

**The Catholic Church and Secular Discourses on the use of Condoms in HIV
Prevention: Assessing the Popular Discourse among Catholic Students of Kasama
School of Nursing.**

By

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**A Dissertation Submitted in Partial Fulfilment of the Requirements for the Degree of
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DECLARATION

Student's Declaration

“This dissertation is my original work and has not been presented for a degree in any other university.”

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APPROVAL

This dissertation by Martin Edward Mwansa is approved as a partial fulfilment of the requirement of the award of the degree of Master of Education in Religious Studies of the University of Zambia.

Signed

Date

Signed

Date

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Date

Dedication

To the Sacred Heart of Jesus
Through the Immaculate Heart of Mary
That Healing May come
To the infected and affected

Acknowledgements

To my dear brother Mulenga, for his unswerving support throughout my course,

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ABSTRACT

This study is an investigation into the discourses of the Catholic Church and the Secular Institutions on the use of condoms in the prevention of HIV transmission. The central objective of the study is to assess the preferred discourse among Catholic students in a nursing school. The focus on examining the social cultural context of the school, as one area where characters and identities are formed and reformed, yielded explicit suggestions for understanding what shapes students' perceptions of HIV preventive strategies.

To achieve the central objective of the study, a qualitative approach was employed, and only one nursing school was picked as a unit of analysis. Therefore, a case study design was adopted, and the collection of data was done using multiple data collection techniques, as one feature of a case study. The use of questionnaires to students was one strategy employed. Others were interviews, focus group discussions, observations, and document analysis. The sample of the study comprised students, matron and chaplain, and these were purposively selected.

The findings revealed that there was no conclusive evidence to prove that students had a preferred choice between the two discourses. In principle, students supported the Church's message of abstinence while in practice they favoured the secular's message of condom use. Failure by both the Catholic Church and the school authority to implement their HIV/AIDS policies in school, coupled with the social cultural factors, was found to be sources inhibiting students' perceptions and response to HIV preventive strategies. Message of "*safe sex*" from secular institutions, and students' distorted perception of the Church's teaching on human sexuality, interacted with the school and Church authorities to undermine students' ability to make an informed decision when dealing with issues of abstinence, fidelity and condom use.

Recommendations are that first and foremost, the HIV/AIDS Work Policy be fully implemented and be availed to the students. Further, students and non-teaching staff should be co-opted into the school HIV Committee. The School Chaplain should also ensure that the Church's HIV/AIDS policy is implemented, and create more time to be with the students. With the inclusion of cultural practices and teachings that promote good morals, such as abstinence and fidelity, into the school curriculum, there is need for total cooperation between the school authority and the Church through the sharing of HIV prevention information. In the same vein, dialogue and development of partnership between the secular authority and religious sector should be promoted by creating fora

where information on HIV and AIDS can be exchanged. While encouraging female students to open up and participate in discussions of issues related to sex, the Church should strengthen its teaching on Human Sexuality through holding seminars with students.

The study has made a distinct scholarly contribution to the body of knowledge on HIV and AIDS in Zambia, especially on the Christian-Secular discourse on condom use. This information will help scholars, students, government, Church and other planners in the country to understand the HIV/AIDS phenomenon better.

ABBREVIATIONS AND ACRONYSM

| | |
|--------|---|
| AIDS | Acquired Immune Deficiency Syndrome |
| AMRG | Applied Mental Research Group |
| ARV | Antiretroviral |
| BBC | British Broadcasting Corporation |
| CIA | Central Intelligence Agency |
| CSW | Commercial Sexual Workers |
| FAO | Food and Agricultural Organisation |
| FGD | Focus Group Discussions |
| HIV | Human Immunodeficiency Virus |
| KM | Kilometre |
| MDG | Millennium Development Goals |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| NAC | National AIDS Council |
| NGO | Non Governmental Organisation |
| PMTCT | Prevention of Mother-to-Child Treatment |
| SECAM | Symposium of Episcopal Conferences of Africa and Madagascar |
| UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations International Children's Fund |
| UNGASS | United Nations General Assembly for Special Sessions |
| USAID | United States Agency for International Development |
| VCT | Voluntary Counselling and Testing |
| WHO | World Health Organisation |
| ZBC | Zambia Coalition Business |
| ZEC | Zambia Episcopal Conference |
| ZNBC | Zambia Nation Broadcasting Corporation |
| ZSBS | Zambia Sexual Behaviour Survey |
| ZSMP | Zambia Social Marketing Project |

TABLE OF CONTENTS

| | Page |
|---|-------|
| Declaration | ii |
| Approval | iii |
| Dedication | iv |
| Acknowledgement | v |
| Abstract | vi |
| Abbreviations and Acronyms | viii |
| Table of Contents | ix |
| CHAPTER 1 INTRODUCTION TO THE STUDY ... | 1 |
| 1.0 Introduction | 1 |
| 1.1 Background to the Study | 1 |
| 1.2 The Statement of the Problem | 4 |
| 1.3 The Purpose of the Study | 4 |
| 1.4 Objectives of the Study | 4 |
| 1.5 Research Questions | 4 |
| 1.6 The Significance of the Study | 5 |
| 1.7 Delimitations and Limitations | 6 |
| 1.8 Context | 6 |
| 1.9 Organisation of the Study | 7 |
| CHAPTER 2 LITERATURE REVIEW AND CONTEXTUAL FRAMEWORK | 8 |
| 2.0 Literature Review | 8 |
| 2.1 History of HIV and AIDS in Zambia | 8 |
| 2.1.1 Government's Response to HIV and AIDS Pandemic | 8 |
| 2.2 Impact of HIV in Zambia | 11 |
| 2.2.1 Impact on Family and Community Life | 11 |
| 2.2.2 Impact on the Economic Development | 12 |
| 2.2.3 Impact on Education sector | 13 |
| 2.3 Factors Affecting HIV Prevention in Zambia | 14 |
| 2.3.1 Social Cultural Practices | 14 |
| 2.3.2 Gender Inequality | 15 |
| 2.3.3 Poverty | 16 |
| 2.4 The Catholic Church's Position on Condom Use | 17 |
| 2.5 Catholic Teaching on Sexual Morality | 18 |
| 2.6 Condom as a Preventive against HIV Transmission | 29 |
| 2.6.1 Condom Failure | 20 |
| 2.6.2 Right to Truly Complete Information | 20 |
| 2.6.3 Need to Rediscover Responsible Sexual Behaviour | 21 |
| 2.7 Zambia Catholic Bishops Speak on Condom | 21 |
| 2.8 Declaration of Zambia as a Christian Nation | 22 |
| 2.9 Critics of the Catholic Church | 23 |
| 2.9.1 Principles of Double Effect and Lesser Evil | 24 |
| 2.10 Conclusion of the Debate on Condom | 27 |

| | |
|--|-----------|
| CHAPTER 3 RESEARCH METHODOLOGY | 28 |
| 3.0 Methodology | 28 |
| 3.1 Introduction | 28 |
| 3.2 Qualitative Research Paradigm | 28 |
| 3.3 Research Design | 29 |
| 3.4 Research Site | 30 |
| 3.5 Population | 30 |
| 3.6 Sampling Design | 31 |
| 3.7 Data Collection Instruments | 31 |
| 3.7.1 Questionnaire | 32 |
| 3.7.2 In-Depth Interview | 32 |
| 3.7.3 Focus Group Discussions | 34 |
| 3.7.4 Observation | 35 |
| 3.8 Document Analysis | 35 |
| 3.9 Data Analysis | 36 |
| 3.10 Credibility | 36 |
| 3.11 Transferability | 37 |
| 3.12 Dependability | 37 |
| 3.13 Pilot Phase | 37 |
| 3.14 Limitations of the Study | 38 |
| 3.15 Ethical Issues | 38 |
| | |
| CHAPTER 4 ANALYSIS AND DISCUSSIONS OF RESEARCH FINDINGS | 40 |
| 4.0 Analysis and Discussions of the Findings | 40 |
| 4.1 Introduction | 40 |
| 4.2 Respondents' Perception of HIV and AIDS | 41 |
| 4.2.1 School HIV/AIDS Workplace Policy | 41 |
| 4.2.2 HIV and AIDS Organisation | 42 |
| 4.2.3 HIV and AIDS Intervention Programmes | 43 |
| 4.3 Catholic Church's HIV/AIDS Policy | 44 |
| 4.4 Social Cultural Factors | 45 |
| 4.4.1 Culture | 45 |
| 4.4.2 Religion | 46 |
| 4.4.3 Gender | 47 |
| 4.5 Secular and Catholic Discourses on HIV Prevention | 48 |
| 4.5.1 Abstinence | 48 |
| 4.5.2 Fidelity | 49 |
| 4.5.3. Condoms | 51 |
| | |
| CHAPTER 5 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY | 54 |
| 5.0 Summary, Conclusions and Recommendations | 54 |
| 5.1 Summary | 54 |
| 5.2 Conclusion | 57 |
| 5.3 Recommendations | 59 |
| 5.4 Areas for Further Research | 60 |
| Reference | 61 |

| | |
|--|----|
| Appendices | 71 |
| Appendix 1 Questionnaire for Students | 71 |
| Appendix 2 Interview Guide for Students' Focus Group Discussion | 77 |
| Appendix 3 Guide for Students' In-depth Individual Interview | 79 |
| Appendix 4 Interview Guide for the Chaplain | 81 |
| Appendix 5 Interview Guide for the Matron | 82 |
| Appendix 6 Observation Guide | 83 |
| Appendix 7 Ministry of Health HIV/AIDS/STI/TB Policy (Chapter 6) | 84 |
| Appendix 8 Catholic Church HIV/AIDS Work Plan Document | 88 |
| Appendix 9 Behavioural Response to HIV Infection or Transmission | 91 |
| Appendix 10 Statements of the Catholic Bishops on Condom use | 93 |
| Appendix 11 Sample Answers of Students Interviews | 98 |

CHAPTER 1: INTRODUCTION TO THE STUDY

1.0 Introduction

This chapter gives a brief overview of the different views taken by the Catholic Church and the Secular Institutions as regards the use of condoms in the prevention of Human Immunodeficiency Virus (HIV) transmission and consequently, avoiding the Acquired Immune Deficiency Syndrome (AIDS). Included in this part are also the statement of the problem, purpose and the objectives of the study, the research questions and the significance of the study. Limitations and delimitations, together with the context, and organisation of the study are also included in this chapter.

1.1 Background to the Study

The role of condoms in curbing the spread of HIV and AIDS has been a prolonged controversy between the Church and the Secular Institutions, especially in Zambia, which is mainly a Christian nation. In order to understand the controversy in its context, it is important first to look at the two discourses as presented by the two institutions, respectively.

The discourse of the Catholic Church on the use of condoms in the prevention of HIV transmission was summarised in the words of Pope Benedict XVI, in his first public comments on the issue of HIV and AIDS since taking office in April 2005: *“The spread of HIV and AIDS should be tackled only through fidelity and abstinence and not condoms.”* (<http://www.bbcworldservice.com> , 24 April, 2005). Speaking during his first visit to Africa in Angola in March 2009, Pope Benedict reiterated that HIV and AIDS were a:

Tragedy that cannot be overcome by money alone, that cannot be overcome through the distribution of condoms, which can even increase the problem... the traditional teaching of the Church (abstinence and faithfulness) has proven to be the only failsafe way to prevent the spread of HIV and AIDS” (<http://www.bbcworldservice.com>, 17 March 2009).

The church has continuously campaigned against the use of condoms to the extent that its scholars, for instance, Cardinal Trujillo and Clowes (2006), propounded a thesis against the use of condoms. In this thesis, Alfonso Cardinal Lopez Trujillo, President of the Pontifical Council for the Family, in Vatican, gave the most complete summary of the Catholic Church’s teachings on all issues surrounding the condom debate. He emphasized that in

order to control the epidemic, it was necessary to promote responsible sexual behaviour that was inculcated by means of authentic sexual education that respected the dignity of man and woman. This teaching was based on the Catholic Church's teaching on human sexuality, which recognised the institute of marriage as the only place for sexual union. Any form of sex union outside marriage was sinful in the eyes of the Church.

As early as 1988, Catholic Bishops of Zambia and other Christian Church Leaders, released a pastoral letter entitled "*Choose to Live: Reflections on the AIDS Crisis by the Christian Churches in Zambia*" (Komakoma, 2003). In that letter, the Church leaders, among other things, strongly condemned the promotion of condoms as a preventive measure against HIV transmission, citing the false sense of security such promotion gave people, encouraging them to continue the conduct they might otherwise have abandoned.

The rationale of the Church against the use of condoms was that apart from an increase in sexual promiscuity, condoms did not provide total protection against the transmission of HIV as purported by the "*safe sex*" campaigns. Total protection was only granted by living a chaste life of abstinence, for those who were not married, and faithfulness to one's spouse, for those who were married.

The Secular discourse has prioritised the use of condoms as the most realistic way of preventing HIV transmission at the point of overshadowing the messages of abstinence and fidelity. Governments, through their Ministries of Health and other line health institutions and some Non Governmental Organisations (NGOs), have prioritised the promotion of condom use in the fight against HIV and AIDS. Shikaputo (2007) observed that the Zambian government and the Department of Health had been increasing the availability of condoms, and had made it a key part of National Policy since the mid-1980s.

Making inexpensive condoms widely available and promoting their use through mass media advertising and peer education campaigns, especially in schools and colleges, had been the mainstay of the Government and Health Institutions. Kenneth Kaunda, the first Zambian Republican President and the chairman of the *Kenneth Kaunda Children of Africa Foundation*, and Chief Mukuni of the *Toka Leya* of Zambia, had openly promoted the use of condoms in their advertisements ran on the national television.

The rationale of the Secular discourse on the condom use was that even those who could not abstain and remain faithful to their partners had the right to life and it was the duty of the government to make sure that everyone was saved from the epidemic by all means available. While promoting the message of abstinence and fidelity, in circumstances where people could not practice abstinence and fidelity, especially among the risk groups such as Commercial Sex Workers (CSWs), truck drivers and many others, the message of the condom use should be a priority, encouraged and promoted. While acknowledging the less protection offered by a condom, health institutions emphasised on the larger percentage of protection it could offer. Scientific evidence had shown that condoms could offer up to 85 per cent protection if used correctly and consistently (Kelly, 1992).

This study was prompted by the fact that the Catholic Church's message had not been analysed and presented to the youth in a secularised language. As such, the condom message seemed to have triumphed. Having worked closely with the youths as AIDS counsellor in the Catholic Church for a number of years, and having nursed and lost close relatives and friends due to AIDS, the researcher strongly felt the need to carry out a research in the hope of helping students to make an informed decision when dealing with the issues of abstinence and fidelity, and the condom use.

With the prevalence rate of HIV, especially among the youth who are the future of the nation, and looking at the devastating impact of AIDS in Zambia, there is urgent need to find the remedy to the pandemic. Otherwise, humanity, especially the youth, in Sub-Saharan Africa, Zambia in particular, may be wiped out in the next few decades and Zambia will have no future. Kaunda rightly observed that at the moment, there is no cure for AIDS; millions have died, millions are dying, and millions more will die unless a cure is found (Kaunda in Kelly, 2008).

Students, as youth, are endangered species who need protection from being infected with HIV, and if they were using condoms without even feeling any sense of guilty, this would then mean that they had not understood the deep meaning of the Church's teaching on abstinence and fidelity, and the famous slogan of *abstinence ilice* remains meaningless. The researcher was of the view that the onus of stopping the transmission of HIV in schools, colleges and universities lay more on students themselves than the government and the Church. It was for this reason that the researcher sought to find out how students had

positioned themselves on the Church's message of abstinence and fidelity, and the message of condom use, as propagated by Secular Institutions.

1.2 The Statement of the Problem

The problem is that Catholic dogma on the use of condoms as a preventive strategy against the transmission of HIV contradicts the Secular discourse. Therefore, this study intended to critically analyse the two positions with a view to helping students make informed decisions.

1.3 The Purpose of the Study

Using largely the qualitative method, this was a case study whose purpose was to answer the question: What is the preferred discourse between that of the Catholic Church (i.e. abstinence and fidelity) and that of the Secular Institution (i.e. condom use) among the students of Kasama School of Nursing, in Kasama district?

1.4 Objectives of the Study

The following were the objectives of this study:

1. To explore how knowledgeable students were about HIV and AIDS.
2. To evaluate the discourses on the prevention of HIV as presented by the Catholic Church and the Secular Institutions respectively.
3. To establish social cultural factors affecting HIV prevention education in the School of Nursing.
4. To explore the views of students on the use of condoms in the prevention of HIV transmission.

1.5. Research Questions

The following were the guiding questions:

1. How much did the students know about HIV and AIDS?
2. What were the Catholic and Secular discourses on the prevention of HIV?
3. What were the social cultural factors affecting HIV prevention education in the School of Nursing?
4. What were the views of students on the use of condoms in the prevention of HIV transmission?

1.6 The Significance of the Study

Some studies had been done on strategies for prevention of sexually transmission of HIV and AIDS among adolescents (Mbugua, 2004), youth sexuality and HIV and AIDS (Kamaara, 2005), devastating effects of HIV and AIDS on the children (Kelly, 2008) and on sex and HIV and AIDS among High School girls (Munachonga, 2009). But no study that the researcher knows of had been done so far on the dilemma faced by the youth when faced with the use of condoms, abstinence, and faithfulness to one's partner in the prevention of HIV and AIDS.

With the unprecedented levels of HIV and AIDS prevalence in Zambia among the youth, who are the "window of hope," (World Bank, 2002), and also with heterosexual transmission of HIV accounting for about 74 per cent of all AIDS cases (UNAIDS, 2003), the study generated enough information on the ABC (A-Abstinence, B-Be faithful, and C-Condom) strategy with a view to helping students reach an informed decision, thereby, avoiding risky behaviour which may lead to contracting HIV.

Trainee nurses were a risk group falling within the age range of 20 -24 years which is globally regarded as the group most vulnerable to HIV infection. For example, UNAIDS report (2005) indicated that 130,000 people between the ages of 15 and 24 years in Zambia were living with HIV or AIDS. Most college and University students were found in this group. Being youth, students were also characterized by experimentation with, and initiation into risky behavioural practices such as sex, alcohol, and drugs. Some studies (Boohene et al., 1991; Ajayi et al., 1991) had indicated that despite being sexually active, most African youths were not knowledgeable about sex and contraceptives, hence the need for them to be well informed about issues of abstinence, fidelity and condom, so as to make an informed decision. It was presupposed that if this group could be well educated and trained in HIV and AIDS mitigation, it could develop personally held value systems which could empower them to make positive and safe choices that would reduce their chances of contracting HIV (Kelly and Bain, 2005). This presupposition was based on the understanding that HIV was transmitted by behaviour which could easily be modified if the necessary tools such as knowledge, skills, values and attitudes were acquired through education (Malungo, 2000).

1.7 Delimitations and Limitations

The research was a case study which focused on Catholic students at Kasama School of Nursing. The study explored the position of condoms in the prevention of HIV among students. This design allowed for in-depth understanding of the topic at hand in the hope of arriving at the knowledge that would enable students make informed decisions concerning the use of condoms. The researcher also restricted himself to Catholic students only because, to the best of his knowledge, the Catholic Church is the only religious institution which has come up with a well documented dogma on the condom use.

Lack of financial resources and limited time of the study programme made it difficult to extend the study to other students and other Schools of Nursing in the country.

1.8 Context

Though there are a good number of Schools of Nursing scattered throughout the country, this study was restricted to a case of one school, as a unit of analysis. The school is situated in a rural setting in the Northern part of Zambia, in the provincial headquarters, about less than a kilometre (Km) from the town centre.

