

Review

How to advise youth there's HIV/AIDS ahead, U-turn: an analysis of perceptions of in-school youths

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Abstract

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This paper presents the conduct and outcome of a survey carried out on in-school youth in Zimbabwe on the HIV/AIDS pandemic. It analyses the perceptions, misconceptions and myths held by youths in Zimbabwe. The exercise involved the conducting of life-skills workshops sponsored by the voluntary welfare organization, Shungu Dzevana Trust. The authors were most fascinated by the children's reactions and responses to various theories and philosophies especially messages surrounding the "no sex" versus "safe sex" quagmire. Several one-day workshops were held at different schools around the country during which the children were also offered the opportunity to express themselves anonymously by expressing in writing, their views on life. Some of these comments were then discussed while all the points were put to further analysis by the authors. Children of age range 11 – 18 years were sampled and wrote what they considered to be the cause(s) for continued loss of life among the youth through the pandemic when literally almost everyone was fully aware of the plague. The children's views were classified into seven categories. Children are generally aware that people of all age groups intransigently continue to engage in risky behaviour in full view of HIV/AIDS. In theory therefore all sex-caused HIV/AIDS maladies can be eradicated by the removal of sex from the equation. It can then be argued that the surest and most effective, most easily accessible, priceless, and side-effects-free cure will always be total self-controlled abstinence. Some people argue that erotic libido in humans is beyond control, therefore sex is a right! But we should point out that to every right there must be an obligation expressed as follows: **Obligations – Rights = Aids-Free Life Which is equivalent to Obligations = Aids-Free Life + Rights**

Keywords: Aids-free generation, children's rights, choice, no sex, parental responsibility, perceptions, safe sex.

INTRODUCTION

The world is currently awaiting the glorious arrival of an effective cure for the HIV/AIDS malady which has consumed a great portion of the world's population. At the same time the same world is saddened by the resurgence of yet another equally if not more lethal plague, the Ebola virus. Society seems to be more serious now than what it seems to have done with strategies to combat or eradicate HIV/AIDS. It is the mandatory responsibility of the adult world to ensure guaranteed prosperity for future generations that evolve from today's youth.

It is public knowledge that so much has been said, written, and communicated about the pandemic HIV and AIDS during the past three decades or so at various socio-spiritual-economic levels but sadly so with very little if any honest and serious action committed. Recently there was strange news that a cure for the recently re-incarnated deadly Ebola. The same happened during the infancy of AIDS with claims such as the invention of Kemron drug in Kenya. Recently in Zimbabwe we read and heard the minister of Health and Child Welfare claiming under the title "Zimbabweans love condoms"

that “condom usage in Zimbabwe has steadily increased over the years and is among the highest in Southern Africa when compared to the size of the population”. *Newsday* Friday 22 August 2014. This can easily be misinterpreted to claim popularity over sexual promiscuity and delinquency! It is such type of loose slogans which in the opinion of the authors seem to militate against strategic efforts to create an AIDS-free future for our young people. The minister went on to state that “the country’s HIV prevalence had declined from 20.3% in 1998 to 14% in 2014”. But the authors can argue that the picture at the cemeteries is still frightening. He attributed the decline to “changes in sexual behavior, particularly reduction in concurrent multiple partnership and increased condom use in non-marital relationships”. Such statements can only epitomize the belief of proponents of the so called “safe sex” and “protected sex” which has grossly created a lethal recipe for juvenile catastrophe especially in-school youth, the main subject of this paper.

This paper is mainly targeted at Zimbabwean parents, youth life skills educators such as teachers, lecturers, non-governmental organizations and other institutions of social welfare. The central message is the deliberate attempt to encourage and persuade young people to take a more serious, realistic, and sincere attitude towards the deadly scourges and ravages of the HIV/AIDS pandemic.

