 2007, p. 23).

## Introduction

In recent research, Ramanathan and Morgan (2007) have argued persuasively that much research on language policy and planning has focused on macro decision-making and its impact on educational settings, and have suggested that such research needs to be complemented by studies on the everyday contexts in which policies are interpreted and negotiated. In this view, language policy references not only top-down policy-making, but also the diverse ways in which language and linguistic practices at grassroots level affect the way individuals make sense of their daily lives, and plan accordingly for the future.

In this spirit, and in response to the World Bank call for youth engagement in policy relevant to poorly resourced countries (World Bank 2007), this article reports on a case study that formed part of a longitudinal ethnographic study we undertook with 12 young people (6 girls, 6 boys) in eastern Uganda from 2004–2008. While the longitudinal study investigated changing understandings of the relationship between health literacy, HIV/AIDS, and gender (Mutonyi 2008; Norton and Mutonyi 2007), the case study was centrally concerned with the ways in which insights from this cohort might inform policy, in ways suggested by Emmanuel Jaminez in the World Bank report, cited above. The particular research question that we address in this article is as follows: “To what extent is languaging about HIV/AIDS research productive for youth engagement in policy-making?”

Our use of the term “languaging” is drawn from recent work by Merrill Swain and colleagues (Swain 2006; Swain et al. 2009), who have used this term in innovative ways to reference the ways in which second language speakers of a language produce language in order to problem-solve and make meaning. Drawing predominantly on the work of Vygotsky (1978, 1987), Swain (2006, p. 148) argues as follows:

Languaging serves as a vehicle through which thinking is articulated and transformed into an artifactual form. ... Ideas are crystallized. They become available as an object about which questions can be raised and answers can be explored with others or with the self. In other words, languaging is a process which creates a visible or audible product about which one can language further.

In arguing for a conception of “bottom-up” language policy and planning, we join the growing number of scholars who seek to extend the field of language policy from a focus on top-down language policy to include the less visible, but equally

important, contexts in which language is implicated in the planning of everyday life (Hornberger and Vaish 2008; King 2004; Ramanathan 2005; Shohamy 2007).

### Policy context

Our article takes up the call made by the World Bank's Chief Economist and Senior Vice President, Emmanuel Jaminez, to provide young people with an opportunity to voice their opinions on issues that impact their lives and their society (World Bank Report 2007). The assumption is that if young people begin to participate in the decision-making that affects their lives, they will be better prepared for the responsibilities of adulthood. Such goals are not new in education, but health challenges in developing countries make this goal a particularly urgent one. With reference to Uganda, in particular, a recent HIV survey found that women and girls are seven times more vulnerable to HIV infection than men, a discrepancy attributed to gender inequality that hinders women from accessing treatment and preventive care (Uganda AIDS Commission 2007). Poverty is another fundamental constraint. In response to the challenges faced in Africa and other developing countries, the Millennium Development Goals have been set up as benchmarks for promoting and ensuring the health of women and children (World Bank 1999, 2002). These goals have led to the designing of studies that focus on the role of women in development, including advocacy for women's rights to education, better health, and employment opportunities (Robinson-Pant 2004).

Our study in Uganda has also been conducted within the spirit of Uganda's Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY) (Uganda Ministry of Education and Sports/PIASCY 2005). President Museveni has noted that while Uganda has been a global model for success in the fight against HIV, there is no room for complacency. He notes further that with the implementation of Universal Primary Education, there are over 7 million primary school pupils and one million students in secondary and tertiary institutions, all of whom, while at great risk for HIV/AIDS, are also easily accessible for the purposes of information dissemination. It was for this reason that he initiated the PIASCY strategy, focusing directly on the pivotal relationship between teachers and students.

In investigating youth perspectives on HIV/AIDS research, our study seeks to contribute to wide-ranging efforts to promote adolescent health, gender equity, and national sustainability in Uganda (see also Kiapi-Iwa and Hart 2004; Kinsman et al. 2001). Notwithstanding PIASCY, Uganda does not at present have a comprehensive AIDS programme for youth; AIDS education is part of the central national curriculum taught in subjects like biology, Christian religious education, and health education. As Mirembe (2002) notes "The Ministry of Education concern is to instill morals in young people as a means of preventing AIDS" (p. 292). Students in secondary schools have relied primarily on the *Straight Talk* newspaper and HIV/AIDS clubs as a source of information about their sexuality and HIV/AIDS. Indeed, as we note in a recent article (Norton and Mutonyi 2007), a theme in many of the HIV/AIDS clubs in Uganda is that they provide the opportunity for young people to "talk what others think you can't talk".

## Literature review

In the applied linguistics literature, much of which is conducted in wealthier countries in the industrialized world, the relationship between language and health has focused on four areas of research (Higgins and Norton 2010), each of which has relevance to our study in Uganda.

First, there is much applied linguistic research that is focused on the study of discourse in medical settings, and scholars such as Candlin and Candlin (2002), for example, have been particularly active in framing applied linguistics debates on health communication. Similarly, Coupland et al. (1994) and Sarangi and Roberts (1999), draw on a range of analytic tools, including conversation analysis, to investigate the nature of discourse in medical settings, and are particularly interested in the role of talk in creating workplace practice and relationships. In our study, we are particularly interested in the ways in which languaging about HIV/AIDS research is productive for youth engagement in policy decisions that affect their lives, whether it be related to health, language, or education.