Being the provincial headquarters, Kasama is a metropolitan city in nature, and attracts people from all walks of life. The presence of tourism sites such as water falls, lakes and rivers, has attracted a number of tourists to the province. Its proximity to the border with Tanzania has encouraged a lot of cross-border trading, bringing the influx of business men and women in the area. The presence of Lakes Tanganyika and Bangweulu, and the Chambeshi River, has promoted the fishing industry in the area. Endowed with good rainfall pattern, the province has experienced the growth in agricultural sector, and of late, the province has seen the mushrooming of small scale mining activities. The central location of Kasama has provided for market outlets for both fishermen and farmers, making it a centre of all socio-economic activities.

From the above explanation, it can be concluded that the school is advantageously positioned in peri-urban, with easy access to all viable networks, and this close proximity may definitely expose students to lifestyles common in peri and urban areas which could possibly lead to reckless and risky behaviour.

Kasama School of Nursing has the enrolment capacity of 150 students who are recruited from all over the country but with the majority coming from within the province. In 2010, the year understudy, 145 students had been recruited and out of this number, 53 students belong to the Catholic Church, but only about 30 are active members, who attend mass and participate in other church activities regularly. Being a case study, the selected school was not intended to be representative of other Schools of Nursing. It was rather sampled for information purposes only, though this does not prevent findings from being relevant to schools in similar contexts and situations.

1.9 Organisation of the Study

The research was organised in five chapters. Chapter one gives a background to the study by introducing the topic and describing the two discourses on the use of condoms, as a preventive strategy, as presented by the Catholic Church and the Secular Institution respectively. It also gives the purpose and significance of the study, with the objectives and research questions. Chapter two puts into context factors underlying HIV and AIDS in Zambia by giving a brief historical development of HIV and AIDS in the country. It also accounts for the government's and Catholic Church's responses to the pandemic. A review of literature related to the topic understudy is done in the same chapter.

Chapter three outlines the research design and the methodology employed in the study as well as the limitations and ethical issues. Chapter four analyses and explains the findings of the research with regard to the study objectives. Finally, chapter five gives a summary of the study together with the implications of the main findings. Conclusion and recommendations are given, and areas that need further research are also suggested.

CHAPTER 2: LITERATURE REVIEW AND CONTEXTUAL FRAMEWORK

2.0 Literature Review

Having looked at the background and the significance of this study, this chapter reviews literature related to the topic by first giving a historical development and the response of the Zambian government to the HIV and AIDS epidemic. The impact of the pandemic on the lives of the people as a nation is also looked at. The Catholic Church's position on the use of condoms as a preventive strategy is also discussed.

2.1 History of HIV and AIDS in Zambia

Zambia has one of the world's most devastating HIV and AIDS epidemics. According to UNAIDS Country Report (2010), more than one in every seven adults in Zambia is living with HIV, and life expectancy at birth has fallen to just 39 years (CIA World Fact book, 2009). In 2009, nearly 76,000 adults were newly infected with HIV, which is about 200 new infections each day.

The first reported AIDS case was in 1984, and since then, the proportion of people living with HIV has been rising at a fast rate. Despite receiving hundreds of millions of dollars for HIV programmes from donor countries and institutions, prevalence rates have not dropped but have remained more or less stable since the 1990's. Urban areas, such as Lusaka and along the line of rail, have recorded a prevalence rate of 25 per cent (UNAIDS/WHO, 2008).

2.1.1. Government's Response to HIV and AIDS Pandemic

In the early stages of the pandemic, HIV prevalence was kept a secret by the government authorities under President Kenneth Kaunda such that senior politicians were reluctant to speak out about the growing epidemic, and the press, which was mainly state-controlled, did not report on the pandemic. This silence was broken by President Kaunda himself in 1986 when he publicly announced that his son had died of AIDS (Bureau of Hygiene and Tropical Diseases, 1987). Stephen Lewis, the UN Special Envoy for HIV and AIDS in Africa, discloses that throughout the 1990's, the Zambian government was "*disavowing the reality of AIDS and was doing nothing to combat the problem*" (Africa Recovery, 2003).

However, the new millennium marked a zealous political will to confront the epidemic (Lewis, 2005). By the Act of Parliament of 2002, the National AIDS Council (NAC)

became operational and was made a legally established body, able to apply for funding from donor countries and institutions. Under this bill, NAC was also empowered to coordinate the actions of all government ministries and institutions in the fight against HIV and AIDS, and was put in charge of spearheading the implementation of the National HIV and AIDS Strategic Frame Work 2006 – 2010. This Act of Parliament was seen as the first positive step towards the combating of the epidemic and government was commended by all stakeholders for making such a bold decision.

In absence of a cure and a vaccine, preventive programmes have been the mainstay of the government. Speaking during the launch of *One Love Kwasila* campaign, the Minister of Health expressed the urgency and need of the preventive measures, “... *that we have over 200,000 people living with HIV on ARVs ... the message on prevention is now more important and relevant than ever before...*”(The Post, Thursday June 18 , 2009). Therefore, from the beginning, the government of Zambia has prioritised dissemination of information on HIV and AIDS and has embarked on educating people on how HIV is contracted and how it can be prevented. The government has partnered with other stake holders, such as the Church and other faith-based and secular organisations, in providing the necessary information through preventive education programmes. The famous preventive strategy is the ABC model, A- Abstinence, B- Be faithful to your partner, and C- Condoms (Cimperman, 2005:47).

Apart from preaching the messages of abstinence and fidelity, government, through the Ministry of Health (MoH), has encouraged the use of condoms as the most realistic method of preventing the disease. Promotion and distribution of condoms through various media, by the Zambia Social Marketing Project (ZSMP), which is run by Population Services International and Pharmaceutical Society of Zambia, have been the main priority of the Ministry of Health, to the extent of over shadowing the messages of fidelity to one’s partner and abstinence (Agha, 1998). Media and billboards advertisements of condoms, and peer education campaigns in schools, colleges and universities, have been the mainstay of the health institutions. Apart from dissemination of information on the prevention of HIV the main objective of this project is to make condoms more available and cheaply obtainable by every user in the community.

Government's official line on the use of condoms is about what Kelly (2006) calls "*public health issue*", that is, to protect life, especially where high risk groups, such as sex workers, truck drivers and others, are involved. The major principle applied here is the *protection of life* and the *right to life*, as enshrined in the Bill of Human Rights. Every human being has a natural right to life and it is the duty of every government to protect life of its citizens, in this case, by providing condoms to those who feel that they cannot abstain.

According to UNGASS (2008) report, Zambia is supposed to consume annually an estimated number of 54 million condoms. In 2007, only 33 million condoms were distributed by both the government and secular institutions, leaving a gap of 21 million. This short fall has been attributed mainly to unavailability of condoms in remote areas, long distances that people have to travel to get them, myths surrounding condom use, and that there is limited mention of condoms in general family planning campaigns.

Apart from providing preventive strategies, government has also embarked on sustaining lives of people living with HIV by providing them with free antiretroviral (ARVs) drugs. In 2004, under the determined leadership of the late President Levy Patrick Mwanawasa, government declared HIV/AIDS a national emergency and promised to provide free ARV drugs to the infected. Prevention of Mother-to-Child Treatment (PMTCT) initiative was launched by government in 1999, and under this programme, ARVs are given to expectant mothers and new born infants. By the end of 2009, 10 years later from the time of its inception, about 69 percent pregnant women received ARVs for preventing mother to child transmission (WHO/UNAIDS/UNICEF, 2010).

Another preventive programme introduced by government is Voluntary Counselling and Testing (VCT). Under this programme, people are encouraged to know their HIV status by doing voluntary HIV testing. The advantage of this test is that when a person knows his/her HIV status he/she can know how to take care of him/herself, hence avoiding reinfection and infecting other people, and it is only after undergoing this test that one can have access to ARVs. By 2009, all 1,563 private and public health facilities in the country offered VCT services, and in that same year, more than one and half million people aged 15 years and above were tested for HIV (Ibid.).

The government, through the Ministry of Education (MoE), has also realized that young people, especially pupils and students, present a special opportunity for fighting and halting the spread of HIV infection (MoE, 2003). With the realisation of this potential, the Ministry has embarked on the training of teachers in HIV and AIDS interactive methodologies, with emphasis put on preventive programmes based on the above mentioned ABC model. For those who cannot manage to abstain and remain faithful to their partners, the Ministry of Health encourages what it calls “*safe sex*”, meaning the use of a condom.

UNAIDS, in its 2008 Country Report, indicated that the HIV and AIDS epidemic in Zambia has stabilised due to some positive behaviour change among the people (UNAIDS, 2008). According to the Ministry of Health report (2008), the trend of HIV prevalence rate in the country indicates a reduction from 19% in the 1990’s to 15.6% from 2002 to 2007, and 14.3% between August 2007 and 2008. Latest United Nations Development Programme (UNDP) press release of 26th March 2009 indicated a further drop from 14.3% to 14% among the 15 and 49 age group. However, according to the speech read by the Minister of Health, during a *Candle Light Ceremony* on the eve of 2009 World AIDS Day, the infection rate in Zambia has risen from 70,000 in 2007 to 82,000 by 2009 (ZNBC 07, 00 hours News, 1st December, 2009), despite the secular’s promotion of the condom use, and the Church’s message of abstinence and fidelity, an indication that the pandemic is far from being contained.

2.2 Impact of HIV in Zambia

According to the government’s report on the Monitoring the Declaration of Commitment on HIV and AIDS (2010), HIV is most prevalent in urban areas rather than in poorer rural population, and the most affected are the wealthier people and the better educated. The spread of the disease from urban to rural areas has been mainly attributed to the movement of miners, seasonal agricultural workers and of young men between rural and urban centres (AIDS Care, 2008).

2.2.1 Impact on Family and Community Life

With the advent of HIV and AIDS in Zambia, the family unity which had been the core of the community life has collapsed, with children and women being the most affected. According to the UNAIDS (2005) about 120,000 children in Zambia are estimated to be infected with HIV, and about 690,000 are orphans due to AIDS. This number makes up half

of all orphans in the country, of which thousands of these were abandoned due to stigma or lack of resources, while others ran away because they had been mistreated and abused by foster families. In 2003, it was also revealed that increasing numbers of child rape cases were being fuelled by the 'virgin cure' myth which wrongly claims that sex with a virgin can cure AIDS (*AEGIS – AFP News, 2003*). A study by the Applied Mental Research Group (AMRG) in 2005 reported that child sexual abuse was “*a major problem*” among the HIV affected population of mothers and children in Lusaka.

Women in Zambia, especially young ones, are among vulnerable groups most affected by HIV epidemic. Among women aged between 15 and 24 years, HIV prevalence is nearly four times that of men in this age category (UNAIDS 2008). This has been attributed to a number of factors resulting from gender inequality in Zambian society. For example, traditionally, women are often taught never to refuse their husbands sex or to compel their partners to use condoms when having sex. In a Zambian behavioural survey, about 15 percent of women reported forced sex, though this may not reflect the true number as many women do not disclose this information (MoH/NAC, 2008). In addition, young women in Zambia become sexually active earlier than men, and normally, a young woman would get involved with a partner who would be on average five years her age, and who already has had a number of sexual partners (AIDS Care, 2008).

Generally speaking, informal institutions and customary and traditional practices, which were the anchor of family unity in traditional Africa, Zambia in particular, have been destroyed by the effects of HIV and AIDS (Kalyondo, 2009). Traditional safety mechanisms of caring for the orphans, widows, the elderly, the infirm and the destitute have been broken down due to the epidemic. Extended family and kinship systems, together with mechanisms of transferring knowledge, values and beliefs from one generation to the next have been disrupted, and social organisation undermined due to the wide spread loss of active adults by AIDS.

2.2.2 Impact on the Economic Development

AIDS has not only impacted on family and community life but also on the economic growth and development of the country. Cimperman (2005) in her research rightly observes that the presence of HIV and AIDS has catastrophic effects on the infrastructure of nations and peoples. She further observes that falling life expectancy, large numbers of orphans,

economic and business losses due to employee sickness and death, and the destruction of family and community structures, undermine the overall development of nations. The Zambian Business Coalition (ZBC) (Kalyondo, 2009) confirms the above when it reported that 82 per cent of known causes of employee deaths are HIV related, and 17 percent of the staff recruited is to replace people who have died or left because of HIV related infections.

The agricultural sector, one of the strong bases of the country's economy, has also not been spared by the epidemic. The Food and Agricultural Organisation (FAO) (2003) reports that all dimensions of food security, that is, availability, stability, access to, and utilisation of food, are affected due to the high prevalence of HIV.

2.2.3 Impact on Education Sector

HIV has also affected the Education sector of Zambia, making the attainment of *Education for All* by 2015, as enshrined in the *Millennium Development Goals*, (MDG) difficult if not impossible (MoE, 2003). Many of the children are not attending school because either a parent or guardian is suffering from AIDS or has died from AIDS. Kelly (2003) argues that the epidemic has had a devastating effect on teachers and all types of educators and educational administrators and that education sector has experienced mortality and morbidity rates that are higher than those in general population. For example, in the year 2000 alone, more than two thousand teachers died throughout the country, while teachers' training colleges produced only less than a thousand new graduates (Shikaputo, 2007). Both children and teachers attending school face challenges of coping with AIDS-related illnesses, stress, and malnutrition, making learning very difficult.

From the above given status quo, HIV and AIDS has devastated almost all households, communities, and entire societies to such an extent that responses to mitigate or remove these effects require the consented efforts of all stakeholders, mainly the Governments, Donor Countries and Institutions, Religious Institutions and Non Governmental Organisations (NGOs). It should be noted that it has not been easy for the Zambian government to curb the spread of HIV, for government alone can not succeed. Efforts to get ahead of this epidemic have witnessed immense human sufferings, tremendous scientific advances and a lot of heart breaking set backs, for failure to find neither a cure nor a vaccine against the HIV infection (Kaunda, 2008). Opong and Ghosh (2004:323) observe, “*Twenty*

years into the epidemic, after numerous books, research articles, and academic conferences, the world has not been able to stop HIV/AIDS.”

However, HIV and AIDS education should remain the mainstay of all stakeholders, with the area of sex and sexuality being a critical component of such programmes.

2.3. Factors Affecting HIV Prevention in Zambia

Factors affecting HIV prevention are intertwined with root causes of the spread of HIV. The following sub-sections deal with social cultural practices, gender inequality and poverty as some of the main factors contributing to the cause and spread of HIV.

2.3.1. Social Cultural Practices

Some social cultural practices common among various ethnic groups in Zambia have been identified as conduits for the spread of HIV. One such cultural practice is multiple sexual relationships, mainly polygamy and extra-marital relations. The practice of having more than one partner is a cultural practice which allows men to have more than one woman under the pretext and belief that a real man is not satisfied with one woman, a situation which boosts men's promiscuity (Jackson, 2002; Kamaara, 2005). In this era of HIV and AIDS, if one of the partners in the web gets infected, the virus will spread to all other partners thereby increasing the number of infected people.

The other vicious cultural practice is the use of traditional medicine by men in an attempt to become more sexually active and the desire by both males and females to practice dry sex (Simpson, 2000). Though research conducted has not conclusively proved that dry sex leads to HIV infection (Kun, 1998), it has however been established that such practices often results in lacerations during the sexual act due to friction caused by lack of lubrication in the vagina wall (Malungo, 2000). These lacerations may form entry points for HIV, thus leading to HIV infection.

However, Gausset (2001:4) contends that *“while cultural practices may hasten the spread of AIDS, on the other side, disruption of traditions associated with urban and western life (prostitution, the breakdown of social and moral control) might also be seen as increasing the speed with which the epidemic spreads.”* The tendency to ignore traditional moral codes exposes young people to urban and western life styles of aggressive sexual behaviour which

condones premarital sex, cohabiting of women and other risks contributing to contracting of HIV (Dyk, 2007).

Another social cultural practice which may lead to the spread of HIV is indulgence in transactional and trans-generational sex, which is very common among students in colleges and universities. Due to peer pressure for male students, and desire for good life or inability to afford college financial requisites by female students, some students opt to engage in cross-generational and transactional sex with well to do men and lecturers. This practice puts them at risk of infection in the case of one partner being HIV positive (Nzioka et al., 2007; Stavrou and Kaufman, 2000; Luke and Kurz, 2002).

From an African perspective, older men have been known to be marrying young girls or women for prestige and child bearing, while young girls get in sexual relationships with older men for economic benefits and security (Shorter and Onyanha, 1998). This practice perpetuates male dominance over young women, maximising males' decision making powers in sexual practices and limiting females negotiating powers for safer sex or control over the conditions of sexual intercourse. The age difference also increases the culture of silence as young women (students) are unable to discuss safer sex with their older partners. This behaviour becomes a conduit for the spread of HIV even in college context where transactional sex exists between lecturers and female students for money, gifts or better results.

From the preceding discussion, it can be concluded that the contextual situation (as presented in chapter 1) of the Nursing School which is in a rural set up of Northern Province may have an impact on students, and the urban location of the school may be influencing students with western and urban life styles, thus making them indulge in behaviour leading to contracting and the spread of HIV.

2.3.2. Gender Inequality

Apart from social cultural practices, continued prevalence of gender inequality is another category of factors precipitating the spread of HIV in the Zambian context. It is believed that gender inequality phenomenon, has roots in patriarchy discourse, which refers to male dominance over females (Giddens, 2006). Patriarchy refers to power relations in which women's interests are subordinated to the interests of men (Weedon, 1997). Within the

masculinity discourse, men are initiated to be more knowledgeable in sexual matters, experienced and dominant sexual actors (Machyo, cited in Moerschbacher et al., 2008). This initiation empowers males to engage in multiple sexual relationships, risk taking activities and promiscuous sex (Jackson, 2006). Such initiation also enables men to regard females as “*others*”, meaning they are different from men and are of low status (Butler, 1990).

On the contrary, females within femininity discourse are considered to be submissive, passive and ignorant sexual actors. This training limits their power to refuse sex with their husbands even when aware of their husbands’ promiscuous behaviour with other women (Kelly and Bain, 2005; UNAIDS Country Report, 2008; Shorter and Onyanacha, 1998). Such training is an impediment to women’s power to negotiate for safer sex and hence expose them to contracting HIV and put both men and women at risk of contracting and spreading the disease.

Gender inequality is also prominent in females’ experiences of sexual violence. The Zambia Sexual Behaviour Survey (ZSBS, 2005) had established that a significant number of women are subjected to sexual violence in form of rape and coerced sex. Such acts leave limited chances to negotiate for safer sex and thus heighten the likelihood of injuries which enhance the risk of HIV transmission.

The power imbalance between males and females is one factor that has led to increased rape and defilement cases. Ham (2004) contends that the spread of HIV will not recede as long as men continue feeling that they have the right to sex and women feel they have the duty to abide. Rape and defilement of young people has accelerated HIV infection especially among young girls and women, a situation which is inclusive of female students.

2.3.3. Poverty

“Poverty is pain. It is like a disease. It attacks a person not only materially but also morally. It eats away one’s dignity and drives one into total despair.” (World Bank, 2002). However, poverty per se does not cause HIV and AIDS but creates situations which make people vulnerable to HIV infection. Zambia is one of the poorest countries south of the Saharan Africa (UNDP, 2004). Many people have little access to basic human needs such as food, clothing, shelter, clean water, healthy facilities and many others, causing weaker immune systems thus making such impoverished individuals vulnerable to HIV infection. To those

already infected poverty makes them more susceptible to other HIV related infections (Smith and McDonagh, 2003).

Ultimately, lack of necessities and high levels of unemployment impact negatively on women and girls, including female trainee nurses who, due to economic disempowerment, resort to transactional and cross-generation sex as a means of acquiring what they cannot afford. This situation consequently exposes them to HIV vulnerability (UNAIDS Country Report, 2008). In such a situation women's dependence on men for economic sustenance inhibits their choice for safer sex. In as much as an impoverished woman may wish to avoid casual sex, if she does not have the education and job opportunities to enable her to earn a living safely, she may sell sex without a condom in order to survive (Jackson, 2002).

