# HIV/AIDS INFORMATION AMONG SECONDARY SCHOOL ADOLESCENTS AND ITS EFFECTS ON THEIR ATTITUDES AND SEXUAL BEHAVIOUR



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## TABLE OF CONTENTS

**Page**

Lists of Tables..... (iv)

Lists of Figures..... (vi)

Appendixes..... (vii)

Declaration..... (viii)

Approval..... (ix)

Acronyms and Abbreviations..... (x)

Dedication..... (xi)

Acknowledgements..... (xii)

Executive Summary..... (xiii)

**Chapter One**

1.0 Introduction/Background to the problem.....1

1.1 Statement of the problem.....2

1.2 Objectives of the study.....3

1.3 Significance of the study.....3

1.4 Limitation of the study.....3

1.5 Delimitation of the study.....4

1.6 Operational definition of terms.....4

1.7 Structure of dissertation.....5

**Chapter Two: Literature Review**

2.0 Introduction.....6

2.1 The adolescent stage: A general overview.....6

2.2 Motivation for sexual relations among adolescents.....8

2.3 Adolescents and the HIV/AIDS crisis.....10

2.4 HIV/AIDS information needs for adolescents.....13

2.5 HIV/AIDS and sex education among adolescents in secondary schools.....15

**Chapter Three: Research Methodology**

3.0 Introduction .....20

3.1 Study design.....20

3.2 Sampling framework.....20

3.3 Sampling procedure.....21

3.4 Fieldwork preparation and data collection.....22

3.4.1 Questionnaire.....22

3.4.2 Focus group discussions.....22

3.5 Data management.....23

3.6 Problems encountered during data collection.....24

**Chapter Four: Backgrounds and characteristics of the Respondents**

4.0 Introduction .....25

4.1 Respondents' age and gender.....25

4.1.1 Type of school attended by the respondents.....26

4.2 Level of education of respondents.....27

4.3 Respondents' keepers.....27

4.4 Level of education of respondents' keepers.....30

4.5 Parental attitudes towards respondents.....30

**Chapter Five: Knowledge of HIV/AIDS and other STIs**

5.0 Introduction.....34

5.1 Knowledge of HIV/AIDS.....34

5.1.1 Respondents' general understanding of STDs.....35

5.1.2 Respondents knowledge of symptoms of STDs.....36

5.2 Knowledge of modes of HIV/AIDS transmission.....39

5.3 Knowledge of Methods of Preventing HIV/AIDS Infection.....41

5.4 Risk Perception.....44

**Chapter Six: Attitudes and Beliefs about Sexual Behavior and Condom Use**

6.0 Introduction.....46

6.1 Initiation of First Sexual Intercourse.....46

6.2 Relationship with whom Respondent first had Sex.....48

6.3 Respondents having boyfriends/girlfriends.....50

6.4 Knowledge of Usage of Condoms among Respondents.....53

6.5 Reasons for using Condoms.....55

6.6 Attitudes and Beliefs about Condom Use.....56

6.7 The Meaning of Safe Sex.....59

**Chapter Seven: Sources of HIV/AIDS and STDs Information and knowledge**

7.0 Introduction.....61

7.1 Sources of STDs information and knowledge.....61

7.2 Sources of HIV/AIDS information and knowledge.....63

7.3 How respondents viewed HIV/AIDS information.....66

7.4 Preferred sources of HIV/AIDS information.....67

7.5 Misconceptions related to Information on HIV/AIDS Transmission.....69

7.6 Misconceptions relating to Information on HIV/AIDS.....71

**Chapter Eight: Conclusions and Recommendations**

8.1 Conclusion.....74

8.2 Recommendations.....77

**Lists of Tables**

Table 1 Respondents by age and gender .....25

Table 2 Percentage distribution of respondents by type of school .....26

Table 3 Percentage distribution of respondents by level of education.....27

Table 4 Percentage distribution of respondents by their keepers .....28

Table 5 Percentage of respondents' keeper's educational background.....30

Table 6 Percentage distribution of keeper- respondent interaction.....31

Table 7 Percentage distribution of respondents' who knew the meaning of and the difference between HIV and AIDS .....35