Second, there is considerable research within applied linguistics on the challenges of nonnative speakers in healthcare settings (see for example Cameron and Williams 1997), as well as the challenges of interpretation and translation, an area of research taken up by scholars such as Davidson (2000). Given the multilingual nature of Ugandan society, in which English as the former colonial language serves as the official language, access to accurate and updated information about HIV/AIDS remains a significant challenge. Third is the applied linguistics research that has turned its attention to challenges associated with particular medical conditions such as Alzheimer's disease, diabetes, and epilepsy (Hamilton 1994/2005; Ramanathan 1997, 2009; Ramanathan and Makoni 2008). This research draws a great deal on qualitative research, including memoirs, personal life histories, and narratives to make the case that applied linguistics research should address the body in more humanistic ways. How the young participants in our research engaged in debates on HIV/AIDS and the transmission of infection is an important theme in our research.

Finally, the analysis of media and health is receiving increasing attention in the applied linguistics literature. The research of Koteyko et al. (2008) in the United Kingdom, and Lawrence et al. (2008) in New Zealand is particularly relevant to our research. The United Kingdom study drew on discourse analysis and corpus linguistics to examine the ways in which debates on the way virulent "superbugs" are represented in the media, and the significance of the different storylines through which discourses of blame, responsibility, and urgency have been depicted. The New Zealand researchers have examined the way tuberculosis is represented in the media, and make the case that the media often obscures more challenging discourses, such as the relationship between tuberculosis and poverty. Themes in both of these studies resonate with insights from the students in our study.

With reference to applied linguistics studies on HIV/AIDS in particular, Higgins and Norton (2010) note that HIV/AIDS has been an object of study for sociolinguists and discourse analysts for approximately two decades, but that most of this research has examined contexts relevant to gay men in resource-rich nations (see Jones 2002; Jones and Candlin 2003; Leap 1995; Maynard 2003; Peräkylä

1995; Silverman 1997). Applied linguistics research on HIV/AIDS in resource-poor contexts is a much more recent development. In a review of sociolinguistic research in public health domains in sub-Saharan Africa, Djite (2008) concludes that there is a “relative dearth of sociolinguistic studies in the area of health” (p. 94) despite the millions of people who are infected across the continent. While the research is still limited, applied linguists have begun to turn their attention to HIV/AIDS in these contexts, focusing specifically on the creation of knowledge as it is constructed in language and multimodal semiotic systems (e.g., Drescher 2007; Mitchell 2006; Mitchell and Smith 2003; Mooney and Sarangi 2005; Mutonyi and Kendrick 2010; Norton and Mutonyi 2007). These studies point to the differing cultural practices of diverse groups, which are highly relevant to an understanding of HIV/AIDS.

### Methodology

To address our research question, we needed a particularly innovative methodology that would engage students in targeted and informed debate. The chosen methodology was to introduce students to state-of-the-art research on HIV/AIDS, focusing particularly on the Ugandan context, and then invite them to triangulate findings from these diverse research projects with their own daily lives. For this purpose, we selected four recent articles that discuss HIV/AIDS in Africa, three of which focus on Ugandan youth, and invited students to discuss these in a seminar setting. In structuring an opportunity for students to engage in this languaging activity, we sought to provide a forum in which students were not only the objects of research, but engaged public citizens, whose insights were relevant for policy. As these students sought to articulate their understanding of HIV/AIDS research in English, one of their second languages, they gained a deeper understanding of the disease and its implications for everyday practice, at both an individual and social level.

The HIV/AIDS seminar, which was led by Harriet Mutonyi, took place on March 14, 2007, at a stage in the longitudinal study in which the participants were in S5 (Grade 12 equivalent) and had worked together on the project for 3 years. The articles had been distributed on February 26, 2007, 2 weeks before the March meeting, and the participants were divided into four groups of three self-selected students, each of which chose one of the four articles for the purposes of commentary and critique. During the discussion, each group summarized their particular article, and highlighted key findings for the other students. At the end of each group presentation, the larger group then entered into a discussion about the key issues raised in the article. Each group discussion took about 30–35 min. The seminar resulted in approximately 2 h and 30 min of audio-recorded data, which was transcribed for closer analysis.

In generating discussion, Mutonyi drew on Sirotnik’s (1988) questioning technique, which is often used to help students understand the socio-historical context of given issue, with the aim of equipping students for democratic duties. Generic questions include the following: (a) What is going on in the name of X (X being the problem) (b) How did it come to be that way? (c) Whose interests are

being served or not being served by the way things are? (d) What information and knowledge do we have, and need to get that bear upon these issues? (e) Is this the way we want it to be? (f) What are we going to do about all this? (p. 64).

The first article, which we call “the Gupta article”, was published by the International Center for Research on Women (ICRW) in 2002, and was the text of a plenary address given by Geeta Rao Gupta, the President of ICWR, at the 13th International AIDS conference held in Durban, South Africa, in July 2000 (Gupta 2000). It was titled *Gender, sexuality and HIV/AIDS, the what, the why and the how*. This article addresses the complex relationship between gender and HIV/AIDS, and was chosen by the group comprising the three boys, Phillip, Donald, and James. The second article, written by K. Burns and published in the South African journal, *Agenda*, was titled *Sexuality education in a girls’ school in Eastern Uganda* (Burns 2002). The article, which we call “the Burns article”, makes the case that gender roles hinder sexuality education for girls in Uganda, and was chosen by the three girls, Tracey, Karen, and Maureen. The third article, which we call “the Muyinda article” was written by H. Muyinda, J. Nakuya, J. Whitworth, and R. Pool, and published by the journal *AIDS CARE* (Muyinda et al. 2004.) In this article, titled *Community sex education among adolescents in rural Uganda: Utilizing indigenous institutions*, the authors argue for the inclusion of indigenous institutions in HIV/AIDS education. It was chosen by the group comprising the boys Joshua, Timothy, and Petero. The last article, by S. Nyanzi, B. Nyanzi, and B. Kalina, was published in the journal *Sex Roles* (Nyanzi et al. 2005) and was titled *Contemporary myths, sexuality misconceptions, information sources and risk perceptions of Bodabodmen in Southwest Uganda*. This article, which we call “the Nyanzi article” focuses on the sexual health practices of Ugandan public transport operators, all male, who are often depicted in the media as preying on young women. The article was chosen by the girls Sarah, Gina, and Flavia.