From the above, poverty and HIV and AIDS form a vicious circle. Whereas poverty may push people to indulge in risk behaviours and contracting the virus, the infection, and later death of a bread winner, drives the family into more poverty. The sickness erodes the financial resources by increasing expenses on medication, care and support. The funeral and aftermath processes cripple the remaining resources thereby pushing the affected family further into abject poverty. The situation increases the likelihood of the affected falling prey to sexual activities as a means of survival, by so doing forming a vicious circle (McDonagh, 2003).

The following section looks at the response of the Catholic Church to the promotion of condoms as preventive strategy.

2.4 The Catholic Church's Position on Condom Use

The Catholic Church has been one of the major stakeholders in the fight against HIV and AIDS and it has been *"recognised as being the world's largest provider of AIDS care, accounting for more than 25% of the global support and care for those infected or affected"* (Kelly, 2006:35). In the face of the promotion of the condom use by Secular Institutions, the Catholic Church has responded quickly and timely by strongly condemning the promotion and distribution of condoms, especially to the youth. The Church's argument has been that apart from the false security given by the condom, approving the use of condoms could be construed as approving or promoting illicit sexual activities and therefore, could compromise its moral teaching (Cimperman, 2005). Therefore, a message of abstinence and

mutual fidelity to one's partner in a stable marriage union has always been the principle message of the Catholic Church, as the safest methods of preventing the epidemic (Kelly, 2004).

The AIDS epidemic started during the reign of the late Pope John Paul II, and he never condoned the use of condoms and, just like Thabo Mbeki, former President of South Africa, he has been accused of being the greatest murderer of the 20th century by most advocates of condom use for not allowing the use of condoms by Catholic members (Cook, 2005).

In his first public comments on the issue of HIV and AIDS, since taking office in April, 2005, his successor, Pope Benedict XVI reiterated the same message that the spread of HIV and AIDS should be tackled only through fidelity and abstinence, not condoms. The Pope reiterated the same message during his first visit to Africa in Angola (BBC News, 17th March, 2009).

2.5 Catholic Teaching on Human Sexuality

The position of the Catholic Church on condoms falls within the larger context of its teaching on human sexuality. Kelly (2010: 231) asserts that: *"It should be noted that the concern of the Church is not simply with the health message of avoiding HIV, but also with the theological message of being true to the meaning and purpose of human sexuality."* Therefore, in order to understand its rationale against the use of condoms in the prevention of HIV transmission, let us first look at the Church's teaching on sexuality.

Sexual morality in a Catholic context acts as a yard stick to evaluate the goodness of sexual behaviour, and it provides general principles by which one is able to evaluate the morality of specific actions. The Catholic Church teaches that human life and human sexuality are both inseparable and sacred. This is based on the fact that God created human beings in his own image and likeness and that He found everything He created to be good (Genesis 1). Therefore, the human body and sex must likewise be good, and are both sacred and inseparable. The Church considers the expression of love between husband and wife to be an elevated form of human activity, which brings in union the two in complete mutual self giving, opening their relationship to new life.(Peschke, 1987).

Since the marriage bond is a sign of the love between God and humanity, conjugal act aims at a deeply personal unity that goes beyond union in one flesh, but that leads to forming one heart one soul (*Ibid.*). Therefore, any sexual expression outside marriage is contrary to its purpose, and hence it becomes sinful. Included in this category are fornication, masturbation, pornography, homosexuality, artificial contraception, and abortion. It is on the category of artificial contraception that the issue of condoms comes in.

Basically, condoms were designed for the prevention of pregnancy and sexually transmitted diseases and it is for this purpose that the Catholic Church opposes the promotion of condoms. In his encyclical letter on Christian Marriage (*Casti Connubii*) of December 31 1930, Pope Pius XI wrote:

“the conjugal act is destined primarily by nature for the begetting of children, those who in exercising it deliberately frustrate its natural power and purpose sin against nature and commit a deed which is shameful and intrinsically vicious... any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life is an offence against the law of God and nature, and those who indulge in such are branded with the guilt of a grave sin”.

His successors, Popes Paul VI and John Paul II have reiterated the same teaching in their encyclicals *Humane Vitae* (Human Life) and *Familiaris consortio* (Christian Family) respectively.

2.6 Condom as a Preventive against HIV Transmission

This section deals with a condom as a preventive, not as a contraceptive. With the coming of HIV and AIDS the debate of condom has taken a new twist. The debate is now about the preventive rather than contraceptive character of a condom. The use of condoms as prevention against the transmission of HIV has become a more controversial and complex issue within the Catholic Church, with theologians and prominent clergymen differing publicly in opinions, leaving the lay people more confused.

However, Alfonso Cardinal Lopez Trujillo, President of the Pontifical Council for the Family, has tried to give the best and most complete summary of the Catholic Church’s teaching on all issues surrounding the condom debate in his article, *“Family Values Versus*

Safe Sex” (Trujillo and Clowes, 2006). The summary can be categorised in three major themes:

1. Condom failure
2. Right to truly complete information on condoms, and
3. Need to rediscover responsible sexual behaviour.

The following sub-sections look at the above themes one by one as presented by the Catholic Church:

2.6.1 Condom Failure

The first theme looks at the efficacy of the condom in the prevention of HIV transmission. Basing on the scientific proof of a condom failure (Becker and Geissler, 2009), Cardinal Trujillo warns about “*safe sex*” stating that the condom has no total protection when it comes to the transmission of HIV. Available scientific evidence indicates that the condom reduces the risk of HIV and AIDS by 85 per cent only (Trujillo and Clowes, 2006), leaving a 15 per cent risk, which cannot be over looked.

That condoms do not provide total protection against the transmission of HIV and AIDS is compounded by the fact that the “*safe sex*” campaigns have led not to an increase in prudence, but to an increase in sexual promiscuity and condom use (Hearst and Hulley, 1998). Some studies have shown that HIV and AIDS cases increase as the number of condoms distributed also increases (USAID, 2003).

2.6.2. Right to Truly Complete Information

The second concern of the Church, according to Cardinal Trujillo, is that condom users have ethical and juridical rights to be correctly and completely informed of the risks involved in the sexual transmission of this disease, and of the true effectiveness of the condom. “*To claim that it is technically correct to say that the condom provides protection when in fact one actually means that it provides partial protection is to lead many to their death*” (Trujillo and Clowes, 2006: 4). Cardinal Trujillo further cautions that the false security generated by the campaign for condom use is an hindrance to the right to correct and complete information. Campaigners for condom use should fully reveal the condom’s risk and even describe the consequences of condom failure. They should also present the alternative and primary solution, which is abstinence before marriage and fidelity to one’s

spouse. Lack of this information “...have led to, lead to, and will continue to lead to the death of many...” (Ibid).

2.6.3 Need to Rediscover Responsible Sexual Behaviour

The third and last point Cardinal Trujillo makes is that, with or without the threat of HIV and AIDS, and STDs, the Church has always called for education in chastity, premarital abstinence and marital fidelity, as the only authentic expressions of human sexuality (*Evangelium Vitae*, 1995). The Church emphasises that in order to control the epidemic, it is necessary to promote responsible sexual behaviour that is inculcated by means of authentic sexual education that respects the dignity of man and woman. Such responsible sexual behaviour takes place only in conjugal love, assuming the responsibilities of marriage as a reciprocal, exclusive and total self giving of a man and woman in a community of love and life.

The Church is proposing to live one’s sexuality in a way that is consistent with one’s human nature and nature of the family. Human behaviour is an important factor in the transmission of AIDS, and without promotion of pre-marital abstinence and marital fidelity the epidemic will be perpetuated. Kelly (2010: 231) affirms the above point in the following words: “*Even if there were no risk of HIV transmission, the churches would not countenance pre-marital sex or any form of marital infidelity, since these involve departure from central principles of behaviour based on the Christian understanding that being sexual is constitutive of what it means to be human.*” According to USAID (2003) report, HIV prevalence declined in Uganda more because of the reduction in sex partners than condom use. Cardinal Trujillo concludes by a call to strengthen marriage and family life: “*The family is the domestic Church and the basic unit of society. It is the school of virtues, the first environment where children receive their education from their first educators, their parents.*”

2.7. Zambian Catholic Bishops Speak on Condoms

In 1988, Catholic Bishops of Zambia and other Christian Church leaders, released a pastoral letter, “*Choose to Live: Reflections on the AIDS Crisis by the Christian Churches in Zambia*” (Komakoma, 2003), in which they condemned, among other things, the promotion of condoms as a preventive measure against HIV infection. They argued that promotion of condoms gives people a false sense of security and encourages them to continue the conduct

they might otherwise have abandoned. The result is more AIDS cases, the opposite of what is needed.

Despite being criticised and pressurised by a cross section of people, the Catholic Church has remained undaunted and has stood firm by its teaching against the use of condoms in the prevention of HIV transmission. Reacting to such criticisms, the Zambia Episcopal Conference (ZEC) spokesperson Fr Paul Samasumo says that *“the universal stance of the Catholic Church on condoms was well known and its contribution to halting the spread of HIV and AIDS , and offering care to those hit by the pandemic, has been coherent and strong”* (The Post, 29 August, 2009).

For further statements and actions by the Catholic Church opposing the use of condoms as a strategy in the HIV prevention, see Appendix 10.

2.8 Declaration of Zambia as a Christian Nation

This section looks at the effect of the declaration of Zambia as a Christian nation on the promotion of the condom use. On 29th December, 1991, barely three months in office, the new president, Frederick J.T. Chiluba, declared Zambia a *“Christian Nation”* (Cheyeka, 1995),:

I declare today that I submit myself as president to the Lordship of Jesus Christ. I likewise submit the government and the entire nation of Zambia to the Lordship of Jesus Christ. I further declare that Zambia is a Christian nation that will seek to be governed by the righteous principles of the word of God. Righteousness and justice must prevail in all levels of authority, and then we shall see the righteousness of God exalting Zambia...”

By this declaration, Christian religion was confirmed as the custodian of righteousness and justice and this made it hard for the government to directly attack the Church’s moral authority on the condom use. Encouragement to use condoms by the government was done with caution and diplomacy so as not to offend the Christian moral teachings. With pressure from the Church, the government policy banned the distribution of condoms in schools and colleges (MoE, 2006c), but allowed teaching on condom use and where to access them.

Towards the end of his presidency, Frederick Chiluba cautioned, *“I don’t believe in condoms myself because it is a sign of weak morals on the part of the user...the only answer*

is abstinence” (*The Post*, 13 March, 2001). The successive government of the late President Levy Mwanawasa had a similar stand. Using the same moral arguments, he banned the distribution of condoms in schools, a move applauded by then the head of the National AIDS Council, Rosemary Musonda, who observed, “*it is not right to allow condoms in school... it is going against the teaching of good morals*” (*The Post*, 26 October, 2004).

The current government of President Rupiah Banda has on the number of occasions encouraged the use of condoms openly paying little attention to what the Catholic Church says. Recently, the Ministry of Health spokesperson Dr Canisius Banda informed the nation that the government would continue providing health education to communities on the value of condoms both for disease prevention and as a family planning tool. He concluded, “*Government would ensure that condoms were made available both to the public and private sectors, in clinics, hotel rooms, and public water closets and in bars*” (*The Post*, August, 2009). Dr Banda further assured the nation that government would ensure that condoms on the Zambian market were safe and passed quality control tests. He concludes by assuring the nation and all stakeholders that the Zambian government was still committed to the concepts of Abstinence, Being faithful and Condom use and that these remained an integral component of the strategy on HIV prevention (*Ibid.*). The Catholic Church’s position against the condom use has been heavily criticised world wide as presented in the following section.

2.9 Critics of the Catholic Church

The Catholic Church’s hardline stance over the condom use has been heavily criticised in the context of AIDS crisis. Reports indicate that there has been a wide spread disagreement in medical anthropology community about whether efforts to curb the disease in Africa, where AIDS is at its worst, are being undermined by conservative Christians who “*may care more about morality than mortality*” (Casatelli, 2005). While acknowledging the fact that religion is important in confronting AIDS in Africa, some scholars (Becker and Geissler, 2009) have criticised the official line of the Catholic Church and accused it of contributing to the deaths of its people by not allowing the use of condoms in the prevention of HIV transmission.

Reacting to remarks by Pope Benedict XVI during his visit to Angola, one of the world's most prestigious medical journals, the *Lancet* (<http://www.bbcworldservice.com>, 17 March 2009) accused the Pope in strong terms of distorting “*scientific evidence*” on condom use.

The editorial comment of the Zimbabwe's *Opposition Daily News* (<http://www.bbcworldservice.com>, 24 April 2005), has also challenged the Pope and African bishops to review the Church's stand on the use of condoms so as “*to save millions of Africans from certain death from a disease which has not been tackled effectively with the doctrine of abstinence, which the Church insists on.*”

Speaking on behalf of the government of the United States of America, Barbara Lee (Trujillo and Clowes, 2006: 56), former US Representative in Uganda, said that the only hope in preventing HIV infection is the use of condoms. Recently, the USAID Director to Zambia, Mellissa Williams (*The Post*, 23rd June, 2009) also expressed similar views: “*Taking a moment to put on a condom is better than taking antiretroviral drugs for the rest of one's life.*”

Even the youth, whose life the Church wants to save, have spoken against the Church's uncompromising stance on condoms. Chris Zimba, of the Youth Impact (*Times of Zambia*, January 11, 2006), argued that:

We do appreciate the crucial role the Church has continued to play in building good moral values in our society and its active role in home based care; however the Church could even do more if it stops treating the condom as an instrument of immorality but a life saving device

Unlike the above mentioned critics, from within the Church critics have based their arguments on the centuries' old practice of the Catholic Church, which is the principle of *double effect* and that of the *lesser evil*.

2.9.1 Principles of Double Effect and Lesser Evil

The Catholic Church has been under intense pressure even from within to reconsider its position on the use of condoms in the prevention of the transmission of HIV. This pressure has been mostly from its theologians and other senior clergymen, both within and outside the Vatican. In justifying the use of condoms, theologians have drawn on what Kelly (2005) calls the “*centuries-old Catholic moral principles of double effect and the lesser evil.*”

The principle of *double effect* allows that when an action has two effects, one right, and the other morally doubtful or even wrong, the action can be placed with a view to achieving the good effect, provided the wrong effect is not the route to the right one. Under this principle, it is morally lawful for a married couple to use condoms where one or both of them are HIV positive even though there may also be the unintended effect of blocking the possibility of conception.

The principle of *lesser evil* applies to the situation outside marriage. The principle states that if an individual contemplates placing an action that involves the violation of more than one ethical principle, it is lawful, and in certain circumstances even mandatory, to modify the action in a way that will reduce the violations (Ibid). For example, in the case of high risk sexual activity outside marriage, there is still the ethically wrong use of sex, but if the condom is not used the action would add the further ethically wrong dimension of putting oneself or another person at risk of HIV infection. In this case, condom use would remove from the action this potential violation of justice though the sexual activity would continue to violate ethical principles (see Appendix 9).

Retired Cardinal of the Archdiocese of Milan in Italy, Carlo Maria Martini (*L'Espresso*, Friday, April 21, 2006) has argued that condoms are a lesser evil than the risk of the disease in combating the spread of AIDS. Cardinal Christoph Schonborn of Vienna, the main editor of the *Catechism of the Catholic Church*, said that given situations the condom can be seen as the lesser evil (*Catholic News Service*, 6 April, 1996). Cardinal Jean-Marie Lustiger of Paris, together with other bishops from France, has invoked the use of condoms as a lesser evil (Fuller and Keenan, 2001).

While reiterating the stand of the Church of abstinence and fidelity, a Swiss Cardinal, Georges Cottier, speaking in his own capacity, observes that condom use is legitimate when it is a means of avoiding the transfer of the HIV virus during sexual intercourse (*Catholic World News*, January 25, 2006). Similar views have been expressed before by a Belgian Cardinal Godfried Dannels when he said "*the use of condoms might be lesser evil when it could preserve someone from a deadly disease like AIDS*" (*Catholic World News*, January, 2004). Also reported in the *Catholic World News* (2006) is the statement from a spokesman for the Spanish Bishops' Conference which stated that condoms have a legitimate role to

play in a fight against the disease, and he was immediately fired for making such a statement.

In South Africa, Kevin Dowling, renegade Catholic bishop of Rustenberg, a mining town in North West Province, argues that *“the best available means we have to protect life is the condom... it is in conflict with the official Catholic position, but ... in the case of this hyper epidemic, the issue is, in the end, very simple: preservation and protection of life”* (LifeSite Daily News, November 15, 2005).

Kelly (2006) has acknowledged with passion that while abstinence and fidelity remain the ideal a place has to be found for the condom option, a position supported by most Catholic moral theologians. Fuller and Keenan (2001) have also argued that the Catholic tradition is not per se opposed to the condom use for disease prevention, but that the Catholic principles of *lesser evil* and *double effect* actually help to convey the moral liceity of the condom use. In their argument, the two theologians emphasise the fact that the Catholic leadership is right to insist that abstinence and marital fidelity are always to be recommended as the first course of moral and medical instruction. But in the light of the fact that many people remain at risk of becoming infected despite this advice, the question of condom usage as a preventive strategy inevitably arises. In the overall context of HIV prevention, condoms continue to remain a critical and effective strategy when abstinence is not pursued.

The other argument put forward by most Catholic theologians is that the Church prohibits the use of a condom as a contraceptive not as a preventive strategy (Kelly, 1998). This is contained especially in Pope Paul VI's (1968) famous encyclical *Humanae Vitae*. There has not been any encyclical condemning the use of condom as a preventive strategy in the prevention of HIV transmission. All that we have are personal, not official, pronouncements by the pope. Personal pronouncements of the pope are not binding on Christians unless official and it is in this context that recent remarks by Pope Benedict that the use of condoms could be justified in some exceptional circumstances have been taken (BBC, 20th November, 2010). But Kelly (2006: 16) cautions that: *“to say that condom use can be morally justified in certain circumstances does not mean that it is right to distribute condoms indiscriminately...it is very far from saying that it is all right to have sex provided you use a condom.”* In his latest book, *HIV and AIDS: A Social Justice Perspective*, Kelly acknowledges that *“there would seem to be good grounds for saying that the weight of*

opinion among Catholic moral theologian and many other senior Church personnel is that a comprehensive programme for preventing the sexual transmission of HIV will include abstinence and partner fidelity and will not rule out the possibility of condom use.”

However, the principles of double effect and the lesser evil do not dilute the traditional teaching of the Church on the use of condoms. The Catholic Church still does not consider condoms as the authentic and moral solution to the problem of HIV and AIDS. It reaffirms its teaching on human sexuality, placing it in the perspective of the value and dignity of human sexuality as an expression of responsible love.

2.10. Conclusion of the Debate on Condoms

From the above stated position of the Catholic Church on the use of condoms, and from the views expressed by other stakeholders in support of the use of condoms in the prevention of the transmission of HIV, the debate is far from being concluded. Njoroge (<http://www.bbcworldservice.com> 24 April, 2005) rightly observes that the question on the use of condoms “*will continue to press hard and persist in the face of AIDS pandemic and the debate about the lawfulness of condom use will persist.*” It can be presumed that due to the above conflicting views, people are undecided on the safety and legality of the condom use, and if complete information on the condom is not availed to the public, people will be exposed to HIV and many will die.

Both the Church and the Government are partners and key stakeholders in the fight against HIV and AIDS, and have partnered together in the provision of antiretroviral (ARVs), counselling and care of the infected people. Both institutions have the authority to influence the minds of people, especially the youth, when it comes to making moral decisions, and both are claiming to possess scientific proof about the efficacy of the condom in the prevention of HIV transmission (Becker and Geissler, 2009). The question now is whose voice will people listen to between that of the Catholic Church and the Secular Institutions, in order to make informed decisions as regards the safety of condoms in the transmission of HIV?