The old adage says that one can force-drive the donkey or horse to the water trough but the animal will never be forced to drink. The paper is therefore a deliberate attempt to provide platform for free and open discussion between youths and the adult world. Whether at the end of the day the youth will be prepared to make the right decision as regards choosing between the deadly consequences of pre-marital sex related promiscuity and the pleasure of enjoying an AIDS-free future remains to be seen. The underlying principle here is that sexual intercourse is assumed to be the most common mode of transmission of HIV to which most young people can easily fall prey. This theme is well echoed in most of the literature on the subject. Common experience has revealed that most of the youth seem to hold the misconception that ‘sex is a right provided it is played safe’. This is dangerous. Can it also be said that ‘theft for survival is a right provided one does not encroach the police’s lane’? It can wipe the young from this planet! The paper relies heavily on the authors’ experiential interaction with in-school youths from various parts of the country. A number of interesting questions and views were raised by these young people during these workshops. Christian followers, argue that sex is a gift from God only tenable in the institution of approved marriage. Pre-marital or extra-marital sex is condemned. Young people should be trained on how to control sexual emotion and to make realistic decisions in life. The aim of this paper is to try and reach the deepest corner of the perceptual functioning of the young person’s psyche. That way, we may understand how to make youth u-turn

from disaster.

The following questions were raised by some ‘A’ Level students from the Catholic High School:

“Why do you bother so much of our youth sex status?”

You got your own lives to live and your own styles. Well we got our own lives to worry about. Why don’t you mind your own lives, we are big enough to take care of ourselves?”

“Is it okay to rape a girl so as to ensure you can marry her?”

The important thing here is that the above juvenile utterances clearly suggest a very serious communication problem between the young and the adult. A number of questions can be raised here. Who in this world should “bother” and “worry” about the life of the young people? When is a person considered to be “big” enough to take care of her or his own life? Does the questioner fully understand the meaning of rape? Does he/she understand too the meaning of marriage? These boys and girls in their mid- and late teenage may be asking these questions out of sheer mischief or genuine juvenile ignorance. The complete texts from the schools are presented in the appendices at the end of the paper.

Review of selected related literature

It was stated earlier that so much has been written on HIV and AIDS. This paper attempts to invade the deeper perception of the youth through qualitative analysis. It is not heavily information laden. Literature has largely focused on information giving bordering on such issues as contraction, transmission, cure, statistics, and so forth.

In 1993, UNICEF compiled and published 88 questions and answers on various facets of HIV/AIDS. The World Health Organization (WHO) and UNESCO in 1994 included 25 questions and answers in its teaching guide for HIV/AIDS. The author found a few such questions and answers pertinently interesting as presented herunder:

Question

People must be trained to have sex control. Isn’t the use of a condom an indirect support of immorality? UNICEF (1993 p. 23)

The answer given is rather vague, namely that “... chloroquine can help prevent malaria until such time that

all mosquito-breeding places are destroyed, condoms can help prevent STD's until such time that all risky sexual activity is controlled". This may not be so helpful to the so called sexually active youth? It may be viewed as being analogous to suggesting that "to steal is human, thieves had better use protective gloves, boots, masks, knives, guns, etc. until such time that all stealing tendencies in humans are exterminated"! Shouldn't the main emphasis here be placed on outright avoidance of mosquitoes? Mosquito bites are the things to be prevented at all costs and not the probability of contracting malaria just as sex must be controlled at all costs and not the chances of catching diseases.

Question

How can one avoid infection? WHO/UNESCO (1994 p. 24)

Again the important term here is the word avoid. Avoiding sex totally averts infection. The first of the provided five options of the response to the question rightly advises avoidance or abstinence. The second option too on faithfulness or fidelity for HIV-free marriage is reasonable. The third option is not so clear when it refers simply to "mutual faithfulness" between HIV-free people. Which people? One may ask. The other two options deal with the abhorrent use of 'protection in sex'.

Question

What do "safe sex" and "protected sex" mean?