## Findings

We organize our findings with respect to the central question we are addressing in this article: To what extent is languaging about HIV/AIDS research productive for youth engagement in policy-making? We have organized the students’ comments into four themes, each of which arose from the particular article under discussion: (1) gender inequity; (2) sex education in formal schooling; (3) sex education and indigenous institutions; and (4) sexuality, condoms, and cross-generational sex. Discussion of these findings, and their implications for policy-making, is addressed in “[Discussion and implications for policy](#)”.

The Gupta article: gender inequity and HIV/AIDS

Given that numerous studies point to gender inequity as a major reason for the spread of the HIV/AIDS epidemic, and the greater incidence of HIV/AIDS amongst females than males, it was important that the students had the opportunity to debate and better understand the relationship between gender inequity and HIV/AIDS.

The Gupta article was particularly important in this regard. In Extract 1, Phillip noted as follows:

*Extract 1*

Actually our article was about gender, sexuality and HIV/AIDS, the what, the why and the how. According to the researcher, gender and sexuality are very significant in the spread of HIV/AIDS. This was written in the African context. You see in Africa, there is always a difference in gender, the males are given more privilege than the females in all aspects of life whether sexual or even the roles in the family [...]. For example women are not catered for in matters of HIV/AIDS. They are not looked after like accessing treatment and accessing care so that they can live on either positively or negatively. The information is not provided to them in a manner which can help them. We see that the women in that matter are vulnerable. For example concerning culture, there is always silence among the women and they find it hard to express their problems.

Phillip's summary powerfully captures the ways in which gender inequity has a direct impact on women's vulnerability to HIV/AIDS, since women "are not catered for in matters of HIV/AIDS". As Phillip notes, because women have little power in the home, they are silent about their health, have little access to treatment and care, and inadequate information on HIV/AIDS. The female students in the seminar also noted that they, like their mothers, do not have a voice within the family, and raised questions about gender inequity within the private sphere of the home. The female students noted that women who are employed outside the home are working a double day because they are left to shoulder all the responsibilities for the unpaid work in the household. It is significant that the male students, however, were more concerned with gender equity in public institutions like schools, hospitals, and government, than with gender equity in the home. Within family units and micro-communities, male students supported a gendered division of labour, so that women do not usurp the power of men, and possibly lose "respect" for their husbands. There was an assumption that respect arises from hierarchies of power rather than from collaboration and shared values.

There was also an acknowledgement that gender inequities have an adverse effect on males, and make them also, paradoxically perhaps, vulnerable to HIV/AIDS. As James, drawing on the Gupta article, noted in Extract 2:

*Extract 2*

In societies men are considered to know more but when we go deeper like us, we don't know about things concerning sex experience and marriage. Like in a family, when you say you are getting married, they don't educate you about the challenges. Men also have multiple partners.

Donald agreed with this sentiment, noting that, "It is wrong to assume that boys know everything because this stops them from getting guidance, hence exposure to HIV infection".

There is much research that suggests that a male's identity is associated with his sexual prowess, and that the more sexual partners he has, the more "masculine" he is perceived to be (Mirembe 2002). On the one hand, then, men are expected to knowledgeable, and to prove their masculinity through multiple sexual relationships; on the other hand, their knowledge remains limited, and multiple partners expose them to greater risk of HIV/AIDS.

The Burns article: sex education and schooling

In Uganda, as in many societies, there is a great deal of ambivalence about sex education for youth, and uncertainty about who should take responsibility for educating young people about sexuality. For generations, sex education has been considered a private matter in Uganda (Kiapi-Iwa and Hart 2004), although, with the onset of the AIDS epidemic, sexuality has gradually become a topic of public debate. Nevertheless, sexuality matters are still considered a taboo topic by the majority of Ugandans, hence the limited input from parents and other health education providers.

Of the four articles distributed to the students, two addressed the kind of sex education young people receive, both within schools (Burns 2002) and in the community (Muyinda et al. 2004). Burns' article addresses sexuality education in a girls' school in eastern Uganda, and the central argument Burns makes is that girls receive very little information about sexuality at school, which increases their chances of contracting AIDS, falling pregnant, and losing educational opportunities. Issues raised in the Burns article led to a discussion on access to sex education at Mulembe Secondary School (Extract 3).

*Extract 3*

- Harriet:** Do girls in this school have avenues for sharing their problems?  
**Tracy:** There are just clubs.  
**Harriet:** Are there clubs for girls alone?  
**James:** No. There is a person in charge of girls and boys in those clubs.  
**Harriet:** So it means that when a girl has a private issue it is difficult for them to get help?  
**Timothy:** No. There is a senior woman teacher.  
**Harriet:** So are the girls given guidance?  
**Petero:** They even have more guidance than the boys because they have people who come to talk to them.  
**James:** Yes, and then counseling them.  
**Timothy:** Madam you find that in that situation boys are sidelined. Since we joined here, there is nothing like counseling or talking to boys.

It is interesting to note that the boys appropriated the discussion on the access girls have to counseling services, taking the opportunity to voice their concern that they feel "sidelined" with respect to such resources. However, as the discussion ensued, it was clear that the kind of counseling the girls received at the school was didactic, and that there were limited opportunities for girls to voice their concerns. Indeed,



the students suggested that a primary goal of the services provided was to target girls who might be pregnant. Consider the following discussion in Extract 4:

*Extract 4*

**Harriet:** So what happens in these girls' only meetings? Do the people select general topics to discuss, or are the counselors available for girls to approach them whenever they have a problem?