CHAPTER 3: RESEARCH METHODOLOGY

3.0 Methodology

This chapter highlights the methodology which was used during the research process.

3.1 Introduction

This chapter seeks to put into context what was presented in chapter one. It endeavours to highlight the research paradigm applied in the study, the research design and research instruments used in collecting data. Most importantly, it attempts to show how data, which was guided by the research questions given in chapter one was collected and analysed. The limitations and ethical issues of the study will also be discussed.

3.2 Qualitative Research Paradigm

In an attempt to understand the preferred method between the Catholic Church and the Secular discourses concerning the use of condoms in the prevention of HIV transmission, a more interpretive paradigm, a feature of qualitative research method, was purposely applied. The application was based on the realisation that this paradigm gives the researcher an opportunity to investigate a phenomenon by contrasting, comparing, replicating, cataloguing and classifying the object of study, thereby giving a detailed description of it from the process (Miles and Huberman, 1994).

Most importantly, the qualitative approach was preferred due to its feature of understanding the social reality from the participants' experiences and interpretations (Merriam and Simpson, 1995; White, 2003; and Bryman, 2004).

By employing the interpretive and qualitative paradigm, the researcher tried to gain a deeper understanding of the dilemma students were faced with in choosing between the teachings of their religion and that of the secular world. This was attained by studying students in their school which was their natural setting (White, 2003). This allowed the researcher for a comprehensive understanding of the behaviour of students as it occurred naturally (Babbie and Mouton, 2001). By staying in the school of Nursing for three months, the researcher attained a broad understanding of the sexual behaviour of students, examining their attitudes, values, aspirations, culture and life styles, which could best be accessed only by employing a qualitative research paradigm (Miles and Huberman, 1994).

However, the choosing of a qualitative research approach did not mean that this approach had no short comings. The researcher was fully aware that qualitative research was criticised for providing room for bias, based on the understanding that in this type of research, the researcher is the main instrument of data collection and analysis. Therefore, what is observed, heard and concentrated upon was the product of the researcher's predilection (Merriam, 1998; Bryman, 2004). Further, qualitative research is criticised for its inability to generalise the findings. This was a challenge encountered in this study, and the researcher tried to minimise the problem of bias and subjectivity by constant reflection on what was heard, said and observed.

3.3 Research Design

The study of students' position on either the use of condoms or abstinence and fidelity, involved examining not only socio-cultural factors influencing students' behaviour but also looked at HIV/AIDS Workplace Policy of the school, plan of action policy of the Catholic Church, the HIV programmes taking place in school, and how such activities were administered in the school by both the Catholic Church and the school authorities.

This approach gave an in-depth understanding of the way issues of HIV prevention were being addressed in the school. The desire for an in-depth understanding prompted the researcher to adopt an exploratory case study approach. Yin (1989: 23) defines a case study as *"an empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used."* Thus, the exploratory case study was not restricted to recording and describing actions relating to the problem only, but more about the exploring of the wider processes influencing decision making of students regarding abstinence and fidelity, and the use of condoms. Ultimately, the exploratory design was purposively adopted because of its features of flexibility to change as situations arise (Robson, 1993).

The examination of students' position on the use of condoms was to be achieved over time through detailed in-depth data collection, employing multiple sources of information (Creswell, 1998). The use of multiple data collection technique as a feature of a case study, made this design to be preferred. The triangulation of techniques which refers to the use of

divergent data collection methods within one study was utilised to strengthen the research findings and conclusions (Robson, 1993).

Despite the research being largely qualitative in nature, aspects of quantitative methods, such as the use of questionnaires, were adopted as situations arose, where avoiding of such elements was not possible as will be seen later. The adoption of quantitative aspects helped to achieve a more comprehensive understanding of the findings. Finally, the researcher used the case study because of its ability of presenting real life situation of the case in question and providing a holistic account of phenomenon and insights that assist the reader to visualise the experiences of people in the phenomenon (Merriam, 1998; Cohen et.al., 2007).

However, it is necessary to acknowledge that case studies have been criticised for their inability to generalise findings. Nevertheless, some scholars (Bryman, 2004 and Yin, 1989) have argued that findings obtained in the study of one institution or place can be transferable to other institutions or places with similar situations as has been described. Moreover, the generalisation is made to the theoretical propositions, not the population. This means that generalisation is not ascribed to the frequencies of sample, but rather, to what has emerged as a grounded theory after analyses has been made (Yin, 1989). It is in this spirit that the researcher employed the case study design in this study.

3.4 Research Site

The choice of this nursing school was largely based on the easy access to the school the researcher enjoyed, but also most importantly, the school is situated in one of the provinces with high HIV prevalence rate, which stands at 10.6 percent as compared to national prevalence rate of 14.3 per cent (Central Statistics Office, 2005). Therefore, talking of HIV and AIDS will not be out of context in this environment.

3.5 Population

According to Bryman (2004), a population can be defined as the universe of units from which the sample is to be selected. In this case, the target population was that of the Kasama School of Nursing. The chaplain and the matron were targeted so as to counteract data given by students and help in the interpretation of the Catholic Church's HIV and AIDS policy and the HIV and AIDS workplace policy in school respectively.

The researcher deliberately targeted a School of Nursing mainly for two reasons. The first reason was that it is one of the schools responsible for training nurses who are expected to spearhead counselling to both the affected and the infected by HIV and AIDS. Counselling sessions of this nature would definitely include the exhortation to the use of condoms, which is contrary to their Christian values especially if they belong to the Catholic Church. This gives a real scenario of students who are in a dilemma not only when giving counselling to people concerning the use of condoms due to the demands of their profession and Christian values, but also when they themselves are in similar circumstances. The second reason was that students at this level are presumed to have been involved already in some form of sexual relationships, hence exposed to some risk behaviour which may lead to the contraction of HIV (see section 1.6 in chapter one on the Significance of the Study).

3.6 Sampling Design

Sampling design refers *“to that part of the research plan that indicates how cases are to be selected for observation* (Kombo and Tromp, 2006). In this study, the researcher employed a non-probability sampling designs. This was after failing to get desired results in the pilot phase. It was discovered that some respondents were unwilling to give information mainly due to the sensitivity of the topic understudy. Therefore, the researcher had no choice but to choose participants who were willing to supply the information required, hence the use of purposive sampling. Usually, purposive sampling involves choosing participants considered to be knowledgeable and informed about the topic of the study (McMillan and Schumacher, 2006). Therefore, all respondents in this study were picked purposively. The school understudy had a total number of 145 students. Out of this number, 53 students are Catholics while 33 are the only active members that is, attending mass regularly and participating in other church activities. Out of this number, only 15 students were willing to participate in the study, 9 female and 6 male. Apart from the sensitivity of the topic, some students did not participate due to the busy study schedule at their school.

3.7. Data Collection Instruments

During this study, information was collected from respondents using five possible research techniques. These included questionnaires, interviews, focus group discussions, observation, and document analysis.

3.7.1. Questionnaire

A questionnaire is simply a guide or instrument with close or open ended questions to which respondents must react (White, 2008). During this study, a questionnaire was administered to the students only. Open ended questions were more utilised than closed questions especially in the students' questionnaire guide (see Appendix 1). Fifteen forms were distributed to the students. The purpose of using a questionnaire was mainly to test the consistency of respondents' responses in the interview and focus group discussions (FGDs), since the questionnaire was the last instrument of data collection used with students.

However, two problems emerged from the use of questionnaires. The first one was re-collecting forms from the students. The researcher had to make frequent follow-ups before forms could be collected. This could be attributed to the congested study schedule at the school which left little time for other extra activities. For some respondents, it could have been lack of interest in the issue, while the length of the questionnaires could have put off some in responding to it. Nevertheless, at last, all questionnaires were collected back from all respondents. The second problem was that some respondents left some questions unanswered while others gave very interesting opinions, but the issue of anonymity made it difficult to make a follow up since the respondent was not known (Borg and Gall, 1989). These challenges had to be counteracted by using in-depth interviews as discussed below.

3.7.2. In-Depth Interview

In-depth interview was another instrument used to collect data in this study. This strategy was preferred because it enables probing and illuminating what has been said by the respondent by asking for further clarifications there and then. As observed by Ogula (1998), a personal interview helps a researcher to measure what the person knows, likes and dislikes, by observing the facial and body expressions, which could not be done in a case of a questionnaire.

Indeed, through taking note of the comments being made by the respondents, facial and body expressions, tone of the voice, gestures, evasion of some questions, and the level of their cooperation, the researcher was able to get the kind of information which could not be gathered in the questionnaire (Sidhu, 2003). The thrust of interview questions for students involved finding out how students have assimilated the Church's message of abstinence and fidelity and the secular's promotion of the use of condoms in the prevention of HIV

transmission, and which method is preferred by students and why. Apart from finding out about the effectiveness of the sensitisation programmes taking place in school, other questions dealt with how culture, religion, and gender affected the dissemination of HIV preventive information. Also explored was the issue of the effectiveness or safety of condoms in the prevention of HIV transmission (see Appendix 3).

Interviews for students were conducted in one of the tutorial classrooms, and unfortunately due to lack of the necessary equipment, these sessions were not tape recorded. However, this inadequacy did not affect verifications of data collected in the sense that the researcher, who had to rely only on note taking, became extra careful and took note of every word said by respondents.

The interview with the matron was done in her office and the thrust of the questions involved finding out about the HIV/AIDS School Policy, sensitisation programmes being conducted by the school, and how the school had reconciled the Church's message of abstinence and fidelity with its promotion of condom use in the prevention of HIV transmission. Probed also was the effectiveness and influence of the Church's message on the students (see Appendix 5).

The interview with the chaplain was done in his office at his residence and the thrust of the questions was mainly the rationale of the Church against the use of condoms in the prevention of HIV transmission, sensitisation programmes initiated by the Church in school, and the cooperation between the school and the Church as regards AIDS education programmes in school (see Appendix 4).

It must be noted here that interviews for students were very laborious, mainly due to lack of recording facility, with each interview going beyond one hour, while those for the matron and chaplain took about 45 to 60 minutes each. Due to a busy study schedule at school, students' interviews were done over a stretch of days with each student giving his/her own time and day for interviews. Though student respondents volunteered to offer information, some did not cooperate fully especially when it came to answering those questions bordering on their use of condoms. This situation compelled the researcher to employ the questionnaire strategy besides the interviews, as seen from the previous section.

3.7.3 Focus Group Discussions (FGDs)

FGDs was ideal because it offered the researcher, an opportunity to study the ways in which individuals collectively made sense of a phenomenon, and construct meaning around it (Bryman, 2004), enabling an in-depth exploration of the phenomenon which could not be discussed in face-to-face interview or questionnaire. Furthermore, FGDs permitted multiple and contrasting perspectives to be contested, and encouraged participants to defend and clarify their views (Bryman, 2004).

During the study, three FGDs were carried out with students only. One was for female students (nine in number), another for male students (six in number), and the third and last, for both male and female students. FGDs proved very beneficial as they produced the required information within a short period of time. Questions discussed included finding out how students understood HIV and AIDS and how they rated HIV sensitisation activities which were conducted in the institution. Issues of social cultural, as factors affecting HIV prevention, were also discussed. The issue of condom use, abstinence and fidelity were discussed at length, each participant giving reasons for supporting a particular point of view. The issue of the preferred method (i.e. use of condom or abstinence and fidelity) by students was also probed (see Appendix 2 for FGDs guide). During these interesting discussions, respondents often argued and challenged one another until a compromise was reached. Issues of culture, gender, and religion, which did not come out clearly in one-to-one interviews and questionnaires were well articulated and discussed, and topics thought to be personal were easily tackled.

It should be noted here that this success did not come about without difficulties. Firstly, bringing students together at one time and place was extremely difficult due to the already mentioned busy study schedule at school. The three FGDs were conducted over the period of three months. The researcher fully agrees with the observations made by Bryman (2004) that *“not only do you have to secure agreement of people to participate in your study; you also need to persuade them to turn up at a particular time.”* The other challenge is the issue of confidentiality, and to minimise this problem, respondents were assured that what was discussed was to remain amongst them only. The other challenge was the analysing of data due to the voluminous data collected within a short period of time (Cohen et al., 2007). The exercise proved to be time consuming and difficult.

3.7.4. Observation

In order to consolidate and illuminate information obtained from questionnaires, interviews and FGDs, observation as a data collection strategy was employed. The advantage of this strategy is that the researcher is able to understand critical issues not verbalised (Ogula, 2003). The researcher took the position of an onlooker and observed and interacted with students for a period of over three months. This feature on observation concurred with McMillan and Schumacher's' (2006: 348) ideas which stipulate that *“by extending observation of different participants in many contexts, the researcher elicits data that is almost impossible to obtain with other approaches.”* Extra attention was paid to observing students' interaction and behaviour towards each other and the outsiders, so as to establish how certain interaction made students vulnerable to HIV or facilitated HIV prevention. Attention was also paid to respondents' reaction during interviews, FGDs, as well as when HIV and AIDS topics came up in casual discussions in various circumstances and fora. Other aspects observed were availability of HIV and AIDS preventive posters in the strategic areas of the school (see Appendix 6).

However, in utilising this technique, the researcher was aware of its limitations particularly that participants' behaviour may change when they are aware that they are being observed. Such a weakness was counteracted by the extended period of contact afforded by the researcher's long stay in the site (McMillan and Schumacher, 2006).

3.8. Document Analysis

To substantiate data collected from other strategies mentioned above, document review was incorporated in this study. The first document reviewed was the MoH National HIV/AIDS/STI/TB Policy, with emphasis on chapter 6 which deals with Prevention and Control Policy measures (see Appendix 8). It was discovered that the school did not have its own HIV/AIDS workplace policy. They just depended on the National Policy for all the school's HIV and AIDS activities. A Catholic Church's document on condoms was also reviewed and analysed (see Appendix 7).

The collection of data using various strategies was followed by data analysis process adopted in this study.

3.9. Data Analysis

In the qualitative data analysis, data collection proceeds in tandem with data analysis (Yin, 1994). According to White (2008), data analysis is the climax of the research, and it involves selecting, categorising, comparing, synthesising and interpreting information collected to provide explanations of the single phenomenon of interest. Data which was generated in this study from the questionnaires, in-depth interviews, Focus Group Discussions, and from the Document analysis and observation was categorised and arranged according to key concepts which corresponded with research questions, and was presented in a descriptive manner.

The process of data analysis was done manually and it involved comparing what was said, and what was being observed with the support of what have been gathered from reading literature related to the topic.

Since the findings of the research needed to be trusted and credible to people reading it, the next section will discuss the credibility of the findings.

3.10. Credibility and Trustworthiness of Research Findings

Credibility is elucidated as a process of establishing how believable or true the findings are from the participants' perspective (Trochim, 2001). While credibility and trustworthiness are considered important elements of research, how practical such steps are, have been questioned. It has been argued that even when a researcher gives a participant his/her findings to validate, at the end of the day the presentations of the findings will depend on the researcher's impression and predilection (Bryman, 2004).

Aside from what has been said, credibility and trustworthiness in this study were provided by continuous comparing of what was said with what was observed. The use of multiple data collection procedures also contributed to the credibility of the findings. However, due to time constraint and the sensitivity of the topic, students could not be afforded time to check their responses.

The next challenge is that of transferability which is dealt with in the following sub-section.

3.11. Transferability

By transferability is meant the degree to which results of the research can be generalised or transferred to another similar context or setting (Bryman, 2004; Trochim, 2001). As already pointed out above, case studies have been criticised for their inability to generalise the research findings due to the uniqueness of the social world of study and small size of the sample. It should, however, be argued that transferability of research outcome is possible by comparing the findings with other schools of nursing. In this study, transferability may be made possible by the detailed description of field experiences covering the research methods and all that occurred in the field during and after research.

3.12. Dependability

Dependability involves repeating the research with the same participants, same context but different time in order to replicate the findings. Like in transferability, dependability is difficult to achieve in a case study due to small size of the sample and uniqueness of the phenomenon studied. Most importantly, the change of time has repercussions on the findings as it may alter the perceptions participants have had on the phenomenon. This was experienced during research where responses given on the same questions during FGDs differed from what was given in the questionnaire (see sub-section 5.4.2).

However, along with the broad spectrum of data collection techniques, my insider perspective enabled the researcher to assess contextual factors that influenced the respondents and account for variations in their responses. This helped the researcher to make a good judgement of what he had been told and observed. Therefore, dependability in this study could be made possible by scrutinising of verbatim interview transcripts and use of actual words uttered by the respondent. Pertinent to the issue is the detailed explanation of the whole process of data collection that the researcher has given and the use of multiple techniques to collect data.

The next sub-section gives the findings from the pilot study carried out prior to the actual study.

3.13. Pilot Phase

One of the most challenges faced by any researcher conducting a study on HIV and AIDS in any institution or community in Zambia is lack of cooperation and unwillingness on the part

of respondents to discuss issues related to sex. This attitude could be attributed to traditions and the silence surrounding sex and sexual issues in an African context, where discussions of sexual issues openly are still problematic (Kalipeni et al., 2006; Kamaara, 2005). The other challenge could be lack of knowledge by most respondents on the HIV and AIDS pandemic.

Faced with the above uncertainty, a pilot study of interview guides was conducted on a small number of students from the same school. The pilot study revealed gaps in the responses provided, and it highlighted students' discomfort and shyness in discussing issues of HIV and AIDS which put on question the validity of the answers given. This was deduced from their evasion of questions touching their personal lives or providing answers contrary to what was being asked, thus indicating their limited knowledge on the topic under study. To address the outcome of the pilot study, adjustments were made to the questions by simplifying misunderstood questions and changing the style of asking questions touching on personal lives by asking them in an indirect way. It is at this stage that the researcher decided to include the questionnaire to beef up the interviews and FGDs tools of data collection. Furthermore, technical words not understood by respondents were replaced with simple terms.

3.14. Limitations of the Study

The researcher experienced some unavoidable limitations during the research process. Notable among these was the subjectivity created by the nature of the qualitative research paradigm, where much of what is done in the field is decided by the researcher. Furthermore, because of its flexibility in allowing multiple research techniques to be used in one study, this study produced voluminous data which presented a challenge in sorting out, reducing and deciding which data to present and use for analysis.

3.15. Ethical Issues

The ethics of social research challenges researchers mainly in two ways: the way to treat research participants and the type of activities to engage in (Bryman, 2004). In view of this, participants were told about the risks, benefits, purpose of the study, and where guaranteed anonymity and confidentiality. Participants were interviewed on condition of anonymity and in this way their privacy was respected (Merriam and Simpson, 1995). Permission to take part in the study was sought from individual participants and participation was purely

voluntary. Permission was also sought from the University of Zambia and from the administrators of Kasama School of Nursing. It should be pointed out that ethical issues are not only concerned with maintaining anonymity but are more with respect and commitment to what has been agreed upon with informants which was strictly adhered to in this study.

CHAPTER 4: ANALYSIS AND DISCUSSIONS OF THE RESEARCH FINDINGS

4.0. Analysis and Discussions of the Findings

4.1. Introduction

In order to achieve the researcher's objectives, this study was guided by four research questions. The first question sought to answer how knowledgeable students were about HIV and AIDS. This question was framed on the premise that before the understanding of the prevention of the epidemic, through condoms, abstinence and fidelity, students should first understand the epidemic itself.

The second question sought to give students' understanding of the two discourses on the prevention of HIV and AIDS as presented by the Catholic Church and the Secular world. This question was based on the understanding that, before students come to make a decision on whether to use a condom or not, they should first understand and interpret the meaning of the two discourses.

The third question sought to establish some social-cultural factors affecting the HIV prevention education. This was based on the observation that despite HIV and AIDS awareness programmes conducted, there seems to be little change in the behaviour of students. Therefore, it was necessary to establish these factors in the lives of students because these were going to be needed in the analysis of data collected.