Table 8 Percentage of respondents who had general knowledge of STDs...36

Table 9 Percentage distribution of respondents who knew the symptoms of various STDs.....37

Table 10 Percentage distribution of respondents who knew about the modes of HIV/AIDS transmission.....39

Table 11 Percentage distribution of respondents who knew how HIV/AIDS is transmitted.....41

Table 12 Percentage distribution of respondents who saw themselves at risk of getting infected.....44

Table 13 Percentage distribution of age of respondents at first sex.....46

Table 14 Percentage distribution showing with whom respondents first had sex .....48

Table 15 Percentage distribution of respondents with boyfriends/girlfriends .....50

Table 16 Percentage distribution of respondents who reported that they used condoms during first sex .....53

Table 17 Percentage distribution of respondents who reported knowing how to use a condom in relation to age and type of school.....54

Table 18 Percentage distribution of respondents who reported that they used condoms during first sex .....56

Table 19 Percentage distribution of respondents' attitudes and beliefs about condoms and sexual practices .....57

Table 20 Percentage distribution of what respondents understood by safe sex .....59

Table 21 Percentage distribution of sources of STDs information.....62

Table 22 Percentage distribution of sources of HIV/AIDS information in relation to age and type of school .....64

Table 23 Percentage distribution of how respondents perceive HIV/AIDS information .....66

Table 24 Percentage distribution of preferred sources of HIV/AIDS information ..... 68

Table 25 Percentage distribution of common misconceptions related to information on HIV/AIDS transmission .....70

Table 26 Percentage distribution of respondents' misconceptions and beliefs on HIV/AIDS and STDs .....71

**Lists of figures**


Figure 1 Respondents by age and gender.....25

Figure 2 Modes of HIV/AIDS Transmutation.....40

Figure 3 Knowledge of methods of HIV/AIDS prevention .....42

Figure 4 Age at first sex .....47

Figure 5 Respondents with boyfriends/girlfriends .....51

Figure 6 The meaning of safe sex.....59

Figure 7 Sources of STDs information and knowledge.....62

## APPENDIXES

**Appendix A: A structured questionnaire for secondary school adolescents**

**Appendix B: Focus Group Discussion Guide for respondents**

## DECLARATION

I Sankananji Namukwai Rose hereby declare that this dissertation represents my own Work, and that it has not previously been submitted for a degree at this or an other University. All published work or materials from sources that have been incorporated have been dully acknowledged and adequate reference thereby made.

**Signature of Researcher** .....

**Date** 29/01/2007

**Approval**

This dissertation by Rose Sankananji Namukwai is approved as fulfilling part of the requirements for the award of the degree of Masters of Arts in Gender Studies of the University of Zambia.

Examiners' signatures

1. ..... Date.... 01/01/07

2. ..... Date.... 02/02/07

3. ..... Date.... 02/02/07

## Acronyms and Abbreviations

AIDS.....Acquired Immune Deficiency Syndrome

C.B.Os.....Community Based Organization

CBOH.....Central Board of Health

FBOs.....Faith Based Organization

FGD.....Focus Group Discussion

MOE.....Ministry of Education

NGOs.....Non Governmental Organization

PPAZ.....Planned Parenthood Association of Zambia

SRH.....Sexual Reproductive Health

STI..... Sexually Transmitted Infections

STDs.....Sexual Transmitted Disease

HIV.....Human Immune Virus

UNAIDS.....United Nations AIDS Agency

UNFPA.....United Nations Family Population Agency

UNICEF.....United Nations International Children's Education Fund

UNESCO.....United Nations, Educational, Scientific and Cultural Organisation

WHO.....World Heath Organization

## DEDICATION

This dissertation is wholeheartedly dedicated to my Late, loving, supportive gender sensitive husband Mutale Kamana, whose love and confidence in my abilities was my pillar of strength through out this program. For all the financial, material and spiritual support and all the sacrifices he made during my absence from home and for good taking care of our son while I was away.