**Tracy:** Those who come have a selected agenda and we don't have the chance of choosing the topic. Sometimes we are given chance to ask questions.

**Karen:** They come and give lectures and some students dodge these lectures. [The other girls make agreeing sounds and nod in support of Karen's comment]

**Harriet:** That is understandable because it feels like it is another classroom lesson.

**Petero:** Sometimes they just come to do medical check-up.

**Harriet:** What are they checking for, pregnancy?

**James:** Yes and then counseling them.

**Petero:** Those who are pregnant don't even go there.

**Karen:** But the main purpose is to find those who are pregnant.

Although the boys appeared to resent the fact that the girls had access to counseling opportunities that the boys did not have, they acknowledged that girls have unique challenges. As Petero said in response to the Gupta article, "The girls face a lot of temptations. For example, men will come and distract the girl but it is hard to find girls coming to distract the boy".

The Muyinda article: sex education and indigenous institutions

Traditionally, in Ugandan communities, youth, and girls in particular, were taught matters of sex and sexuality by their *Senga* (paternal aunt) when preparing for marriage (see Caldwell et al. 1998; Fuglesang 1997; Reid and Walker 2005); boys were instructed by their paternal uncle, or *Kooja*. Some studies have suggested that the lack of parental involvement in the sex education of their children is explained by the collapse of these indigenous institutions, and by the belief that commercial *Sengas* and schools are serving as replacements (Fuglesang 1997; Muyinda et al. 2004; Tamale 2005). The Muyinda article discusses the community acceptability of 'modern' *Sengas* who were trained to provide HIV-related counseling to adolescent girls. Fourteen *Sengas* were trained in two villages and, in the course of the 1-year study, 247 individuals made a total of 403 visits to these *Sengas*. By including both traditional services and more contemporary sex education, the *Sengas* provided a compromise between traditional and modern practices.

The Muyinda article raised important issues about sex education within the community and its relevance for HIV/AIDS prevention, and students highlighted a number of these issues in their discussion. The first issue was that parents and members of the community are generally suspicious of any sex education for young people, because they assume that knowledge of sex will lead to greater promiscuity. Caldwell et al. (1998), for example, have suggested that most parents do not support

the sex education of their children if the education is not in the context of preparation for marriage. As Timothy said in Extract 5,

*Extract 5*

About harnessing the *Senga* institution to help control the spread of HIV and AIDS. Actually the institution has tried to curb the rate of spread of the disease. But when someone hears the word sex education, they think it is some way of teaching the practices related to sex. So they equate sex education with sex and don't pay attention to the meaning of sex education.

The second issue raised by the female students is that the *Senga* institution is centrally concerned with preparing young girls for marriage and submission to their husbands, rather than empowering women to take charge of their own sexuality. As Karen said in Extract 6,

*Extract 6*

I think the *Senga* institutions try to teach things in marriage like taking care of the home; on the other side is that their emphasis is mostly on sex. So sometimes it encourages girls to have sex and when they get pregnant, they don't tell them to abort, so they drop out of school. But they don't prepare you when you are not getting married.

The third issue raised is that the *Senga* institution is focused more on girls than boys. Phillip noted, for example, that "these *Sengas* are only concerned with the girls so as they said, perhaps they need to get the uncles to help the boys. They may educate the girl and they know what to do but if it is to be effective, they have to also think of ways of helping the boys". As in previous discussions, the males in the seminar sought to emphasize that boys do not have adequate guidance with respect to sexual education. Timothy and Phillip suggested that it is important for the *Kooja* (paternal uncle) institution to be revived so that boys also have a place to share their problems.

Finally, there was general consensus that *Sengas* are particularly helpful to young people you have dropped out of school, and have no other access to sex education, particularly in rural areas. As Timothy said, "Now like those who go to school can have access to information on reproduction from elsewhere. But for those who have dropped out of school, you find that they are isolated and it is hard for them to come together and air their problems". In this regard, Joshua notes, the *Senga* institution "has transferred knowledge to those who are illiterate or school dropouts because there is no one to guide them".

The Nyanzi article: HIV/AIDS, condoms, and cross-generational sex

In Uganda, "bodabodamen" provide inexpensive local public transport on bicycles and motorbikes for women, men, and children. The etymological origin of the term is "border-to-border" as the original bodabodamen operated across the busy commercial border between Kenya and Uganda. As Nyanzi et al. (2005) note, "the media in

Uganda present a stereotypical image of public transport operators as among the most common adult sexual partners who attract and ‘spoil’ schoolgirls” (pp. 111–112).

Student debate on the Nyanzi article highlighted two topics that occur frequently in informal discussions on sexuality in the Ugandan context, and which have implications for policy on HIV/AIDS: condoms and cross-generational sex. In response to the Nyanzi article, Sarah put the topic of condoms on the agenda with the following comment in Extract 7:

*Extract 7*

Most of the bodabodamen did not believe in condom use because they are made by white men. They believe it is the way for white men to make African men not to enjoy sex, or making most of them to die in large numbers. They believed condoms are porous and could allow the virus to enter, and the oil inside the condom had the virus which could infect people. Most of them argued that they don’t have enough information on condom use because the instruction is in Kiswahili.

Gina reinforced Sarah’s comment by noting that, “The article says that men do not want to use condoms because they do not understand the instructions”, while Flavia reiterated the point that “Men do not trust condoms because they are not safe”. In response to the Burns article, Karen had also noted, with respect to the use of condoms by adolescents, that “The condoms are a disadvantage because they are expensive and people cannot afford to buy—one packet is 300 Shs. Adolescents are having sex without condoms and are transferring infection to the others”.