The fourth and last question endeavoured to explore the views of students on the much debated use of condoms. This was on the premise that despite being educated in science and holding religious beliefs, students had a conscience which acted as a guide in making moral decisions. This meant that students may have an independent mind as regards the use of condoms, and such information would be necessary in the analysis of data.

From the questionnaires, interviews and FGDs, several themes came out prominently, but the analysis was narrowed only to those which related to and answered the research questions. This chapter, therefore, provides analysis and discussions of themes which are relevant to the research questions. The first section seeks to answer the first research question.

4.2. Respondents' Perception of HIV and AIDS

In order to understand the dilemma faced by students in making a decision on whether to use a condom or not, it was important to first get to know how HIV and AIDS were perceived. To this effect, students were questioned on how they understood HIV and AIDS. Responses produced information indicating that students understood HIV and AIDS as a devastating disease, which had imposed social and economic burdens on the lives of both the infected and the affected (see Appendix 11 for various answers given by respondents). This response concurred with UNAID's (2006) observations which pointed out that no matter how the AIDS epidemic takes shape, its social and economic effects will continue to grow.

In almost every interview and FGDs, the famous expression "*if you are not infected, then you are affected*", kept on recurring. This statement explicitly and implicitly indicated the immense pain and distress most people in the school were experiencing from being infected or having a relative or friend infected or killed by AIDS.

With the above understanding of HIV and AIDS by students, it is presumed that students were expected to make an informed decision when it came to using a condom during sexual intercourse.

The following sub-sections discuss the programmes put up by the school to mitigate HIV and AIDS impact.

4.2.1. School HIV/AIDS Work Policy

Findings from the matron confirmed the existence of a school HIV/AIDS Work Policy in school. The document is the MoH HIV Workplace Strategic Framework for the entire health sector, not particularly for nursing schools or colleges (see Appendix 8). However, investigations from students revealed that they were not even aware of the existence of such a policy not to mention its content. During interviews, one student expressed the ignorance of the existence of such a policy in the following manner "*if it is there, then personally I am not aware and I haven't seen or read it. Maybe my friends have seen it. At least if it was stuck somewhere, we would have been reminded of its existence.*" During FGDs, more than ninety per cent of the students observed that "*the problem in most government institution is that everyone doesn't want to talk about AIDS; they pretend that everything is well; they get interested only when it involves monetary gain in terms of allowances. Therefore, such a*

document may just be lying on the shelf in one of these offices gathering dust.” The researcher confirmed what the above respondent said to be true when it took almost a week to retrieve the document from the Director of Training who did not recall where he had put it.

Lack of knowledge by students of the existence of the document could imply that the policy was not operational. Nevertheless, the analysis of HIV and AIDS activities conducted in the institution demonstrated that some activities were in line with the policy with most activities aimed at providing information on HIV and AIDS.

The following section deals with how these activities were being organised and who spearheaded them in the school.

4.2.2. HIV and AIDS Organisation

Some researchers in HIV and AIDS have indicated that effective institutional leadership is necessary in addressing HIV and AIDS pandemic (Nzioka and Lucinda, 2008; Kelly and Bain, 2008). Findings from the interview with the matron indicated that HIV and AIDS activities in the school were coordinated by an HIV Committee which was spearheaded by the Focal Point Person who is supposed to be a member of staff. At that time, the matron was the Focal Point Person. Other five members were drawn from the teaching and non-teaching staff. The findings highlighted that the committee was in charge of planning, organising, budgeting and conducting HIV programmes in school.

However, findings from investigations to ascertain the operations of this committee indicated its inefficiency in discharging its duties. Worse still, all the students interviewed were not even aware of the existence of such a committee. This situation impacted negatively on the effective implementation of HIV preventive programmes in the institution. Remarks from the matron also confirmed that the committee was not very effective: *“No one seems to be doing well in HIV education, not even those in the committee; they are not seen organising anything on HIV and AIDS for the school.”* Nzioka and Lucinda (2008) take the idea forward by suggesting that leadership in response to HIV and AIDS should not be left to the top institutional management but that such leadership should cross all levels, in this case, members of staff, non academic staff, and students themselves, for effective HIV and AIDS education to take place. This observation was seen to be missing in the school and

was a draw back in making HIV education successful. However, despite this scenario, the school was conducting some HIV activities to address the pandemic as will be discussed below.

4.2.3. HIV and AIDS Intervention Programmes

The findings to ascertain the school's response to the HIV and AIDS pandemic indicated that the school was conducting some HIV and AIDS programmes intended to provide students with knowledge, and equip them with skills and attitudes required to collectively manage and mitigate the impact of the pandemic.

Respondents reported having HIV and AIDS included in the orientation programmes of new students in school, and at the end of their training. Activities such as sports, drama, debates, seminars and workshops were reported to be channels being utilised to disseminate HIV and AIDS information, though findings proved that such activities were only organised once per year during World AIDS Day (1st December). It is only during this day that some form of organisation and participation by students are done. The day is spent at the President's Park where other ministries, members of the public, and government officials gather together to commemorate and celebrate World AIDS Day. Normally the provincial Permanent Secretary or Minister is the guest of honour, and it is only on this occasion one hears of the existence of the HIV/AIDS Work Policy. The other activity mentioned included, once in a while, a talk from a guest speaker, which was also organised during the week preceding World AIDS Day.

However, investigations on how effective these programmes were in addressing the HIV and AIDS pandemic revealed that the activities were not sufficient and hence only partially addressed the problem, especially that about seventy-five per cent of students' body rarely participated in the activities. To some extent, though not conclusively, this situation affected the dissemination of HIV and AIDS information to the students hence, leading to failure by students to make informed decisions concerning the use of condoms.

Observations by the researcher indicated that there were some HIV and AIDS education posters put up around the school in some open places where everyone can easily see them and read. There was also an office for the Focal Point Person, where some form of

counselling was supposed to be done to those who needed such services. It was observed, however, that the office was rarely opened and students rarely went for counselling.

Having looked at what the school is doing in mitigating HIV and AIDS, the following section looks at the Catholic Church's response to HIV and AIDS pandemic in school.

4.3. Catholic Church's HIV/AIDS Work Policy

Findings from a priest, who is a chaplain to the school, indicated that the Church had a universal document which guided its HIV and AIDS activities to all its believers in their respective communities and institutions. Analysis of this document (see Appendix 7) indicated that it was based on the message issued by the Symposium of Episcopal Conferences of Africa and Madagascar (SECAM) for the World AIDS day on 1st December 2003. This document comprises a detailed plan of action which guides all catholic HIV and AIDS programmes throughout Africa. However, all respondents, including the chaplain himself, confirmed that little was being done by the Church in terms of initiating sensitisation programmes in the school. The chaplain also confirmed that there was no cooperation between the Church and the school in the organisation of sensitisation programmes. The majority of students during FGDs expressed their views in this way: *"Our priest is not fully involved since he is not fulltime here. He only comes for mass three times per week for an hour and he rarely talks about AIDS in his sermons."*

During the interview, the chaplain also confessed his inefficiency in terms of organising HIV sensitisation programmes in school citing his busy schedule: *"It has been my heartfelt desire to have more time with students and to share information with them about HIV/AIDS but my tight schedule can't allow. I am a director of CARITAS KASAMA and this is a full time job...next year (2011) I will try to include school programmes on my schedule."* This inefficiency is not in line with the stipulations in the plan of action of the Catholic document on HIV and AIDS (Kelly, 2006). Lack of a full time chaplain may affect the formation of students' conscience, which may lead to making a poor decision when it comes to using a condom.

Observations made by the researcher indicated that students depended so much on the priest such that they failed to organise on their own as Christians, any HIV and AIDS activity. This is not in line with the recommendations of SECAM (see Appendix 7) which

encourages for the full participation and contribution of each and every Christian. Over dependency on a priest may retard the development of students' conscience and initiative hence, leading them to making uninformed decisions when it comes to the use of a condom during sexual intercourse.

Social-cultural factors affecting HIV prevention programme in school are discussed in the following section, to answer the third research question.

4.4. Social-Cultural Factors

This section intends to highlight some elements of culture that trigger the prevalence of HIV and AIDS, making it difficult to deliver HIV and AIDS information. The three elements include culture itself, religion and gender. These are considered to be of utmost important elements of social factors as discussed in the following sub-sections.

4.4.1. Culture

In an endeavour to understand how culture was a factor that inhibited effective transmission of HIV preventive education, students were questioned on their understanding of culture. One common response given stated "*culture is the way of life of a given society which consists of beliefs, customs, values, norms, traditions and the social organisation of society.*" Other respondents defined culture as "*the pattern of behaviour of a particular group which is transmitted from one generation to another*" (see Appendix 11). These responses agreed with Tanners' (1997), and Ornstein and Levines' (2000) explanation of culture.

The next question was concerned with the respondents' understanding of the role of culture in a person's life. All respondents explained the role of culture to be that of guiding people on how to behave in a community and give identity to the members of that particular group. One student expressed it in the following statement: "*Culture makes us who we are and we cannot run away from that, we cannot destroy who we are.*" This statement indicated that culture gives people an identity based on the values and norms they have internalised during different levels of their socialisation. The response is in agreement with Ham's (2004: 99) statement, which posits that "*changing culture is never easy, even with all means of modern communication. There is always an inevitably strong pressure not to interfere with what seems to have served us well in the past.*"

The probing on whether culture facilitated HIV prevention highlighted that cultural practices and teachings which advocated for abstinence before marriage and faithfulness in marriage corresponded with HIV prevention messages and thus contributed to HIV prevention campaign (Dyk, 2001). In contrast, practices such as transactional and trans-generation sex and multiple relationships were cited to exacerbate the spread of HIV and thus not contributing to HIV prevention. These ideas tallied with what has earlier been presented in UNAIDS Country Report (2008) and Luke and Kurz (2002) documents.

During FGDs, more than ninety per cent of students refuted allegations that cultural practices, such as polygamy, sexual cleansing or wife inheritance, were accelerating the spread of HIV. It was pointed out that these practices were not happening frequently. They highlighted western culture to be contributing more to the spread of HIV as stated in the following statement:

The exposure to television, western dressing and the idea of having boyfriends and girlfriends, where premarital sex is taking place, which is a western phenomenon, is worse than polygamy or sexual cleansing. Besides polygamy where all parties are faithful is not dangerous, and sexual cleansing if the couple was not infected is also not dangerous.

These ideas resonate with Gaussets' (2001) findings among the Tonga who also argue that whether people practice polygamy or monogamy does not matter, what is important is fidelity or the practice of safer sex in extra-marital relationships.

More than ninety per cent students identified good elements from their culture and recognised the fact that society was caught up in the web of western culture some of whose elements have contributed to the deterioration of African moral fibre. This understanding may help students' discernment hence make a good choice, either to use condoms, or abstain and remain faithful to their partners.

Religion is another factor affecting HIV preventive education in schools as discussed in the following sub-section.

4.4.2. Religion

As part of a social-cultural factor, religion was investigated to ascertain its role in HIV prevention and AIDS education. The responses in questionnaires and interviews

unanimously illuminated answers pointing out that religious teaching that emphasised on abstinence, being faithful to one's partner, and no pre and extra-marital sex were in liaison with HIV prevention messages. This is in line with Agadjanian (2005), who indicated that religion and religiosity can discourage risk behaviour and thus serve as a barrier to HIV infection.

However, the common response from respondents was that sometimes religion had been a stumbling block in the struggle against HIV and AIDS prevention. One example given was the controversy between the Catholic Church and science over the use of condoms as a preventive strategy. Another example given by one of the respondents was situations where some pastors advised patients taking ARVs drugs to stop, telling them that Jesus had healed them after they prayed for them: *"In Mpika where I come from, there were 43 recorded deaths of patients in 2009 who had stopped taking ARVs after being instructed by their pastors after a healing session,"* The above responses are in line with the observations of Becker and Geissler (2009:4-5) that on other occasions religious dogma had proved antithetical to the struggle against the pandemic: *"Religious commitment and practice is part of everyday life, as such, faith is inevitably informed by the intellectual-cum-social-cum-political currents mixing in Africa today..."*

In fighting HIV and AIDS pandemic, faith should be guided by reason and scientific truths (Vatican II Documents, 1984). Reason, guided by scientific truths, may help students make an informed decision when it comes to using a condom during sexual intercourse.

4.4.3. Gender

This sub-section discusses the role of gender in HIV preventive programmes.

Discussions from FGDs disclosed that eighty percent of female respondents did not feel comfortable to discuss issues of sex and condom use with male partners. This habit hindered open and deep discussion of HIV and AIDS issues, hence, hampering the dissemination of HIV prevention information. Probing into why such a situation existed pointed to the cultural teachings women received which were framed in feminine socialisation that taught women to be submissive and ignorant on sexual matters (Jackson, 2002; Ratele and Duncan, 2003; Machyo in Moerschbacher et al.,2008). It was alleged that this kind of teaching shaped how females responded to HIV information, especially when such information was

coming from the males. Consequently, this may affect students in making an informed decision when deciding whether to use a condom or not during sexual intercourse.

A female married student corroborated this and took the point further by stating that reconciling HIV messages with what she had been socialised to believe, was difficult unless the husband was flexible and ready to forgo certain practices and expectations: *“For example, it is difficult to tell my husband to put on a condom even when I have full information that he is having extra marital sex.”*

This quotation demonstrated that an environment which is not sensitive to such influences as gender biases can have influence on how HIV and AIDS information was passed on and received, can fail to realise the aims of HIV preventive education. This gender inequality deprives female students of making decisions when it comes to choosing between using a condom and abstaining. The next section gives both the Catholic Church and Secular discourses on preventive strategies of HIV transmission, answering the second, and indirectly, the fourth research questions.

4.5. Secular and Catholic Discourses on HIV Prevention

This section discusses the A-B-C model (Abstinence, Be faithful and Condom use respectively) which is common in all the two discourses, differing only on the Condom use, the discourse of abstinence is first discussed in the sub-section below.

4.5.1. Abstinence

According to the findings from the students’ responses obtained from questionnaires, interviews and FGDs, eleven students out of fifteen were in support of the Church’s call for abstinence, while three students were not in favour, and one student was not sure of what position to support. Those who supported abstinence argued that it was the only way that offered total protection from contracting HIV. This view was in line with what both the Catholic Church and the Secular world propagate for (Trujillo and Clowes, 2006; UNAIDS, 2003). One student had this to say: *“It is not easy to live a chaste life, but if we are to avoid contracting HIV abstinence is the only safe method.”*

Those who argued against abstinence were of the view that abstinence was unrealistic and unpractical because biologically, a person was a sexual being, who, at one point, had to

relieve him/herself from the pressure of sex: *“Before we became Christians we were sexual beings. Therefore, once we mature sexually, we cannot run away from sex. Only someone who is sexually abnormal can talk of abstinence.”* The other respondent had this to say: *“the truth is that the majority of students in this school do not abstain, so why insist on something which is not working.”* Seventy-five per cent of respondents echoed the same sentiment.

Except for one respondent who preferred abstinence so as not to offend the Church, it clearly came to light that respondents who preferred abstinence did so out of personal conviction of the protection given by the method, not out of obedience to the Church’s teaching. Even without belonging to the Church, they would still abstain. The following expression was intimated by ninety-nine of respondents: *“I abstain not out of loyalty to my church but rather out of conviction of the safety offered by abstinence.”*

The most challenging and difficult question posed to the respondents was whether they were actually abstaining or not. Out of 15 students, 12 answered convincingly that they were abstaining, 1 student confirmed using a condom, and 2 students did not disclose their position saying: *“that is too personal a question.”* The student who confessed using a condom, during FGDs intimated that most of those saying were abstaining were not being honest: *“I know some who are involved in intimate relations and I have seen them soliciting for condoms. One of them even aborted, only that I cannot mention names but they know themselves.”* In the interview with the matron, she also intimated that three-quarters of the students indulged in pre marital sex. This disagreement just confirms how difficult it is to get authentic answers when dealing with a study which is delicate and bears moral implications, like the use of condoms.

The discourse of fidelity is now discussed in the sub-section below.

4.5.2. Fidelity

Out of 15 students who took part in this study, only one, a female, was married and she strongly supported the principle of faithfulness to one’s partner. However, investigations proved that ninety per cent of single students were involved in intimate relationships with the opposite sex within and outside school, and it is in this context that they interpreted fidelity. For them it meant *“stick to one partner”*, not just in marriage. Though they denied

having premarital sex with their partners during FGDs, some respondents, in answering questionnaires, indicated that once in a while they were having sex and they did not see anything wrong with that since they were planning to get married “*What was important was to remain faithful to each other*”, said one respondent. This was in line with Mbugua’s (2004) observations that young people in Africa experiment with risky behaviour such as premarital sex.

This contradicted the respondents’ earlier commitment to abstinence and to some extent exonerated the student who accused others of not being honest. This situation put into question the authenticity of the answers given by respondents and it was difficult to make a follow up in order to seek clarifications with the respective respondents since there were no names on questionnaires.

However, information obtained from the matron, indicated that ninety per cent of students were involved in intimate relations, hence the chances of them having premarital sex were high. This opinion correlates with the observations made by the researcher during his stay at the school which indicated that students (most likely even Catholic students) were somehow involved in some risky behaviour, such as alcohol and premarital sex. For example, during weekends when most of the students were off duty, men, mostly from outside, came in cars and picked female students out and brought them back in the night drunk. To this effect, findings showed that 10 out of 15 students enjoyed going out with their intimate friends during free time and indulged in alcohol as a way of relaxing after the fatigue of their studies. One respondent had this to say: “*our academic schedule is very tight such that we barely have any free time for relaxing. Therefore, when we have such a time we utilize it to the full and it helps us to release tension in our bodies.*” Naturally, when someone is drunk, self-control becomes weak, hence exposed to contracting HIV.

Though not conclusive, indicators were that students were involved in premarital sex, hence, exposed to contracting HIV. The question is whether they used condoms or not.

The following sub-section deals with the discourse on condoms and also tries to answer the third research question which explores the views of students on the use of condoms in the prevention of HIV transmission.

4.5.3. Condoms

Findings showed that out of 15 students, 9 supported the use of condoms in situations where one cannot abstain, and where one of the partners or both partners are infected, to avoid infecting one's partner and reinfection respectively. Six were against the use of condoms arguing that apart from promoting promiscuity, condoms are not 100 per cent safe, a position supported by the Catholic Church (Trujillo and Clowes, 2006). Those in support of condom use alluded to the fact that condoms could offer some protection up to 85 per cent if used correctly and consistently, a point supported by UNAIDS (2003).

However, further investigations disclosed that the question on the respondents' stance on the use of condoms produced contradictory responses. In principle, about ninety per cent of respondents supported the Church's message of abstinence while in practice they supported the use of condoms. During FGDs about ninety per cent of the respondents had this to say: *"As medical personnel, we strongly feel that condoms should be included in the preventive strategy and we always encourage our clients to use condoms especially in situations where one or both partners are infected...we know that its against the teaching of our Church but we just can't stand aside and let people die like that."* This confirms that on the matter of condom use, students are influenced more by their profession than their Church. Indirectly, medical profession also applies the church's principle of lesser evil and double effect; if condoms can offer protection to a certain percentage, then it is justifiable to use it in the prevention of HIV transmission. This could be another area for further research.

Without down playing the role of the Church in protecting and caring for the AIDS victims, respondents overwhelmingly called for the Church to be realistic and dialogue with other stakeholders on how best the condom could be used in the prevention of HIV transmission. This sentiment echoed the recommendations made in the UNAIDS report (2003), calling for an interaction between condom promotion and other strategies in order to reduce transmission of HIV.