The answers given talks about the usual "sexual protection" verbiage. What needs to be emphasized is simply that no sex can be 'safer' or better 'protected' than the making of love in the maximum safety, protection, and comfort of the home of HIV-free and approved married couple.

The other two questions, 24 and 27, selected from UNICEF (1993 p. 16) require more clarifications on the answers. Question 24 asked: Is there any hope that AIDS will have a cure? The answer to this is given as "there are no drugs that kill viruses". But the answer to question 27 which sought to know whether "HIV can survive in the digestive system after being swallowed" was somehow even more vaguely presented by simply stating "No. Acids of the digestive system kill the virus". The apparent or seeming contradiction may require further clarification especially for those without a science orientation.

Another worrisome statement is the one by Action Pals (2007 p. 28) in which it is claimed that "research has shown that children who are well informed about sex usually wait until they are older to have sex". Are we

saying that old children are free to indulge in sexual delinquency but young children should wait a little till they attain older age? What message are we transmitting to the child? Who is and 'older' child?

The authors argue that there are only two pathways via which HIV and AIDS can invade the human body, namely by force or by choice. The first includes such forces beyond one's control as rape, blood transfusion, and complications at birth. The second mode is mainly based on personal responsibility or lack of it.

Going back to the Newsday article of Friday 22 August 2014, it is very surprising to note that nowhere in the entire article does the Zimbabwe Minister of Health and Child Welfare make reference to abstinence as the surest way to prevent HIV. The minister however made reference to the cultural and social norms' influence on and creation of barriers upon communication on sex. At Rima High School a student asked "why is it that parents in Zimbabwe are too shy to address issues concerning AIDS to their children"?

From www.avert.org/hiv-aids-zimbabwe.htm we learn that "with around half of the people living with HIV in Zimbabwe becoming infected during adolescence or young adulthood, education campaigns have primarily targeted young people. As a result, knowledge about HIV and AIDS is higher than the average for sub-Saharan Africa". Although it is claimed that "increased condom use has been recognized as a major factor in the recent decline in Zimbabwe's prevalence", it is still doubtful if research has been conducted to determine the possible contribution of abstinence to the claimed decline.

At present, not much hope can be pinned on Rowena Johnston's 2013 article which talks about Dr Lauren E. Cipriano's research team at Stanford University resulting in the Berlin Patient and Mississippi child's cure, www.drugabuse.gov/nidonotes. WHO instead reported that "since the beginning of the epidemic, almost 75 million people have been infected with the HIV virus and about 36 million people have died of HIV", www.who.int/gho/hiv. Other scholars tend to dwell much on the informative and statistical platform. If the early warnings by Jackson were anything to go by in terms of advising the young then every teenager would be freed from the scourge of AIDS. Jackson (2002) warned that "never in history has there arisen such a widespread and fundamental threat to human development as AIDS". Jackson (2002 p. iv) went on to observe that "yet one of the limitations of the responses to AIDS has been the failure of others to learn effectively and in time from most impacted". Everybody is fully aware, but it seems nobody bothers. We are reminded again by Jackson (2002 p. 1) that while the "black death" or the bubonic plague of the Middle Ages in Europe killed (its victims) in a short time AIDS may take a long time". Jackson further explains that the plague killed the weak – the young, infirm, and elderly with ineffective immune system. AIDS affects the young

Table 1. Pseudo names to identify various schools.

Item	Pseudo Name of School	Description	Location
1	Hatifi High School	High School	Harare
2	Munya Primary School	Primary School	Kadoma
3	Rema High School	High School	Gweru
4	Rima High School	High School	Kadoma
5	Stigma College	High School	Harare
6	Tafa Primary School	Primary School	Harare

to middle aged adults that are expected to be most effective in the development of society.