The second topic that arose in response to the Nyanzi article is also one of great concern and relevance to policy-makers: cross-generational sex. In Uganda, the term “sugar daddy” is often used to refer to the older men who enter into sexual relationships with younger women, and billboards across Uganda are raising awareness about problems associated with these inequitable relationships. In the discussion of the Nyanzi article, the students confirmed that many bodabodamen had become sugar daddies, and Mutonyi led a discussion on the students’ understandings of sugar daddy relationships (Extract 8).

*Extract 8*

- Harriet:** When you talk of sugar daddy, what image comes up in your mind?  
**Timothy:** Somebody who gives girls money or gifts for sexual favors.  
**Harriet:** So if a fellow student gives a girl these things, could he also be a sugar daddy?  
**Sarah:** Those will be called boyfriends.  
**Phillip:** They [sugar daddies] are older than the girl.  
**Harriet:** So a sugar daddy is someone who is older.  
**Petero:** O.K. Let us put it like this, somebody who is supposed to be your father but instead has a sexual relationship with you.  
**Karen:** The girls sometimes are not in love with these sugar daddies but just want the money.  
**ALL:** [Yes. It is to get money to buy things they like].

While there was general agreement among the students that young women are particularly compromised in these inequitable gender relationships, which makes them vulnerable to HIV/AIDS, it is important to note that girls also resisted being positioned as helpless victims. In this regard, Petero and Sarah had the following significant exchange (Extract 9):

*Extract 9*

**Petero:** Madam these bodaboda men go out with these girls. The girls say that they have energy.

**Harriet:** Who has energy?

**Petero:** Bodaboda men.

**Sarah:** Now energy for what?

**Petero:** For sex, that is what I hear.

**Sarah:** We are informed girls so we don't do such things.

### **Discussion and implications for policy**

Thus far, we have sought to demonstrate how Ugandan students' languaging about HIV/AIDS research enabled them to relate the research to their lives inside and outside school. We now wish to determine to what extent these insights might be productive for policy on education and HIV/AIDS.

#### **Policy on gender equity and HIV/AIDS**

In response to the Gupta article, there was consensus amongst all 12 students that gender inequity in Ugandan society exacerbates women's vulnerability to HIV/AIDS. However, there was some difference of opinion related to the way power is, and should be, structured in the home. While the girls indicated that wives (and daughters) wanted more voice in the home, the boys were concerned that this might translate to a lack of respect for the husband. Policy-makers will need to address both the private and public sites of gender inequity, and enter into debates on ways in which notions of mutual respect might serve to address domestic inequities. Robeyns (2006) has posited that because men have been socialized to perform particular responsibilities, many who have developed intrinsic pleasure in caring for family in relation to staying home with children have experienced community rejection. Therefore gender equity campaigns should not only pay attention to women's problems but should include the roles men can play.

The male students agreed that most men do not know how to get involved in family health issues because the gender equity programs have excluded men. This observation is supported by Mohga (2001), who notes that because family planning programs and women's health issues have targeted women, many men think that family health is the responsibility of women. Mohga advocates for health programs that include men's roles in the reproductive health of their families and spouses. Other studies have also called for the inclusion of men in health discussions if gendered social norms are to be challenged (Hawkes and Hart 2000; Wegner et al.

1998). These studies argue that if the traditional attitudes of men towards women's health issues are to be addressed, the men need to be educated about their role in maintaining the reproductive health of their spouses. This has implications for policy. Further, the male students recognized that their privileged position in relation to women did have a darker side. Many men are not adequately informed about sexuality and marriage, and the inducement to have many partners compromises not only women's health but men's as well. As Donald said, because males are expected to "know everything", they are reluctant to seek out much needed advice and support. These insights need to be taken seriously by policy-makers, and scholars such as Bujra (2000) have argued that men need to be included in debates on the pluralistic and contingent forms that masculinity can take.

It is important to note, however, that some students understand advocacy for gendered cultural change as westernization. For example, Karen said, "In my community, the men and women have experienced a western change culturally... women wear trousers, which was not there before". Likewise, as Sarah noted in Extract 7, some men are suspicious about condoms because they are perceived to be manufactured by 'white men'. Leach (1998) found that many communities in developing countries regard gender advocacy movements as an imposition of western culture on their community practices, an observation supported by scholars such as Fiedrich (2004), Robinson-Pant (2004) and Unterhalter (2003). Policy-makers will need to address this issue with great skill and sensitivity.

#### Policy and sex education in schools

Student insights drawn from the Burns article have a number of implications for policy. The female students made the case that the ways in which information about health and sexuality was made available was somewhat didactic, and that counseling sessions for girls were perceived to be thinly veiled attempts to determine which school girls might be pregnant. Some students in fact "dodged" these sessions and lectures. In our larger study, (Norton and Mutonyi 2007), other students also spoke of resistance to health information lectures in their schools. For this reason, in presenting information about HIV/AIDS in their schools clubs, the students introduced drama into AIDS information sessions. As policy-makers consider ways in which students can be more actively engaged in AIDS awareness campaigns, they should take heed of the innovative ways in which students have learnt to communicate with their peers, as students are well aware of the kinds of discourses that are most effective with youth (see also Barker and Rich 1992).

Discussion on the Burns article also highlighted the fact that counseling sessions in many schools target girls rather than boys, which the boys resent. Clearly, young men are learning that they do not "know it all", and that they would welcome opportunities to become better informed about health and sexuality. In this regard, it is interesting to note that Bujra's (2000) research in Tanzania has found that the AIDS epidemic is forcing men to become more reflective of their identity and their sexual behaviour. In particular, she found that there were striking differences between what men said in private and what they said in public. In private, they were

prepared to express fears about their vulnerability, but in public, “they present a front to other men of being in control of ‘their’ women” (p. 13). Policy-makers need to be sensitive to the context in which information about health and HIV/AIDS is shared and negotiated with men.