During interviews with the chaplain, the priest expressed similar sentiments as those expressed above: *"My own views, not the Church's, are that the Church should not put a total ban on the use of condoms but there should be room for special cases where condoms can be used."* The chaplain gave the following situations when condom use should be allowed, quoting the Catholic Church's principles of *lesser evil* and *double effects*, which

were given in chapter two: The first situation is where one of the spouses is infected; if the two agreed amongst themselves to have sex they should be allowed to use a condom so as to reduce the risk of transmitting the virus to the uninfected spouse. The other situation was where both spouses were infected; if the two decided to have sex they should be allowed to use a condom so as to avoid reinfection which could accelerate the development into AIDS. The above views are in line with those of most Catholic theologians as given in chapter two.

The contradiction in students' responses could mean that they were undecided on the use of condom or abstinence, meaning that students were using both ways. They could either abstain or use a condom, depending on the situation. If that was the case, it could mean that the message of HIV prevention has not been presented clearly and majority of the students have not understood the deep meaning of the Church's teaching on abstinence and fidelity.

Further findings indicated that students used condoms as a contraceptive rather than as a protective device. In the questionnaires, and throughout FGDs, fear of getting pregnant while at school was strongly expressed especially by female students. One female respondent had this to say: *"Students fear getting pregnant not AIDS because if you get pregnant you cannot continue with your studies while if you contracted HIV you could finish school and continue living for many years especially with the help of ARVs."* This attitude of not fearing contracting HIV could mean that students are of the view that they were not vulnerable to AIDS. It was a disease for other people. This attitude sends a clear message that HIV/AIDS, as a disease, has not been understood fully by some students. If this is the case, then students are in danger of contracting HIV because they are unable to make an informed decision when it comes to using a condom during sex.

But even then, it was discovered that condoms were not used consistently. The reason given for this inconsistency was that some partners did not like using condoms especially the males. Fifty per cent of respondents indicated that they would feel embarrassed to buy or use a condom. Some respondents stated that condoms made sex less enjoyable. One respondent made the following point: *"When I have sex, I want the real thing, warm and human."* This concurred with the findings by Mbugua (2004) in his studies in Kenya among high school pupils. This again exposes students to HIV.

Asked if students were following the teaching of their Church on the use of condoms, findings from questionnaires indicated that 13 out of 15 students gave the answer no, one yes, and one did not answer. One of the 13 students who gave the answer no, had this to say: *“Because they (students) have relationships within the college and they use condoms as contraceptive measure and this is difficult to tell because you can’t visibly see them having sex, so it is tricky.”* The other respondent said: *“Students know that at least a condom provides some protection and they can not just risk their lives due to the teaching of the church.”*

However, further investigations from the matron reviewed that three-quarters of the students were not following the teaching of the Church on the use of condoms. She had this to say: *“I have been working as matron in this institution for more than 10 years. I know better the behaviour of our students, even these catholic students, maybe more than any other lecturer in this school. They trust me and confide in me. I don’t want to betray their confidentiality but get it from me these students are doing a lot of condomising.”*

To support her point the matron cited one occasion when the school received boxes of condoms from hospital authorities during World AIDS Day, which was intended for distribution to students. These condoms were kept in her office and within a week, all the boxes were finished. Surprisingly, even students with strong religious inclinations were reported to have taken part in getting the condoms for their personal use. This means that students were living a life of double standards hence were at high risk of contracting HIV.

CHAPTER 5: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.0. Summary, Conclusions and Recommendations

This chapter gives the summary of the findings of this study. It also gives the conclusions that have been drawn from the study and the recommendations. Finally, suggestions are made for areas of further research. The research focused on establishing the Catholic Church's and Secular's discourses on the use of condoms in the prevention of HIV transmission. Central to this study was assessing the preferred discourse among catholic student nurses in the school.

5.1. Summary

The main purpose of this study was to assess the preferred discourse among Catholic students of Kasama School of Nursing, in Kasama district. It was guided by the following four (4) research questions:

1. How much did students know about HIV and AIDS?
2. What were the Catholic and Secular discourses on the prevention of HIV?
3. What were the factors affecting HIV prevention education in the School of Nursing?
4. What were the views of students on the use of condoms in the prevention of HIV transmission?

Using largely qualitative paradigm, this research employed an exploratory case study design. Its target population consisted of students, matron and chaplain, and purposive sampling was used to obtain the sample. In order to collect data to help in answering research questions, the researcher used the following evaluation instruments: interview schedules for students, matron and chaplain, questionnaires and FGDs for students only, analysis of documents, and observations. These were pilot tested in the same school. Data collected was categorised and arranged according to key concepts which corresponded with research questions. The process of data analysis was done manually and it involved comparing of what was said, observed and with the support of what was gathered from the literature review.

Due to the nature of methodology used, some unavoidable problems were experienced during the process. The subjectivity created by the nature of the qualitative research paradigm, where much of what is done in the field is decided by the researcher alone, is one of the problems encountered in establishing the credibility and dependability of the data collected.

The other problem is that of the flexibility in allowing the use of multiple research techniques created by the nature of a case study. This produced voluminous data which presented a challenge in sorting out the relevant data for analysis. The sensitive nature of the study made it difficult for respondents to give honest answers concerning certain questions, especially those to do with condom use. Therefore, in order to get authentic answers from students, there is need for more time of interaction with the students by the researcher. Enough time was lacking in this study.

The study has revealed that students have understood HIV and AIDS pandemic as unprecedented disease which had affected almost every individual in the school. Unfortunately, the school was not doing enough to help students in responding to the pandemic appropriately. This was seen by failure by the HIV Committee to implement the HIV/AIDS work policy, which resulted in poorly organised and ineffective mitigation programmes in school, which barely involved students.

It can be concluded that both the students' and school authority's understanding of HIV and AIDS do not seem to correspond with their reactions to effectively address the HIV and AIDS problems in a practical and proactive manner. Despite some efforts being made by the school authority to address the problem, students' response to the pandemic has been peripheral. This has resulted in their (students) failure to respond to HIV prevention education decisively.

Despite having a dynamic and zealous HIV and AIDS action work plan, as propounded by SECAM, the Catholic Church has failed to implement it in school due to inefficiency of the school chaplain who was busy with other responsibilities in the diocese. Students also contributed to the situation in that they were not involved and lacked initiative to organise on their own HIV programmes. Instead, they waited for the chaplain to do the organisation for them. It can then be concluded that the Church has failed to prepare students adequately

to respond positively and proactively to the HIV and AIDS pandemic, resulting in students' indecision in choosing precisely the safest method in the prevention of HIV transmission.

Culture, religion and gender are some of the social-cultural factors which impede quality HIV and AIDS education. For any HIV and AIDS education programme to succeed, it should not overlook the importance of the social-cultural contexts in which students make meaning of their lives in relation to the pandemic. Unfortunately such omission has led to the undermining of the school authority's efforts to address and mitigate the impact of HIV and AIDS on the students. Baxen (2006) confirms this point when he observes that quality HIV and AIDS education could only take place if and when HIV and AIDS prevention education begin to take cognisance of not only the corporeality of the physical body but most importantly the embodiment of the particular social cultural practices in which the body lives and experiences the impact of the pandemic.

Social cultural factors that contribute to HIV prevention need to be supported and made safe. Gausset (2001) rightly observes that disruption of traditional values and moral code has contributed to the spread of HIV while some traditional teachings are very viable in prevention of HIV and AIDS. This is based on the understanding that it is not every aspect of culture that exacerbates the spread of HIV. Some teachings such as those encouraging abstinence until marriage and faithfulness in marriage are viable teachings that can still enhance HIV prevention. Disruption of such moral codes, especially by western culture, speeds up the spread of HIV. Therefore, instead of discarding every aspect of traditional teaching, a balance should be made where good traditional practices should be utilised to cushion the HIV prevention messages being used.

It has been discovered that religion can either be a barrier to HIV infection or an obstacle to the prevention and mitigation of HIV and AIDS. Religious teaching and practices that promote abstinence and fidelity, and discourage pre marital sex contribute to reducing high risk behaviour among students. There is need to bring religious teachings and practices in line with scientific truths about HIV and AIDS so that they work as one force towards the fight against the pandemic. Faith and reason should compliment and supplement each other, only then would the spread of HIV transmission be reduced.

The students were undecided and divided on the issue of abstinence and condom use. In principle, students supported the practice of abstinence while in practice they supported the condom use. This means that three-quarters of the students were using condoms and only abstained when it suited them, depending on the situation. Moreover, condoms were not used consistently, and for those who used them it was mainly to avoid pregnancies rather than for prevention from HIV. The question of condom use was supported by students in the context of public health and their duty to protect life, as medical professionals.

Students' interpretation of fidelity was different from that of the Church. While the Church talked of fidelity in the context of marriage only, students interpreted and extended it to any relationship outside marriage. This interpretation indicates that students have not understood the deep meaning of the Church's teaching on human sexuality.

In conclusion, though all respondents were of the view that more than seventy-five per cent of the students were not following the teaching of the Church against the use of condoms, the researcher's observations revealed that there were some students who could be following strictly the teaching of the Church against the use of condoms.

5.2. Conclusion

The purpose of the study was based on assessing the preferred discourse concerning the use of condoms in the prevention of HIV among the Catholic student nurses. Findings indicate that there was no conclusive evidence to prove that students had a preferred choice between the two discourses. Some students were practising abstinence while others were doing both abstinence and condomising, depending on the circumstances.

In this era of AIDS, and with the high prevalence of HIV among the youth, the Church is being challenged to reconsider its hardline stand on the use of condoms. While acknowledging the value of abstinence and fidelity in curbing the spread of HIV, the Church and the Secular authorities are being challenged to form partnership and dialogue with each other so that a common stand on the use of condoms can be reached. It is only in unity that the fight against the pandemic will be won. Kelly (2006) holds the same views and argues that while abstinence and fidelity remain the ideal, a place has to be found for condom use, and this can be justified morally using the principles of *lesser evil* to those who are not married and *double effect*, for the married couples. However, the justification of the use of

condoms does not change the position of the Church on the use of condoms. The problem is not the condom use per se but rather a disordered expression of sexuality.

Students have a distorted understanding of sex and this means that they have not understood the deep meaning of the Church's message of abstinence and fidelity, together with its teaching on human sexuality. This should be of great worry and concern to the Church since students' lives are at risk.

The "*safe sex*" message promoted by the secular authorities, as propounded in the literature review, has overshadowed the rich meaning of the message of abstinence and fidelity. With the "*safe sex*", students are led to believe that they cannot contract HIV if they use a condom, which is false. Full information concerning safety of the condom has not been fully availed to the students, hence putting their lives in danger of contracting HIV.

The chaplain's role of helping students to form their individual character and perceptions has been undermined by his partial presence in school. This has impacted negatively on the formation of students' conscience.

Failure to strictly implement the HIV/AIDS Work Policy by the school authorities and lack of involvement of students in the organisation of HIV and AIDS activities pushed students at the peripheral, making them not feel part and parcel of the solution to the HIV and AIDS pandemic.

The general impression from the findings of the study is that students are not fully informed on the issues of abstinence and fidelity, and condom use. Therefore, it makes it difficult for students to make an informed decision on the safest discourse to follow. This indecision has put their lives in danger of contracting and spreading HIV. Inconsistent use of condoms and the false sense of invulnerability to HIV/AIDS by some students have put students' lives in danger of death. This is a challenge to both the Catholic Church and the Secular authorities.

The researcher is of the view that this study will shade more light and help, in finding a lasting remedy to the controversy on condom use in the prevention of the spread of HIV. The researcher wishes to conclude with the words of Kelly (2006: 17): "*At this time of HIV/AIDS, each one of us needs to open the windows of our hearts to let the light of God's*

spirit of truth shine within us. We all need the light of the Holy Spirit to know what is right in our present circumstances.”

5.3. Recommendations

From the findings of the study, the researcher has recommended the following:

1. The nursing school authority should ensure that the HIV/AIDS Work Policy is fully implemented and should reorganise the HIV Committee by including students and non-teaching staff as members. Furthermore, the policy should be availed to all stakeholders especially students. This way, students will be able to participate fully in the organisation of HIV activities in the school. This recommendation is based on the observation that the school HIV Committee has poorly implemented the HIV/AIDS Work Policy which has resulted in ineffective mitigation programmes in school. Students, as stakeholders, have been left out in terms of membership in the committee, and are not even aware of the existence of the policy.
2. Cultural practices and teachings that promote good morals especially abstinence before marriage and fidelity in marriage should be encouraged and included in the school curriculum by the school authority. It was discovered that disruption of such moral codes speeds up the spread of HIV and AIDS.
3. Cooperation between the school authority and the Church through the sharing of information and activities especially in the area of HIV prevention should be promoted. This recommendation is based on the understanding that both the school authority and the Church have failed the students in providing direction and information on HIV preventive strategies. The researcher is of the view that if the two institutions worked together they could achieve the desired goals.
4. Female students should be encouraged to be more open and participate in discussions of issues related to sex by giving and encouraging them to present topics on or related to sex, either during class or workshop/seminars. It was discovered that eighty per cent of female students felt uncomfortable to discuss issues of sex and condom use with their male colleagues.
5. There should be dialogue and development of partnership between the secular authority and the religious sector by creating fora where information on HIV and AIDS can be exchanged, for example, before the Catholic Church produced its SECAM plan of action on HIV and AIDS, it invited various experts on the subject from different fields (sociologists, medical professions, psychologists, etc) from the secular institutions to

give their expert advice. This recommendation is based on the realisation that religious institutions sometimes are a stumbling block in the prevention of HIV.

6. The School Chaplain should ensure that the church's HIV/AIDS policy is implemented, and should interact more with students. It was discovered that the Chaplain had very little time for the students.
7. Finally the Church should strengthen its teaching on Human Sexuality through seminars with the student body. From the findings, it was discovered that students have a distorted understanding of sex, different from that of the Church.

5.4. Areas for Further Research

This research is far from being exhaustive. The study was dealing with a sensitive topic. Therefore, it affected the majority of respondents' answers in terms of authenticity. In order to extract credible and dependable answers, there was need for more time, but that was lacking in this research. Therefore, further study should accord more time of interaction with students.

There is also need to expand on the population for a substantive sample so that findings can be generalised proportionately. This was a case study of one institution and it only included a small group of Catholic students who were picked on purposively. Therefore, in order to get exhaustive findings, further research should include other nursing schools and students of other Christian denominations.

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Appendices

Appendix 1

Questionnaire for students

Date.....Time.....

Dear respondent,

My name is Martin Mwansa, a Master of Education in Religious Studies student in the School of Education at the University of Zambia. I am conducting a research concerning the preferred discourse between the Catholic Church and the Secular discourses on the use of condoms in HIV and AIDS prevention. The benefit of this research is that information gathered will help students reach an informed decision, thereby, avoiding risky behaviour which may lead to contracting HIV and AIDS. This information is strictly for academic purposes and will not in anyway be used to harm you. More importantly, all you say will be treated with strict confidentiality. Therefore, you are free to withdraw from the study at anytime, and you can seek clarification from the researcher if you wish to do so. You are also free not to give answers to questions you feel like not answering. Participation in this research does not attract any monetary gain. Having heard the purpose, benefits and risks of the study, are you willing to give answers to the following questions?

Section A: Give the following details:

1. Your age _____
2. Sex _____
3. Marital Status _____
4. Ethnic Group _____
5. Year of study (e.g. First year, second year,etc) _____
6. You are a Catholic by a) birth___ b) conversion _____. If by conversion, how long have you been a Catholic? (indicate number of months or years) _____

You may answer all the questions in all the following sections:

Section B: HIV and AIDS Knowledge

7. You are training to become a nurse, why did you choose this career?

8. Do you think nurses have a role to play in the fight against HIV and AIDS? Yes ___ No ___
If yes, what is their role?

9. In your training as a nurse, are there HIV and AIDS awareness lessons being conducted?
Yes ___ No ___ If yes, how would you describe these lessons? a) Effective ___ b) Partially effective ___ c) Not effective ___

10. In not more than two sentences, how would you describe the HIV and AIDS disease?

11. When did you last hear any information about HIV and AIDS? (indicate weeks, months, etc) _____

12. Mention ways and means you know in which HIV is transmitted

13. Is there any cure for AIDS? Yes ___ No ___ If no, how then do you prevent HIV transmission?

Section C: Culture and Tradition

14. What is your personal understanding of culture and tradition?

What is the role of culture and tradition in peoples' lives?

15. Are there some teachings in your culture that you think affect HIV and AIDS prevention education in this college? Yes ___ No ___ Explain

16. Are there some teachings in your tribe that make it difficult for HIV and AIDS prevention education to be effective? Yes ___ No ___ Explain

17. What is the common religion in this college? _____

18. It is believed that religion plays an important role in shaping peoples' character and behaviour. Has your religion contributed to HIV and AIDS prevention in your life?

Yes ___ No ___ Explain

19. What is your denomination's teaching about the following: a) Sex _____
b) Condom use _____
c) Premarital sex _____

20. Does being male or female affect the freely discussion on sex, premarital sex and condom use? Yes ___ No ___ Explain

21. It has being observed that female students feel more uncomfortable than male students in discussing and demanding for the use of condom when having sex. What has been your experience?

What could be the contributing factors
for that situation?

Section D: The College and HIV and AIDS Work Policy

22. Does your college have HIV and AIDS Work Policy? a) Yes ___ b) No ___ c) I don't know ___ If yes, how is it being implemented?

23. Is your college conducting any HIV and AIDS sensitisation programmes? a) Yes ___ b) No ___ c) I don't know ___ If yes, how do you rate the impact of these programmes in addressing the HIV and AIDS pandemic in the college? a) Very effective ___ b) Effective ___ c) less effective ___ d) Not effective ___

24. Are you personally involved in these programmes? Yes ___ No ___ If Yes, what are the benefits?

25. Does your profession encourage the use of condoms in the prevention of HIV transmission? Yes ___ No ___.

If yes, has this helped to prevent the spread of HIV among nurses? Explain

26. Do you personally agree with the position of your profession on the use of condoms in the prevention of HIV transmission? Yes ___ No ___ Give

reasons: _____

27. Do you think students should be encouraged to use condoms as a preventive measure against HIV transmission? Yes ___ No ___ Give reasons: _____

28. From what you know, how safe is the condom in terms of protection against HIV transmission? a) Safe ___ b) Not safe ___ c) I am not sure ___

Section E: The Catholic Church's Teaching on HIV and AIDS Prevention

29. What does your church teach about the prevention of HIV and AIDS? a) Use of condoms ___ b) Abstinence and fidelity ___ c) I don't know ___

30. Do you agree with the teaching of your Church about the prevention of HIV transmission? Yes ___ No ___ Give reasons for your answer

31. Have you ever used a condom? Yes ___ No ___ If yes, did you feel a) Guilty ___ b) Not guilty ___ Why?

32. Faced with a situation where you have to make a choice, what would you choose a) Use of condom ___ b) Abstinence and fidelity ___
Do you abstain out of personal conviction ___ or Loyalty to your Church? ___.

33. Do you use condoms as a) Contraception ___ b) Prophylaxis ___ c) Both ___

34. Does your being a female or male affect your demand for the use of a condom during sexual intercourse? Yes ___ No ___ Explain

35. As a nurse trainee, how do you reconcile your profession with the teaching of your church on the use of condoms in the prevention of HIV transmission

36. In your honesty opinion, do you think Catholic students are following the teaching of the Church about the use of condoms in the prevention of HIV transmission? Yes ___ No ___

Why _____

Thank you for taking some time off your busy schedule to give me this information.

Appendix 2

Interview Guide for Students' Focus Group Discussion

Date..... Time.....