METHODOLOGY

In order to penetrate deep into the inner perceptual realm of the in-school youth so as to determine how such young people view their contemporary world veiled in this HIV/AIDS net, the authors opted for the qualitative approach guided by phenomenological and ethnographical principles. The approach should suit well the multi-case study design because in this paper meaning is going to be read heavily inclined onto words as opposed to numbers. In-school youth of different age groups from Upper Primary School to Upper Secondary School (form Six) were sampled. Six different schools were involved from Harare, Gweru, and Kadoma. The children included orphans and needy under Shungudzevana Trust as well as ordinary pupils at these schools. Through financial and other resource sponsorship of this voluntary charity welfare organization, Shungudzevana Trust, which runs a children's home, peripatetic life skills workshops were conducted around some of the Trust's areas of operation in different provincial and district capitals of the country. Each day was divided into instructions, video shows, practical discussions, writing of individual questions and comments, ending with plenary discussion over selected issues. It is important to note that the children's questions and comments were transcribed unedited. The pupils were then set to continue the discussion with their teachers, peers, parents, and the community. Pseudo names were used for ethical reasons to identify the various schools as indicated in the table above. A total of 177 questions were identified as useful and meaningful. Repeated questions were entered once. The questions were classified into nine special categories as follows:

- Those associated with alleged parental oppression.
- Questions expressing emotional attitude and behavior.
- Comments and questions pointing towards risky experimentation with life.
- Those characteristic of ignorance and desire to know and understand.
- Questions deriving from peer pressure.

Those reflective of role modeling.

Those falling into the Bio-medical sphere.

Questions signifying fear of the unknown and those based on socio-spiritual and socio-economical domain.

At Rima Primary School a couple of teachers also expressed their feelings on paper and were accepted. Pupils who felt uncomfortable expressing themselves in English, particularly those from primary schools, were allowed to write using their first language. The authors have provided some translation. (Table 1)

The following is a typical example of what the children would write under anonymity.

(a) "Why do you bother so much of our 'youth sex status'? You got your own lives to live and your own styles. Well we got our own lives to worry about. Why don't you mind your own lives, we are big enough to take care of ourselves"? (From Hatifi High School, Harare). Latest World Health Organisation (WHO) statistics reveal that in 2010 one million to 1.4 million adults and children died due AIDS related diseases with the Special Zimbabwean death toll standing at 1.4 million adjudged to be living with HIV. WHO goes on to state that "with around 15 % of the population living with HIV, Zimbabwe is experiencing one of the harshest HIV and AIDS epidemics in the world", www.avert.org/hiv-aids-Zimbabwe.htm. Furthermore WHO advises that "average life expectancy in Zimbabwe is just under 53.7" and that "by 2011, there were one million children living in Zimbabwe who had been orphaned as a result of parents dying from AIDS". There was a time during the 90's when people would put the average lifespan of Zimbabweans at 34 years obviously judging from the tombstone epitaphs. Such statistical facts were part of the instruments used by the authors to try and drive the message home. Who should 'bother' and 'worry' about the young? Why? How When? Where? But were the children prepared to be scared by this? Instead we get the kind of gallant queries like the one below.

(b) Another pupil from Stigma High School outside Harare had the shrewdness to ask "Is it okay to rape a girl so as to ensure you can marry her"? May be this Form Six boy does not fully understand the meaning of love, marriage, and rape.

Further discussion of selected questions of the children

Discussion guidelines are given below for a few questions that were deemed to be specifically and directly linked to the HIV/AIDS problem. The source of the question is indicated in parenthesis in so far as the contributing school is concerned.

Is it true that condoms are 80% effective? (Hatifi High School)

This question was a useful base for lively open discussion and debate without prescribing directives or dictation. There were some important issues to be considered in the form of questions and challenges as follows:

- ✓ What came first the condom or the HIV/AIDS pandemic?
- ✓ What was the original purpose of using condoms?
- ✓ Does or should the use of condoms apply to youth of your age? Why?
- ✓ What is the significance of the degree of effectiveness, 80%?
- ✓ What is meant by 'effective'?
- ✓

Discussions were conducted and directed in such a way that children themselves came up with their own but guided answers as well as solutions.