#### Policy, sex education, and indigenous institutions

Research addressed in the *Muyinda* article on sex education and indigenous institutions is a prime example of what is called “sankofa” by the Akan people of West Africa (Kanu 2006), meaning ‘return to the past to move forward’ (2006, p. 203). With regard to the use of “modern” Sengas to educate young women about sexuality and HIV/AIDS, students’ insights raised a number of important implications for policy. First, it is evident that communities need to grapple with the common-held assumption that the more young people learn about sex and sexuality, the more promiscuous they will become. It is partly for this reason that it has not been customary for parents to talk to their children about sexuality. We learn from Bujra’s (2000) research, however, that the AIDS epidemic has forced parents and communities to rethink their customs and traditions. A village leader, quoted in Bujra (2000, p. 14) noted as follows:

In our customs it’s shameful to discuss such things with your children. But I have come to realize that this disease requires us to break the rules of our people, and so I do advise them. It’s wrong for us, but we have to do it if we want our children to live.

It follows from these observations, as well as additional insights from the students, that if indigenous institutions are to be adapted, they must not only prepare youth for marriage, but also for sexual activity before marriage. Further, both boys and girls should have access to adapted indigenous practices, and young people no longer in school also need to have access to sex education.

#### Policy, condoms, and cross-generational sex

Finally, debates that arose in response to the *Nyanzi* article also have great relevance for policy. First, the discussion raised important issues with regard to the marketing of condoms. A central concern, which Sarah pointed to, is that some Ugandan men are suspicious of condoms because they are perceived to be made by “white men”. This suggests that western cultural practices remain suspect amongst some Ugandans, who believe that these practices are detrimental to Africans. The ways in which condoms have been distributed and marketed should be an issue of concern to policy-makers (see also Jones and Norton 2010). Further, it is evident that the written instructions on condom use are not accessible to many African men. While most bodobodamen, for example, will have had some elementary education, many have limited access to English and other dominant Ugandan languages. A study by Underwood et al. (2007) on the health literacy of adults in Zambia suggests that written instructions on health materials are frequently inaccessible to people with limited formal education. On the basis of a study with over 2,000 literate

Zambian adults, they concluded that in multilingual contexts like Zambia, it is vital to produce health communication print materials not only in English, but in local languages. This research corroborates findings from our study in Uganda, and has important implications for policy.

Second, with regard to cross-generational sex in Uganda, we have found in our larger research programme that poverty is at the heart of cross-generational sex. In a longitudinal study with 15 Ugandan schoolgirls in rural Uganda, Jones and I found that 9 out of 10 of the sexually active girls had received gifts of money for sex (Jones and Norton 2007; see also Hulton et al. 2000; Nyanzi et al. 2001). The money they received was used to pay for school fees and to buy books, stationery, clothing, food, and toiletries. Sexual partners not only gave these girls money, but services in kind. Thus while the “sugar daddy” generally gave the girls cash, teachers gave them higher grades, and bodabodamen gave them free transportation. Further, although the girls asked their partners to use condoms, they noted that men usually do not use condoms when they have sex with adolescent girls. As one noted, “they said that having sex with condom is like eating packed sweet” (Jones and Norton 2007, p. 297).

In view of this research, Sarah’s spirited defense that not all girls have sex with bodabodamen is interesting. On the one hand, it is encouraging to note that she is prepared to challenge Petero’s perception that young women have questionable sexual practices: “We are informed girls so we don’t do such things,” she said. On the other hand, Sarah was a scholarship student, and did not have to confront the regular challenge of being “sent home for school fees”, which is a common experience for many students in Uganda, particularly those in rural areas. Policy-makers need to take seriously the finding that if young women are to refrain from risky transactional sex, they need to have both material resources and health information to protect themselves from HIV/AIDS.

## Conclusion

In this article, we have drawn on a unique methodology to address the following question: To what extent is languaging about HIV/AIDS research productive for youth engagement in policy-making? We have argued that this question has relevance for language policy, in the sense that language policy references not only top-down policies, but also bottom-up languaging about grassroots social and cultural practices. We have found that the youth in our study embraced the opportunity to read and discuss research on HIV/AIDS, and that their observations are highly relevant to policy-makers. Insights from the students, which are supported by a broad range of literature, suggest that the devastating effects of the HIV/AIDS epidemic in Africa have led many communities to rethink traditional customs and social relationships, some of which have exacerbated the spread of the disease. Student insights included the observation that HIV/AIDS programs should: include both young men and young women; be innovative and relevant to youth; adapt indigenous institutions to contemporary realities; prepare young people for sexual activity both before and during marriage; include both rural and urban youth;

and be available in local languages. At a more systemic level, the students recognized that gender inequities made both females and males more vulnerable to HIV/AIDS, but in significantly different ways; that poverty undermines freedom of choice; and that beliefs and practices perceived to be “western” should be negotiated with care. Clearly, through a process of languaging, youth can talk back to HIV/AIDS research with great insight, and policy-makers should welcome these important stakeholders into their boardrooms, conference centers, and government agencies.