1. What do you know about HIV and AIDS?
2. How is HIV transmitted?
3. Which of the ways is the most common in transmission of HIV?
4. Could you tell ways in which you can prevent the transmission of HIV?
5. How has your school responded to HIV and AIDS pandemic?
6. How is the government's HIV work policy being implemented in your school?
7. What are the HIV and AIDS sensitisation programmes being conducted in this college?
8. How effective are these programmes in addressing the pandemic?
9. How personally are you involved in these programmes? What would be your benefit?
10. What is the school stance on the use of condoms?
11. Do you agree or disagree with the college stance on the use of condoms? Why?
12. What is the teaching of your Church on the prevention of HIV?
13. Do you agree/disagree with the Church's teaching on the methods of preventing HIV?
Why?
14. How realistic or practical is the message of abstinence and fidelity in the prevention of HIV?
15. Do you think that some social cultural practices or teachings have effects on the teaching of HIV prevention in your school? Mention such practices/teachings.
16. Looking at your situation in school, do you think students are having premarital sex?
17. Have you ever used a condom before? If so, how would you describe your conscience after the act since you were against the teaching of your church?
18. In the face of a situation were you have to choose between abstinence and a condom, which one would you follow? Why?
19. How would you rate the safety of a condom in terms of protection against HIV?
20. Do you think students should be encouraged /discouraged to use condoms as prevention against HIV? Why?
21. Which teaching on HIV and AIDS prevention do you consider to be more useful, the one from Church or Ministry of Health? Why?

22. In practice, which of the two do you follow? Why?
23. Is there any information I have not asked for which you would like to share with me? Or are there any questions you would like to ask?
24. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information.

Appendix 3

Guide for Students' In-depth Individual Interview

Date.....Time.....

1. Tell me about yourself, your family and where you come from? Are you married?
2. Could you tell me what you know about HIV and AIDS?
3. Tell me the ways which you know in which HIV is transmitted, and of these ways which one is the most common?
4. Could you tell me any known cure for AIDS?
5. If there is no cure, how then do you prevent the transmission of HIV?
6. How has your school responded to HIV and AIDS?
7. How is the HIV work policy being implemented in the college if at all there is such a policy?
8. What are the HIV and AIDS sensitisation programmes being conducted in this school?
9. How effective are the programmes in addressing the HIV and AIDS pandemic in the school?
10. How personally are you involved in these programmes? What are the benefits?
11. What is the school stance on the use of condoms?
12. What does your church say about the prevention of HIV?
13. In your own honesty opinion, do you agree with your church on its teaching on abstinence and fidelity in prevention of HIV? Why?
14. Have you ever used a condom? If so, how would you describe your conscience after the act?
15. What about other students, do you think they use condoms or abstain? What makes you think so?
16. Faced with a situation where you have to choose between abstinence and the use of a condom, which one would you follow?
17. Is it out of personal conviction or loyalty to your church that you would abstain?
18. How would you rate the safety of a condom in terms of protection against HIV?
19. Do you think students should be encouraged to use condoms as prevention against HIV? Why?

20. Is there any information you would like to share with me that I have not asked, or any question you would like to ask me?
21. Are you in a position to spare some time again for clarifications should there be any need?

Thank you for taking some time off your busy schedule to give me this information.

Appendix 4

Interview Guide for the Chaplain

Date: _____ Time _____

1. For how many years have you been a priest?
2. How long have you been a chaplain to this institution?
3. Is the HIV and AIDS pandemic serious in your Church? How serious is the pandemic?
4. How have you reacted, as a Church, to the HIV and AIDS pandemic?
5. Which HIV and AIDS sensitisation programmes, if any, has the Church put in place for the students in this school?
6. How effective are these programmes on addressing the HIV and AIDS pandemic?
7. Why does the Church discourage the use of condoms in the prevention of HIV and AIDS transmission?
8. Using the Church's principle of "lesser evil" do you think condoms should be used in preventing HIV transmission?
9. From your honesty observation, do you think students are following the Church's teaching of abstinence and fidelity?
10. Regarding the use of condoms, do you think the Church may reconsider its position and make some exceptions, depending on the situation?
11. Has the promotion of condom use affected the adherence to abstinence and fidelity in the prevention of HIV and AIDS among students?
12. Are there any other factors that affect the effective delivery of HIV and AIDS information to the students? Mention them
13. How would you describe the working relationship between the Church and the college in the sensitisation programmes on HIV and AIDS?

Thank you, father, for taking time off your busy schedule to give me this information.

Appendix 5

Interview Guide for the Matron

Date _____ Time _____

1. How serious is the HIV and AIDS pandemic in your school?
2. How is the government's HIV work policy being implemented in your school?
3. What are the HIV and AIDS sensitisation programmes being conducted in this school?
4. How effective are these programmes in addressing the HIV and AIDS pandemic in your school?
5. What role do students play in these programmes?
6. What could be the factors making it difficult for students to change their behaviour even when they have been educated about HIV and AIDS?
7. What other factors affect the effective delivery of HIV prevention information to students?
8. How has the Church being involved in the sensitisation programmes on HIV and AIDS in your school?
9. How would you describe the working relationship between the Church and your school in the sensitisation programmes on HIV and AIDS?
10. Does the Church's stance against the use of condoms help in the HIV prevention? How?
11. What is the school's stance on the use of condoms?
12. Does the school's stance on the use of condoms help in the HIV prevention? How?
13. Do you think students should be encouraged /discourage to use condoms in preventing HIV? Why?
14. In practice, which teaching on HIV and AIDS prevention do you think students are following, that of abstinence and fidelity from Church or that of the use of condoms from the Ministry of Health?
15. Is there any information I have not asked for which you would like to share with me? Or are there any questions you would like to ask?
16. Are you in a position to spare time again for clarifications should there be any need?

Thank you, for taking some time off your busy schedule to give me this information.

Appendix 6

Observation Guide

Physical Environment

- Set up of school infrastructures
- Furnishing of these infrastructures
- Maintenance
- Availability of HIV/AIDS posters

Social Interaction

- Interaction between female and male students
- Interaction between students and outsiders
- Interaction between students and lecturers
- Interaction between students and the chaplain

HIV Curriculum

- Sensitisation programmes available
- Who conducts the sensitisation, when and how often
- Students' attitude to HIV sensitisation programmes
- Effectiveness of the programmes
- Monitoring and evaluations of the programmes

HIV and AIDS Structures

- Whether there are structures put in place to spearhead HIV activities in the school
- Composition of the structures
- Roles of the structures
- Effectiveness of structures

Supporting Materials

- Teaching and learning materials available/CDs/DVDs/books
- Social of funding

Appendix 7

Ministry of Health HIV/AIDS/STI/TB Policy

Chapter 6

6.0. PREVENTION AND CONTROL POLICY MEASURES

6.1. Improved and Expanded IEC

Objective: To raise public awareness of the dangers of contracting HIV/AIDS and the negative impact that the pandemic has on society and also to promote good social norms and behavioural change.

Measures: It is now acknowledged that some people get infected with the HIV virus and, subsequently, get full-blown AIDS because of lack of information. In order to get around this problem, the Government shall:

- a) Scale-up its sensitisation programmes and activities through HIV/AIDS information, education and communication (IEC). IEC materials will be prepared using participatory methods;
- b) Promote social and behavioural change as a way of prevention HIV infection;
- c) Ensure that people throughout the country have access to clear, accurate and relevant HIV/AIDS/STI/TB information through appropriate and accessible channels;
- d) Devise mechanisms for documenting emerging innovations in responses to HIV/AIDS disseminate them in a timely and user-friendly manner;
- e) Promote and undertake awareness campaigns on the need for male involvement in taking care of the chronically ill;
- f) Introduce public education on the dangers of certain cultural and religious practices that perpetuate the spread of HIV/AIDS/STI//TB; and
- g) Mobilise and strengthen the mass media and interpersonal communications as a means of promoting HIV/AIDS/STI/TB prevention. Control, care and impact mitigation policies and interventions.

6.2. Building Life-Saving Skills

Objectives: To equip Zambians, and especially the youth, with knowledge and life-saving skills as a way of preventing HIV infection.

Measures: Quite often, HIV is contracted because of lack of knowledge and appropriate life-saving skills. In order to address this problem, the Government shall:

- a) Ensure that HIV/AIDS/STI/TB education and life –saving skills are integrated in School curricula and are regularly reviewed;
- b) Encourage parents and guardians to communicate with young people about sexuality and HIV/AIDS/STI/TB and to help them develop their life skills;
- c) Encourage and support the integration of positive HIV/AIDS/STI/TB education in traditional sexual practices;
- d) Support IEC interventions targeted at out-of-school children and youth;
- e) Promote awareness of the dangers of alcohol and drug abuse and their role in increasing the risk of contracting HIV;
- f) Promote community-based VCT; and
- g) Create income generating opportunities especially for out-of-school youth.

6.3. Strengthening and Expansion of Voluntary Counselling and Testing (VCT).

Objectives: To sensitise communities to the importance of VCT as a means of knowing one's status.

Measures: Voluntary Counselling and Testing is about the best way for those wanting to know their HIV/AIDS status. It also allows for early diagnosis, treatment and conditioning one to handle and positively live with the epidemic. Given these positive elements of VCT, the Government shall:

- a) Promote the establishment of VCT centres in all its major health facilities throughout the country;
- b) Develop and disseminate appropriate procedures, guidelines and standards (protocols) for VCT services;
- c) Ensure that only HIV testing techniques and approaches that meet required national and international standards are utilised;
- d) Strengthen and support VCT as an integral component of HIV/AIDS/STI/TB prevention, control and care;
- e) Support appropriate training in VCT ;
- f) Support institutions and organisations offering VCT training;
- g) Develop VCT guidelines for children;
- h) Promote community-based counselling and testing; and
- i) Standardise guidelines for peer educators and counsellors.

6.4. Improved Availability of Condoms and Other Barrier Methods

Objectives: To make condoms and other barrier methods available, accessible and affordable to all sexually active individuals throughout the country.

Measures: Condoms and other barrier methods are known to drastically reduce the risk of HIV infection. In order to promote condoms and other barrier methods, the Government shall:

- a) Encourage the use of male and female condoms and other barrier methods in sexual relations;
- b) Ensure that condoms are easily accessible to sexually active people through various distributions channels;
- c) Ensure highest standards of condoms through quality control measures and adherence to registration and distribution requirements as provided under the Pharmacy and Poisons Act of the Laws of Zambia; and
- d) Ensure that proper instructions and information on the use and disposal of condoms are provided in user-friendly relevant languages.

6.5. Provision of Safe and secure Blood Transfusion Services

Objectives: To ensure that only safe and secure blood is used in blood transfusion services in health facilities.

Measures: It is now acknowledged that transfusion of HIV infected blood is one of the main ways in which HIV is transmitted. Mindful of this, the Government shall:

- a) Insist on screening all donated blood for HIV, Syphilis, hepatitis B and other infections before transfusion;'
- b) Ensure that effective blood donor recruitment, selection, blood donation and storage strategies are streamlined and strictly applied;
- c) Provide adequate blood donation and transfusion infrastructure and equipment in all major health facilities; and
- d) Establish a mechanism for letting blood recipients know the safety of blood before transfusion.

6.6. Prevention and Control of Sexually Transmitted Infections

Objectives: To prevent, control STIs and provide quality STI diagnostic and treatment services at all levels of the health care delivery system.

Measures: STIs increase the likelihood of contracting the HIV virus. Consequently, the early diagnosis and treatment of STIs is a critical element in combating the HIV/AIDS scourge. In order to combat the spread of STIs, the Government shall:

- a) Discourage unprotected sex and multiple sexual partners;
- b) Encourage compliance to treatment and contact tracing;
- c) Ensure availability of appropriate infrastructure, equipment, drugs and reagents in all health facilities for diagnosing and treatment of STIs;
- d) Strengthen STI management skills of health workers at all levels of the national health care system through improved human resource training and adequate provision of drugs and supplies;
- e) Promote the use of standardised management and treatment protocols for opportunistic illnesses in both public and private health facilities; and
- f) Play a leading role in price negotiations for STI treatment drugs.

6.7. Prevention of Mother-to-Child Transmission (PMTCT) of HIV

Objective: To minimise vertical transmission of HIV from the mother to the child.

Measures: It is presently estimated that the HIV virus infects about 40 percent of all babies born to HIV-positive mothers in Zambia. In order to arrest this trend, the Government shall:

- a) Encourage women and couples considering having a baby to first seek VCT;
- b) Ensure that every pregnant woman has access to HIV/STI screening and treatment;
- c) Provide specific information to the public on how to prevent mother –to-child transmission of HIV and other STIs;
- d) Facilitate and support access to ARVs by HIV-positive pregnant women;
- e) Support exclusive breastfeeding among HIV-positive mothers where options for child feeding are not available;
- f) Support HIV-positive mothers who choose not to breastfeed with information on appropriate alternatives and potential risks; and
- g) Provide post-test and post-delivery services for mothers.

Appendix 8

The Catholic Church HIV/AIDS Work Plan Document

THE CHURCH IN AFRICA IN THE FACE OF THE HIV/AIDS PANDEMIC

Symposium of Episcopal Conference of Africa and Madagascar (SECAM)

PLAN OF ACTION

We Cardinals, Archbishops and Bishops of SECAM, propose to the members of the clergy, brothers and sisters in religious life, to the faithful and all people of good will, the following:

I. In solidarity with you, we commit ourselves to:

Utilise and increase the human, material, and financial resources dedicated to address the situation of HIV and AIDS in our communities, and to identify focal points in parishes, dioceses, and national Episcopal conferences in order to assist with gathering information and development of programme strategies. In this same effort, we are committed to coordinating our efforts at the continental level in the struggle against the pandemic.

Make sure that the health services of the Church, the social services and the educational institutions respond appropriately to the needs of those who are ill with AIDS.

Focus on the particular vulnerability of girls and the heavy burden on women in the context of the HIV pandemic in Africa.

Advocate vigorously for access to treatment for those who are prevented from obtaining it through poverty and structural injustices.

Involve those who are knowledgeable about traditional medicines and other natural remedies in research into means of struggling against AIDS.

II. Faithful to our Gospel convictions, with you we commit ourselves to:

Collaborate with other Christian confessions and with people of other faiths working in their respective communities to support those affected and infected by HIV/AIDS.

Promote closer partnerships with civil society, the business sector, governments, the United Nations, international and intergovernmental agencies, and particularly with organisations of people living with HIV and AIDS, in order to increase the capacity for care and support, without diluting our evangelical convictions.

III. *Facing the serious threat of AIDS, with you we are committed to:*

Promote changes of mentality, attitude and behaviour necessary for confronting the challenge of the pandemic.

Work tirelessly to eradicate stigma and discrimination and to challenge any social, religious, cultural and political norms and practices which perpetuate such stigma and discrimination.

IV. *In shared responsibility with you, we commit ourselves to:*

Develop educational programmes which integrate the theme of HIV/AIDS in theology and religious formation. These programmes will also include moral principles and practical skills for promoting healthy relationships and a well-integrated sexuality.

Promote and deepen theological reflection on the virtues of compassion, love, healing, reconciliation, and hope, all of which are capable of confronting the judgement, shame, and fear that so often are associated with HIV and AIDS.

Organise workshops at the regional, national, diocesan and parish levels in order to increase accurate knowledge and sensitivity around all HIV and AIDS-related issues relevant to our Church.

Encourage people living with HIV/AIDS or affected by it to become actively involved, in our local communities, as resource persons in the struggle against the pandemic.

V. *Finally, as Pastors of the Church Family of God in Africa in a time of AIDS, we want to:*

Train clergy, religious, and committed laity to accompany people living with and affected by HIV and AIDS with prayer and spiritual counselling.

Provide doctrinal, spiritual and social formation, and the best possible professional training, for those willing to become involved in caring for and accompanying those who are living with and affected by HIV/AIDS.

Welcome people living with HIV and AIDS in a warm, non-judgemental and compassionate manner in our churches and ensure them a “place at the table of the Lord.”

Provide the sacraments and sacramentals, as appropriate and requested, to Catholics living with the virus.

Put into action the challenge addressed by our Holy Father Pope John Paul II to the Church in our continent through his Apostolic Exhortation, *Ecclesia in Africa*:

“The battle against AIDS ought to be everyone’s battle. Echoing the voice of the Synod Fathers, I too ask pastoral workers to bring to their brothers and sisters affected by AIDS all possible material, moral and spiritual comfort. I urgently ask the world’s scientists and political leaders, moved by the love and respect due to every human person, to use every means available in order to put an end to this scourge.”

We need to create an HIV/AIDS service on the Continental level in order to assist us in implementing our Plan of Action.

Appendix 9

The Behavioural Response to HIV Infection or Transmission

Ethical concern for the truth requires that all parties engaged in behavioural programmes to reduce HIV transmission accept the truth of a number of statements:

Abstinence and fidelity (to an uninfected partner) are the **only totally** effective ways of avoiding HIV infection.

Abstinence and fidelity are the **most desirable** (and for very many people the most culturally acceptable) ways of avoiding HIV transmission.

For millions of individuals, abstinence and fidelity are **realistic, feasible** options.

Proper use of a good condom on every occasion of sexual intercourse will protect in almost all cases against HIV infection.

Traditional Catholic principles **can accommodate condom use**, and there may even be circumstances where condom use is **morally required**.

Unless a condom is of **good quality and condition**, is **used properly** and is used on **every occasion** where there is risk of HIV infection, its use may fail to prevent HIV transmission.

Condom use **can be part of the answer** to HIV infection/transmission, especially where high risks groups are involved. However, **there is no strong evidence** that it has been successful as a public health policy for the general population.

Every individual has **a right to proper information** on each one of these matters. Responding to possible HIV infection/transmission, however, is wider than either abstinence or condoms. The response must extend to **promoting responsible choice** that enables individuals to adopt the **lowest risk** strategy of which they are capable.

In addition, HIV prevention approaches must take account of the underlying **poverty, gender inequality, pervasive stigma**, and wide range of other factors in society that constrain the ability of an individual to make a fully autonomous human choice.

Condom Use can be Morally Justified

The basic Christian ethics is the **protection and preservation of life**. This implies a fundamental responsibility to **prevent the transmission of death or of a life-threatening**

disease-and in sexual relations, both in and outside of marriage, proper use of a good condom can help ensure this. Moreover, justification for condom use can be found by drawing on the **centuries-old Catholic moral principles of double effect and the lesser evil**.

The principle of double effect allows that when an action has two effects, **one right, and the other morally doubtful or even wrong, the action can be placed with a view to achieving the good effect, provided the wrong effect is not the route to the right one**. Applying this principle makes it **morally lawful for a married couple to use condoms, where one or both of them have HIV**. Using a condom enables them to experience that fulfilling, satisfying sexual intercourse which binds them strongly together in their rapturous (and deeply religious) experience of sexual fulfilment, even though there may also be the unintended effect of blocking the possibility of conception.

The principle of the lesser evil applies to the situation outside marriage. The principle states that if an individual contemplates placing an action that involves the violation of more than one ethical principle, it is lawful (and in certain circumstances even mandatory) to modify the action in a way that **will reduce** the violations. For example, if an individual intends to carry out a robbery with violence, it is legitimate to counsel that, whatever about robbing, violence should be avoided.

In the case of high risk sexual activity outside of marriage, there is still the ethically wrong use of sex, but if a condom is not used the action would add the further ethically wrong dimension of putting oneself or another person at risk of HIV infection. Condom use would remove from the action this potential violation of justice (through possible HIV transmission which would put one's own health or life or that of another person at risk), though the sexual activity would continue to violate ethical principles. In contexts such as this, the problem is not condom use. The problem is a disordered expression of sexuality and it is this that should be addressed.

M. J. Kelly, S.J.

Lusaka.