I am pregnant, what should I do before things get amiss? (Hatifi High School)

- ❖ What were the consequences of premarital pregnancies?
- ❖ Who was responsible for that particular pregnancy? Was his HIV/AIDS status known?
- ❖ How old was the pregnancy?
- ❖ What action(s) could/should have been taken already by the pregnant?
- ❖ Did anyone else know about this pregnancy?

Is it a problem to fall in love whilst you are in school? For example to have a girlfriend/boyfriend at the age of 17 and below? (Hatifi High School)

- Which type of friendship was referred to, boyfriend/girlfriend or boy friend / girl friend?
- What kind of love was meant, romantic filial or romantic erotic, or even the biblical agape?
- What were the possible advantages/disadvantages of boyfriendship/girlfriendship and boy friendship or girl friendship?

Is it ok for me to kiss someone if I know we have no wounds in the mouth? (Rima High School)

- ❑ Why did people ever kiss?
- ❑ Who should kiss who? Why? When? Where? How?
- ❑ What were the possible pros and cons of kissing?

Why is it wrong to start having sex at an early age? (Rima High School)

- Again what were the possible consequences of premarital sex?
- What was early age?
- Who said it was wrong?

Why is it that parents in Zimbabwe are too shy to address issues concerning AIDS to their children? (Rima High School)

- Is communication in your family one-way or two-way?
- Can children address parents too?
- What role did culture play?
- What about the question of time?

Ko kana mudzidzisi akubata chibharo unotaurira ani? If your teacher rapes you who do you report to? (Munya Primary School)

- What normally caused teachers to rape their pupils?
- What could/should be done about these causes?
- Who was the nearest person a pupil might get to?
- Who was the next?

What can I do if my mom wants me to have a boyfriend? (Munya Primary School)

- ✓ Why should you have a boyfriend?
- ✓ Who chose that boyfriend mom or child?
- ✓ Was mom fully aware of the pros and cons of boyfriendship at that age?

Is it okay to rape a girl so as to ensure you can marry her? (Stigma College)

- Did he understand what was meant by 'rape'?
- Did he understand what was meant by 'marriage'?
- Did he know and understand the consequences of birth?
- How else could marriage come about?
- Was he ready for marriage?

A primary school girl from Tafa Primary school narrated her traumatic experience with a close relative as summarized below.

“My parents died last year in a car accident and my relatives refused to live with me and my uncle (*presumably mother’s brother according to Shona culture*) took me to live with him. One day he came home drunk and started to touch my breast, buttocks, and my private parts, and forced me to have sex with him. Who must I tell and what must I do?” It is indeed a sad story.

CONCLUSIONS

1. All that medicine has managed to do is to produce expensive and inaccessible retroviral suppressants.
2. Suppressants cannot or should not be likened to other control drugs such as those for diabetes, hypertension, asthma and the like.
3. People particularly the young, continue to intransigently expose themselves to the pandemic largely through miscellaneous sexual misdemeanour.
4. The best, most effective, cheapest, and easiest to access remedy so far is total abstinence from sexual intercourse outside fidelity-sustained approved marriage.
5. Parents want children to live better life than themselves.
6. Rights mislead the young who shun obligation.
7. There can never be free rights.
8. The HIV/AIDS affected suffer equal pain to the infected.
9. No sex no AIDS.
10. Peer and environmental pressure can mislead the young.
11. There are two primary highways to HIV/AIDS – By force and by choice.
12. Sexual emotions can be controlled.
13. Sex slogans such as safe sex, protected sex, commercial sex, sex as a right, etc mislead and spoil the young.

14. Society has not been as serious about AIDS as it has been with Ebola.

15. No sexual action can be safer than making love with only one approved spouse in the comfort of your matrimonial space.

RECOMMENDATIONS

- (a) Application of the rights-obligation-life formula.
- (b) Where there is a right there must be a set of obligations.
- (c) Choose and enjoy making love with only one approved spouse in the comfort of your matrimonial space and shun sex.

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