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## References

- Barker, G., & Rich, S. (1992). Influences on adolescent sexuality in Nigeria and Kenya: Findings from recent focus-group discussions. *Studies in Family Planning*, 23(3), 199–210.
- Bujra, J. (2000). Targeting men for change: AIDS discourse and activism in Africa. *Agenda*, 44, 6–23.
- Burns, K. (2002). Sexuality education in a girls’ school in Eastern Uganda. *Agenda*, 53, 81–88.
- Caldwell, J. C., Caldwell, P., Caldwell, B. K., & Pieris, I. (1998). The construction of adolescence in a changing world: Implications for sexuality, reproduction and marriage. *Studies in Family Planning*, 29(2), 137–153.
- Cameron, R., & Williams, J. (1997). Sentence to ten cents: A case study of relevance and communicative success in non-native speaker interactions in a medical settings. *Applied Linguistics*, 18, 415–455. Has relevance for professional development.
- Candlin, C., & Candlin, S. (2002). Expert talk and risk in health care (special issue). *Research on Language & Social Interaction*, 35(2).
- Coupland, J., Robinson, J. D., & Coupland, N. (1994). Frame negotiation in elderly patient consultations. *Discourse & Society*, 5, 89–124.
- Davidson, B. (2000). The interpreter as Institutional gatekeeper: The social-linguistics role of interpreters in Spanish–English medical discourse. *Journal of Sociolinguistics*, 4(3), 379–405.
- Djite, P. G. (2008). *The sociolinguistics of development in Africa*. Clevedon: Multilingual Matters.
- Drescher, M. (2007). Global and local alignments in HIV/AIDS prevention trainings: A case study from Burkina Faso. *Communication and Medicine*, 4, 3–14.
- Fiedrich, M. (2004). Functional participation? Questioning participatory attempts at reshaping African gender identities: The case of REFLECT in Uganda. In A. Robinson-Pant (Ed.), *Women, literacy and development: Alternative perspectives* (pp. 219–232). London: Routledge.
- Fuglesang, M. (1997). Lessons for life-past and present modes of sexuality education in Tanzanian society. *Social Science and Medicine*, 44(8), 1245–1254.
- Gupta, G. R. (2000). *Gender, sexuality and HIV/AIDS, the what, the why and the how*. Plenary address XIII international AIDS conference, Durban, South Africa [electronic version]. <http://www.icrw.org/docs/DurbanHIV/AIDSspeech700.pdf>. Accessed 14 October, 2005.
- Hamilton, H. (1994/2005). *Conversations with an Alzheimer’s patient: An interactional sociolinguistic study*. Cambridge: Cambridge University Press.
- Hawkes, S., & Hart, G. (2000). Men’s sexual health matters: Promoting reproductive health in an international context. *Tropical Medicine and International Health*, 5(7), 37–44.
- Higgins, C., & Norton, B. (Eds.). (2010). *Language and HIV/AIDS*. Bristol, UK: Multilingual Matters.
- Hornberger, N., & Vaish, V. (2008). Multilingual language policy and school linguistic practice: Globalization and English language teaching in India, Singapore, and South Africa. *Compare: A Journal of Comparative and International Education*, 39(3), 305–320.



- Hulton, L., Cullen, R., & Khalokho, W. (2000). Perceptions of the risk of sexual activity and their consequences among Ugandan adolescents. *Studies in Family Planning*, 31(1), 35–46.
- Jones, R. (2002). A walk in the park: Frames and positions in AIDS prevention outreach among gay men in China. *Journal of Sociolinguistics*, 6, 575–588.
- Jones, R., & Candlin, C. (2003). Constructing risk across timescales and trajectories: Gay men's stories of sexual encounters. *Health, Risk & Society*, 5, 199–213.
- Jones, S., & Norton, B. (2007). On the limits of sexual health literacy: Insights from Ugandan schoolgirls. *Journal of Diaspora, Indigenous and Minority Education*, 1(4), 285–305.
- Jones, S., & Norton, B. (2010). Uganda's ABC program on HIV/AIDS prevention: A discursive site of struggle. In C. Higgins & B. Norton (Eds.), *Language and HIV/AIDS* (pp. 155–170). Bristol, UK: Multilingual Matters.
- Kanu, Y. (2006). Reappropriating traditions in the postcolonial curricular imagination. In Y. Kanu (Ed.), *Curriculum as a cultural practice. Postcolonial imaginations* (pp. 203–222). Toronto: University of Toronto Press.
- Kiapi-Iwa, L., & Hart, G. J. (2004). The sexual and reproductive health of young people in Adjumani district, Uganda: Qualitative study of the role of formal, informal and traditional health providers. *AIDS Care*, 16(3), 339–347.
- King, K. A. (2004). Language policy and local planning in South America: New directions for enrichment bilingual education. *International Journal of Bilingual Education and Bilingualism*, 7(5), 334–347.
- Kinsman, J., Nakiyingi, J., Kamali, A., Carpenter, L., Quigley, M., Pool, R., et al. (2001). Evaluation of a comprehensive school-based AIDS education program in rural Masaka, Uganda. *Health and Education Research*, 16(1), 85–100.
- Koteyko, N., Nerlich, B., Crawford, P., & Wright, N. (2008). “Not rocket science” or “no silver bullet”? Media and government discourses about MRSA and cleanliness. *Applied Linguistics*, 29(2), 223–243.
- Lawrence, J., Kearns, R., Park, J., Bryder, L., & Worth, H. (2008). Discourses of disease: Representations of tuberculosis within New Zealand newspapers 2-2-2004. *Social Science and Medicine*, 66(3), 727–739.
- Leach, F. (1998). Gender, education and training: An international perspective. *Gender and Development*, 6(2), 9–18.
- Leap, W. (1995). Talking about AIDS: Linguistic perspectives on non-neutral discourse. In H. Ten Brummelhuis & G. Herdt (Eds.), *Culture and sexual risk: Anthropological perspectives of AIDS* (pp. 227–238). Sydney: Gordon and Breach.
- Maynard, D. (2003). *Bad news, good news: Conversational order in everyday talk and clinical settings*. Chicago: University of Chicago Press.
- Mirembe, R. (2002). AIDS and democratic education in Uganda. *Comparative Education*, 38(3), 291–302.
- Mitchell, C. (2006). In my life: Youth stories and poems on HIV/AIDS: Towards a new literacy in the age of AIDS. *Changing English*, 13, 355–368.
- Mitchell, C., & Smith, A. (2003). Sick of AIDS: Literacy and the meaning of life for South African youth. *Culture, Health & Sexuality*, 5, 513–522.
- Mohga, K. S. (2001). Enhancing gender equity in health programmes: Monitoring and evaluation. *Gender and Development*, 9(2), 95–105.
- Mooney, A., & Sarangi, S. (2005). An ecological framing of HIV preventive intervention: A case study of non-government organisational work in the developing world. *Health*, 9, 275–296.
- Mutonyi, H. (2008). *Health literacy, HIV/AIDS, and gender: A Ugandan youth lens*. Unpublished PhD dissertation, University of British Columbia.
- Mutonyi, H., & Kendrick, M. (2010). Ugandan students' visual representation of health literacies: A focus on HIV/AIDS knowledge. In C. Higgins & B. Norton (Eds.), *Language and HIV/AIDS* (pp. 38–62). Bristol, UK: Multilingual Matters.
- Muyinda, H., Nakuya, J., Whitworth, J. A. G., & Pool, R. (2004). Community sex education among adolescents in rural Uganda: Utilizing indigenous institutions. *AIDS Care*, 16(1), 69–79.
- Norton, B., & Mutonyi, H. (2007). ‘Talk what others think you can't talk’: HIV/AIDS clubs as peer education in Ugandan schools. *Compare*, 37, 479–492.
- Nyanzi, S., Nyanzi, B., & Kalina, P. (2005). Contemporary myths, sexuality misconceptions, information sources and risk perceptions of bodaboda men in South West Uganda. *Sex roles, A Journal of Research*, 54(1–2), 111–119.