24th November 2005

Appendix 10

The Catholic Bishops and Condoms: Statements and Actions Opposing Condom Use as Part of an HIV Prevention Strategy

Pope Benedict XVI

On his flight to Cameroon, Pope Benedict XVI stated in response to a reporter's question on the HIV/AIDS epidemic: *"It is my belief that the most effective presence on the front in the battle against HIV/AIDS is in fact the Catholic Church and her institutions...The problem of HIV/AIDS cannot be overcome with mere slogans. If the soul is lacking, if Africans do not help one another, the scourge cannot be resolved by distributing condoms; quite the contrary, it worsens the problem."* (Vatican Information Service, March 17, 2009)

Cardinal George Pell of Sydney, Australia

In a recent television interview, Cardinal George Pell of Sydney, Australia, repeated Pope Benedict's attack on the use of condoms to prevent the spread of HIV. He stated: *"The idea that you can solve a great spiritual and health crisis like AIDS with a few mechanical contraptions like condoms is ridiculous...Condoms are encouraging promiscuity. They are encouraging irresponsibility."* (Weekend Australian, "Condoms Will Not Save Africa: Pell," April 11, 2009)

Congolese Bishops Conference

The statement signed by the conference president, Bishop Nicolas Djomo Lola of Tshumbe, added, *"We say no to condoms!"* The prelates noted that condom use is *"not only an ethical disorder but above all the proof of the trivialization of sexuality in our society."* They affirmed, *"Instead of preventing the spread of the disease, and without even guaranteeing complete security, the condom heightens human selfishness, worsens the problem, and encourages people to let themselves be driven by their sexual instincts and divests sexuality of its religious and symbolic functions."* (Zenit. Org, "Congolese Bishops Say Condoms Breed Selfishness" May 5, 2009)

Cardinal Cormac Murphy O'Connor

Cardinal Cormac Murphy O'Connor, the Archbishop of Westminster, heartlessly asserted that *"it is quite ridiculous to go on about Aids in Africa and condoms."* According to

O'Connor, there are much more important things, including *“education, healthcare, and abstinence.”* He also furthered the myth that condoms can cause HIV/AIDS, stating that his *“diocese is flooded with condoms and there is more AIDS because of them.”* (*Times* (London), “Cardinal Cormac Murphy O'Connor: Recession May be Jolt that Selfish Britain Needs,” February 14, 2009)

Bishop Demetrio Fernandez of Tarazona, Spain

Bishop Demetrio Fernandez of Tarazona, Spain, has absurdly claimed that the Catholic Church is leading the fight against HIV/AIDS by denouncing condom use and encouraging abstinence. According to Fernandez, *“The condom is a cork,”* and is *“not always effective.”* He went on so far as to say that in the *“field of AIDS, as in all fields that include the proper use of sexuality, the Church presents the proposal of true love, which brings with it a proper education in the virtue of chastity.”* (*Catholic News Agency*, “Church Proposes More Effective Approach to AIDS, Spain Bishop Says,” August 11, 2008)

Bishop Hugh Slattery of Tzaneen, South Africa

Bishop Hugh Slattery of Tzaneen, South Africa, recently expressed a multi-step plan for reducing the high rate of HIV/AIDS in his country that unrealistically focuses on abstinence only. He stated that the first step is to make everyone aware of the problem and the next involves *“showing that abstinence before marriage and fidelity within marriage will quickly stop the spread of AIDS.”* Despite his narrow approach, he even suggests *“As a Church, we are trying to lift the veil of secrecy and denial around HIV/AIDS and get people to talk about it openly.”* (*Zenit*, “Common Sense in Fighting AIDS,” January 9, 2008)

Archbishop Francisco Chimoio, Maputo, Mozambique

The Archbishop Chimoio has accused European condom makers of intentionally trying to spread AIDS in Africa. According to Chimoio, the condoms being sent to Africa are first contaminated with HIV *“in order to finish quickly the African people.”* It is estimated that one in six people in Mozambique is HIV positive. While the comments have earned attention, ridicule and reprove worldwide, the Vatican has been silent on the subject, failing to publicly reprimand the archbishop or even denounce his accusations. (*BBC News*, “Shock at archbishop condom claim.” September 26, 2007)

Bishop Philip Sulumeti of Kakamega Diocese, chairman of the Kenya Episcopal Conference's Commission for Health

During the first national Catholic conference on HIV/AIDS I Nairobi, Bishop Sulumeti stated that the Catholic Church opposed all forms of contraceptives. In reference to the difficult situation faced by couples where one partner is HIV positive, he stated flatly, "*Even in the case of discordant couples where one spouse is infected, those offering care should look at all the issues affecting the couple other than the sexual aspect. One of them will have to sacrifice for the sake of the other.*" (Catholic Information Service for Africa, "Kenya: Catholics Reaffirm Stand Against Condoms in Fighting HIV/AIDS," Africa News, June 26, 2007)

Cardinal Edward M Egan, New York

Cardinal Egan chided the New York City Department of Health and Mental Hygiene for its plan to distribute 18 million condoms to the public for free in an effort to curb the spread of HIV/AIDS and other sexually transmitted diseases. According to Egan, the city's initiative encourages "*inappropriate sexual activity.*" (National Catholic Reporter, "Condom Giveaway," March 2, 2007)

Cardinal Geraldo Majella Angelo, Brazil

In the months preceding the papal visit to Brazil, officials came under harsh attack from the country's Roman Catholic hierarchy for the government's support of comprehensive sex education and a successful AIDS prevention program which distributed free condoms. On the television program *Fantastico*, Cardinal Majella, the head of the National Bishops Conference commented, "*We cannot agree with condoms because they turn life into life without responsibility.*" In a later interview he added that "*the use of the condom encourages people to have inconsequential and irresponsible sex.*" (Reuters, "condom debate flares in Brazil before pope visit," March 12, 2007, Pravda, "Brazilian government and Church argue over condoms," March 13, 2007)

Archbishop Ndingi Mwana a'Nzeki, Nairobi

During the opening of the national religious leaders' conference on stigma, denial and discrimination in Kenya, Archbishop Ndingi Mwana a'Nzeki urged the government to ban advertising and distributing condoms. He insisted, "*There are no two ways about it...When*

condoms are provided anyhow, chances of promiscuity increase since a majority of our people end up engaging in casual sex.” (The Nation (Nairobi, Kenya), “Stop Giving Free Condoms, Say Clerics,” November 29, 2006)

Archbishop Barry Hickey, Perth, Australia

In an interview with *Sunday Times*, Perth archbishop Barry Hickey condemned those who promote condoms as a means for safe sex saying, *“Society only gives false assurances to young people...because the failure rate of condoms will eventually catch up with them and the consequences of intercourse will be there...Pregnancy is an obvious example but even as preventers of disease, condoms eventually fail...There is another answer and that is self-control and chastity.” (Sunday Times, “Calls for Modest Dress, Less Sex,” November 13, 2006)*

Cardinal Alfonso Lopez Trujillo

In an interview for a Spanish news paper, Cardinal Alfonso Lopez Trujillo discredits a statement made by Cardinal Carlo Maria Martini that the use of condoms for AIDS prevention is *“a lesser evil,”* insisting that the statement was not reflective of the church’s position. Despite confirmation given late in April by the President of the Pontifical Council for Health Pastoral Care, Cardinal Javier Lozano Barragan, Cardinal Trujillo also denied that Pope Benedict XVI ordered a study on condoms. (*National Catholic Reporter*, “Vatican in Condom Debate,” April 28, 2006)

Tanzanian Episcopal Conference

Tanzania’s Episcopal Conference calls material on the Ministry of Education’s recently released school science syllabus *“sinful”* because it includes the proper use of condoms as one way to prevent the spread of HIV/AIDS. In a statement issued on behalf of the conference, Cardinal Polycarp Pengo, the archbishop of Dar es Salaam, says the *“introduction of the teaching of use of condoms in schools...is indeed justification and opening the door for immoral lifestyles.” (African News, “Catholic bishops reject school syllabus over condoms,” January 13, 2006)*

Indian Bishops Conference

The Health Commission of the Catholic Bishops Conference of India opposes the ABC method of HIV prevention because it includes condom use. The commission issues a

statement claiming, *“We do not think that condoms do much to prevent AIDS...it’s just a false promise. They say consistent and continuous use of condoms would yield results. That is not practical. So we do not support it proactively.”* (Indo-Asian News Service, “Church backs Bush’s anti-HIV formula, nixes condoms,” August 30, 2005)

Archbishop Orlando Antonini, Zambia

Commenting on the challenges faced by Pope Benedict XVI, Archbishop Orlando Antonini, the apostolic nuncio to Zambia, defends the church’s ban on condoms and asserts that the *“use of condoms still constitutes a false solution”* to prevent the spread of HIV/AIDS. (*The Post*, “Use of Condoms is a false solution to HIV/AIDS –Nuncio Antonini,” May 5, 2005)

Vatican Statement

The Vatican advises parents to *“reject the promotion of ‘safe sex’ or ‘safer sex’, a dangerous and immoral policy based on the deluded theory that the condom can provide adequate protection against AIDS.”* (Pontifical Council for the Family, “The Truth and Meaning of Human Sexuality,” February 1, 1996)

Pope Benedict XVI

In a meeting at the Vatican with visiting bishops from five African nations, Pope Benedict XVI reaffirms the hierarchy’s opposition to the use of condoms to prevent the spread of HIV/AIDS, describing abstinence as the only *“fail safe”* method. (*Associated Press*, “Pope promotes abstinence to fight AIDS,” June 10, 2005)

NB: These are just some of the statements made by the Church hierarchy in support of abstinence and fidelity.

Appendix 11

Sample Answers of Students' Interviews

| Question | Responses |
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| HIV and AIDS Knowledge | |
| <p>1. What is your understanding of HIV and AIDS?</p> | <p>It is a disease that is caused by an HIV virus which depreciates the Immune system making the body defenceless.</p> <ul style="list-style-type: none"> - HIV/AIDS is a very dangerous and irreversible disease till death does apart. - HIV is a virus which destroys the immunity of a person, and AIDS is a condition which comes due to lowered immunity - It is a disease which is preventable and can affect anyone. It is either you are infected or affected. - It is very saddening in that we loose people faster than we can blink. - It is a disease that is caused by the HIV virus and is mostly transmitted through unprotected sex or use of sharp tools with infected points. |
| <p>2 How is HIV/AIDS transmitted?</p> | <ul style="list-style-type: none"> - Through sexual intercourse - Through poorly screened blood for transfusion. - Through use of unsterile equipment. - Through having unprotected sex with an infected person. - From an infected mother to her baby. - Through the birth canal during delivery. - By having unprotective penetrative sex with someone who is infected. - Direct contact with the body fluid of someone who is infected. |

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| <p>3 How do you prevent HIV transmission?</p> | <ul style="list-style-type: none"> - By abstaining from sex; if one can't, then can use a condom every time he/she is having sex. - Abstinence <i>ilice!</i> - Being faithful to sexual partners and use of condoms during sex. - Being faithful to one's sexual partner, use of condoms, no sharing of blades. - Condomising. - Giving information, education, and communication concerning possible dangers of HIV. - HIV is prevented through sensitisation programmes on the possible ways of disease transmission; it can also be prevented by stopping breast feeding at the age of six months to prevent mother to child transmission. |
| <p>4. How has the School and the Church responded to HIV/AIDS pandemic?</p> | <ul style="list-style-type: none"> - Sometimes we are taught and reminded of the dangers of HIV/AIDS by our lecturers. - Sometimes a priest talks about HIV/AIDS in his sermons during mass, but it is not always and he doesn't go into details. - We only see some activities during the week of World AIDS Day. |
| <p>5. Does your school have an HIV/AIDS Workplace Policy?</p> | <ul style="list-style-type: none"> - I don't know - I am not aware of it. -I have not seen it any way in the school; may be others have seen it; at least if it was stuck at the notice board where everyone can see it. - May be it is just in one of the offices gathering dust on the shelf. |
| <p>6. How effective are HIV/AIDS</p> | <ul style="list-style-type: none"> - It is difficult to tell since I don't see any of |

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| <p>programmes in addressing the pandemic in the school?</p> | <p>the programmes.</p> <ul style="list-style-type: none"> - They are not effective. - They are only effective during the World AIDS Day. |
| <p>Discourses on HIV Prevention Strategies</p> | |
| <p>7. Why does your profession encourage the use of condoms?</p> | <ul style="list-style-type: none"> - It is proven that a condom can offer protection up to 99 percent. - It has helped a lot as this reduces the chances of contracting HIV. |
| <p>8. Has the use of condoms helped in the prevention of HIV among nurses?</p> | <ul style="list-style-type: none"> - Condom use has not helped in the prevention of HIV among nurses because they take for granted that they know how to use it and are to be trusted by their partners as health workers. - No it has not as many nurses are becoming infected by HIV/AIDS as they are not practising what they preach. - I think so because it prevents the spread of HIV. - It has not been effective; if it was, people wouldn't have been dying at high rate from AIDS. - Though condoms are not 100 percent safe, they reduce the degree of transmission among partners. - Am not sure, because encouraging use of condoms does not mean that students use condoms when they are having sex. - Here am not sure because we don't physically monitor them during sexual intercourse but if they use them, then they stand a chance of preventing themselves from |

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| | the disease if used correctly. |
| 9. Should students be encouraged to use condoms? | <ul style="list-style-type: none"> - Since most of the students are in the sexually active age it is better they use condoms than contracting HIV. - Yes because condoms reduce the risks of transmission. - Only abstinence can help students prevent HIV. - Students should be allowed to use condoms because they are also people just like others and though they know something on HIV/AIDS, they are also in relationships. - It can promote prostitution and not all people know the instructions and precautions of using condoms. - Yes because condoms also help to prevent pregnancies because once a student gets pregnant she can not continue with her studies. - Can promote premarital sex which is a sin in eyes of God. - It does not help in reduction of HIV prevalence at all. - Use of condoms affects the natural out come of sex as intended by God - It promotes immorality and is not safe if not used properly. - Professionally, a condom would protect one from contracting the disease though not 100 percent. - Yes, to prevent people from becoming sick six months into employment as students are playful. |

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| | <ul style="list-style-type: none"> - Most condoms are of poor quality leading to spreading of infection. |
| <p>10. Do you agree with your Church's stance against the condom use?</p> | <ul style="list-style-type: none"> - Yes because most students indulge themselves in premarital sex and sex outside marriage due to the use of condoms. - Through abstinence one can avoid indulging in sexual intercourse. <p>No because HIV/AIDS is not prevented due to promotion of natural methods which makes a person prone to HIV/AIDS.</p> <ul style="list-style-type: none"> - Yes because abstinence and fidelity are 100 percent safe compared to condoms. - Because abstinence is the only cure for HIV/AIDS. - Abstinence and fidelity make an individual clean in the eyes of God. - Yes because I am a Catholic and I have to abide by the Church's doctrines. - Yes because premature sex is discouraged and sex is only allowed after marriage, this minimises the risks of having HIV because even faithfulness is encouraged. |
| <p>11. Have you ever used a condom?</p> | <ul style="list-style-type: none"> - Yes because I believe that condoms protect from HIV and other sexually transmitted infections if used correctly. - Yes because am negative and I have spaced my children some times by the use of condoms. - No because am not married. - Yes because I haven't seen any problem in using a condom. - Yes and I felt guilty after wards because I realised that what I did was wrong in the eyes |

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| | <p>of God.</p> <ul style="list-style-type: none"> - No. - No because it is not written any where in the bible that one has to use a condom for protection and sex has to be natural without any additional things. - No because personally I don't enjoy sex with a condom I want to feel the real thing, warm and human. |
| <p>12. How do you reconcile your profession and the Church's teaching on the use of condoms?</p> | <ul style="list-style-type: none"> - I go against the Church's teaching because I usually encourage condom use because my profession requires me to do so. - This institution is totally misleading people by allowing condom use, but there is nothing I can do since am just a student, I just have to follow what they want. - I sometimes go against the Church's teaching by providing counselling and contraceptives to people. - Professionally the use of condoms is promoted but I always try hard to promote the Church's teaching on abstinence when giving counselling to people. - I still believe that abstinence is the best way of prevention compared to condom use. - I will educate the Church on the importance of condom use as this helps on HIV prevention especially to the married; otherwise, abstinence is impossible. - Though the use of condoms are emphasised abstinence is the best. - It is always very challenging but I have to follow what I was taught when am in that |

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| | <p>uniform.</p> <ul style="list-style-type: none"> - It is really hard, but I keep encouraging the people especially Catholics since they do not believe in condom use, to use the condoms - I have overlooked the teaching and pretend that there is no such a teaching in Church. - Here I have no option but to encourage them to use c condom for the betterment of life. |
| <p>13. In your honest opinion, do you think Catholic students in this school are following the teaching of the church against the use of condom?</p> | <ul style="list-style-type: none"> - No because they have relationships within the college and they use condoms as contraceptive measures, but this is tricky because you don't see them having sex. - Yes because am doing so as a catholic student so I believe that others are doing the same. - No because they know that at least a condom provides some protection and they can not just risk it due to the teaching of the church. - No. The worry by students is not about HIV/AIDS but avoiding of unintended pregnancies. - No because the teaching against the use of condoms is not intensified by our priest here. He rarely talks about HIV/AIDS. - No because the use of condoms is emphasised very much as if condoms are the most appropriate method. - No because they feel that condoms are safer when they can not abstain. - No because they still have unplanned pregnancies and that's evident enough that they are involved in premarital sex worse still without using condoms |

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| | <ul style="list-style-type: none"> - No because students haven't understood the reason for discouraging the use of condoms. - No because there are a lot of things we do in our profession which are against the Church's teaching. - No because they want to be equal with other students and they also feel that as youths they have to experience everything. - No because most of them use condoms during sexual intercourse. |
| Social Cultural Factors | |
| <p>14. What do you understand by culture?</p> | <ul style="list-style-type: none"> - Culture is a learned behaviour in any particular society passed from the past to the present - Culture has a big influence on how we turn out in life. - Culture helps in promoting good morals - Culture is the way of life that is common to a certain group of people and have practices that are held as authority and passed on from generation to generation. - Culture consists of customs and norms of society initiated by the ancestors. - Culture is strictly following of indigenous rules or norms of a certain group or tribe. - Culture is common values and beliefs that are shared by a group of people in society. - Practices that are done by a particular group of people which is acceptable to them. - Simply the collection of norms, beliefs, art, etc, which is shared among the group of people and are passed on from generation to generation. |

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| <p>15 What is the Role of Culture?</p> | <ul style="list-style-type: none"> - To guide people towards the acceptable behaviour in society and also to protect and preserve their health. - Guide the people to follow the norms according to the particular society. - Helps in directing and influencing people's behaviour. - To keep people doing what is right for them but of course guided by the rules. - Helps individuals to grow according to the society's expectations. - It governs people to behave and conduct themselves in a socially acceptable manner. - It prolongs life and prevents pre mature deaths. - To guide people on the dos and don'ts in their lives e.g. do not practice sex outside marriage is part of culture. |
| <p>16. What cultural practices exacerbate the spread of HIV?</p> | <ul style="list-style-type: none"> - Sexual cleansing and gender inequality. - Polygamy and extra marital partners. - Teaching of young girls how to make love during initiation ceremonies as it encourages prostitution. - The culture of taking the wife's sister following her death. - Refusing sex to one's partner leading to extra marital sex. - No discussion of sex issues with the young ones. |
| <p>17. How does your religion contribute to HIV prevention education?</p> | <ul style="list-style-type: none"> - Its message on abstinence and fidelity, no sex outside marriage, no polygamy, no abortion |
| <p>18. What religious teaching conflict</p> | <ul style="list-style-type: none"> - Condemnation of condom use |

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| with HIV prevention? | <ul style="list-style-type: none"> - Gender inequality where women are told to be submissive to their husbands to the extent of never refusing them sex. - Silence on sex issues |
| 19. Does being your male or female affect your freely discussion of sex especially condom use? | <ul style="list-style-type: none"> - No because education about sex and condom use is almost everywhere and it has become a normal thing. - No because as a person, it is my right to freely discuss sex or condom use. - No because am used to talk about such things due to the nature of my profession. - Yes because normally female youth are usually not allowed to discuss sex and use of condoms especially with their male parents. - Yes; as a female am vulnerable |
| 20. Which risk behaviour are students involved in at this school? | <ul style="list-style-type: none"> - Sexual relations and alcohol - Very few are involved in drugs |