- Nyanzi, S., Pool, R., & Kinsman, J. (2001). The negotiation of sexual relationships among school pupils in south-western Uganda. *AIDS Care*, 13(1), 83–98.
- Peräkylä, A. (1995). *Aids Counselling: Institutional interaction and clinical practice*. Cambridge: Cambridge University Press.
- Ramanathan, V. (1997). *Alzheimer discourse: Some sociolinguistic dimensions*. Mahwah, NJ: Lawrence Erlbaum.
- Ramanathan, V. (2005). Rethinking language planning and policy from the ground up: Refashioning institutional realities and human lives. *Current Issues in Language Planning*, 6(2), 89–101.
- Ramanathan, V. (2009). Applied linguistics redux: A Derridean exploration of Alzheimer lifehistories. *Applied Linguistics*.
- Ramanathan, V., & Makoni, S. (2008). Bringing the body back in body narratives: The mislanguageing of bodies in biomedical, societal, and poststructuralist discourses on *diabetes and epilepsy*. *Critical Inquiry in Language Studies*, 4(4), 283–306.
- Ramanathan, V., & Morgan, B. (2007). TESOL and policy enactments: Perspectives from practice. *TESOL Quarterly*, 41(3), 447–463.
- Reid, G., & Walker, L. (2005). Sex and secrecy: A focus on African sexualities. *Culture, Health and Sexuality*, 7(3), 185–194.
- Robeyns, I. (2006). Three models of education: Rights, capabilities and human capital. *Theory and Research in Education*, 4(11), 69–84.
- Robinson-Pant, A. (Ed.). (2004). *Women literacy and development: Alternative perspectives*. London: Routledge.
- Sarangi, S., & Roberts, C. (Eds.). (1999). *Talk, work and institutional orders: Discourse in medical, mediation and management settings*. Berlin & New York: Walter de Gruyter.
- Shohamy, E. (2007). *Language policy: Hidden agendas and new approaches*. New York, NY: Routledge.
- Silverman, D. (1997). *Discourses of counselling*. London: Sage.
- Sirotnik, A. K. (1988). What goes on in classrooms? Is this the way we want it? In L. E. Beyer & M. W. Apple (Eds.), *The curriculum: Problems, politics and possibilities* (pp. 56–74). New York: State University of New York Press.
- Swain, M. (2006). Languageing, agency and collaboration in advanced second language learning. In H. Byrnes (Ed.), *Advanced language learning: The contributions of Halliday and Vygotsky*. London, UK: Continuum.
- Swain, M., Lapkin, S., Knouzi, I., Suzuki, W., & Brooks, L. (2009). Languageing: University students learn the grammatical concept of voice in French. *Modern Language Journal*, 93(1), 5–29.
- Tamale, S. (2005). Eroticism, sensuality, and “Women’s secrets” among the Baganda: A critical analysis. *Feminist Africa*, 5, 9–36.
- Uganda AIDS Commission. (2007). *National HIV and AIDS strategic plan 2007/08–2011/12*. Kampala, Uganda: UAC.
- Uganda Ministry of Education and Sports/PIASCY. (2005). *Lower post primary: Student handbook on HIV/AIDS*. Kampala, Uganda: MoES.
- Underwood, C., Serlemitos, E., & Macwangi, M. (2007). Health communication in multilingual contexts: A study of reading preferences, practices, and proficiencies among literate adults in Zambia. *Journal of Health Communication*, 12(4), 317–337.
- Unterhalter, E. (2003). The capabilities approach and gendered education: An examination of South African complexities. *Theory and Research in Education*, 1(1), 7–22.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Vygotsky, L. S. (1987). *The collected works of L.S. Vygotsky. Volume 1. Thinking and speaking* (Vol. 1). New York, NY: Plenum Press.
- Wegner, M. N., Landry, E., Wilkinson, D., & Tzani, J. (1998). Men as partners in reproductive health: From issues to action. *International Family Planning Perspectives*, 24(1), 38–42.
- World Bank. (1999). *Knowledge for development*. New York: Oxford University Press.
- World Bank. (2002). *Empowerment and poverty reduction*. Washington, DC: World Bank.
- World Bank (2007). *Development and the next generation*. Washington DC: World Bank. Available at: <http://go.worldbank.org/KFPHKE33NO>.

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