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## EXECUCTIVE SUMMARY

### Object Summary

Since the early 1990s, the government of the Republic of Zambia, civil society and other Non Governmental organizations have embarked on anti HIV/AIDS campaign programmes aimed at informing the nation about the negative consequences of HIV/AIDS. Undoubtedly, the HIV/AIDS pandemic has affected all sectors of the Zambian society, although the vulnerability of women and young people especially girls requires that they be given special attention in as far as prevention programmes are concerned. So far, fairly enough information on how AIDS is transmitted from one person to another and how it can be prevented has been given out. The DHS of 2002 indicates that the knowledge of HIV/AIDS in Zambia is almost universal and is nearly 100%. However, this information seems to be insufficient to change the risky behaviours of many people especially the adolescents, who are at a stage in life where they are more prone to taking risks by engaging in various experimental behaviours.

This study was therefore mainly designed to establish what HIV/AIDS and STD information adolescents in secondary schools are exposed to and the effects of this information on their attitudes and sexual practices. The specific objectives of the study were thus:

–To identify the major sources of HIV/AIDS and STDs information for boys and girls in secondary schools.

- To find out the gender equity in accessing HIV/AIDS information between boys and girls in secondary schools.

- To find out if boys and girls in secondary schools are using this information to adopt better attitudes and sexual practices.

The main and specific objectives of the study were achieved by obtaining key indicators on HIV/AIDS related information and knowledge, attitudes and sexual behaviours of young people in secondary schools.

**Findings Summary**

**Respondents' Background and Living Arrangements**

The study reveals that the majority of the adolescents in secondary schools are kept by their own parents while the others are looked after by their guardians who ranged from uncles, aunts, grand or single parents. Only a very minimal percentage of respondents reported that they are looking after themselves.

Regarding the level of parents or guardians education, a large majority of respondents were looked after by parents and guardians with college education followed by those whose keepers had gone up to senior secondary level. More parents and keepers are likely to talk to the female respondents about sex than to the male respondents. Generally, there didn't seem to be a co-relation between parents' level of education and parents' or keepers' attitudes towards respondents as most of them reported that parents/keepers are generally strict on them regardless of the level of education.

**Knowledge of HIV/AIDS and STDs**

The awareness about HIV/AIDS was almost universal with almost 100% of the respondents having fundamental knowledge on how AIDS is transmitted from one person to another and how they can protect themselves from infection. On STDs, male respondents had comparatively better knowledge on the names and symptoms of various STDs. Despite this however, many of them did not seem to recognize the relationship

between STDs and HIV/AIDS with a majority showing less fear of STDs which they see as curable unlike HIV/AIDS. Other than ignorance on STDs, respondents reported a number of misconceptions and near myth beliefs about HIV/AIDS and sexual practices such as condom use among secondary school adolescents. About 60% of the male respondents believed that the use of condoms reduces sexual pleasure while 31% stated that prolonged use of condoms has side effects. This partly explains why regardless of the HIV/AIDS knowledge and information, most of them are still willing to take undue risks at any given opportunity. The researcher also discovered from the survey especially during the FGD that most of these misconceptions about AIDS and sex which have a negative impact on the knowledge possessed by young people are rooted in cultural and traditional beliefs which widen the gender gaps between these young people.

**Sources of HIV/AIDS and STDs Information**

Findings from this research reveal that media like television and newspaper have played a major role in disseminating HIV/AIDS information with over 60% of the respondents getting their information from T.V. Teachers, and radios were also cited as the other major sources of information for the respondents. Interpersonal communication about AIDS and STDs was also highly common among respondents especially the male respondents, an indication that some of the information that the adolescents are sharing may be unreliable. In terms of access, findings from this research indicate that both male and female respondents have equal access to HIV/AIDS in general except in isolated incidences such as access to information about STDs and condom usage.

Most respondents did not see their parents as a reliable source of HIV/AIDS information mostly because they saw their parents as too strict and authoritative and also the

traditional belief that makes the discussion with parents of any issues related to sex a taboo in almost all the Zambian societies. Although a good number of respondents found the information they obtained from various sources helpful, the number of those who found it either boring, confusing or embarrassing was big enough to warrant concern. From the FGD many respondents alluded to the fact that the information they are getting from sources simply goes as far giving them facts about sex and HIV/AIDS without necessarily giving them skills needed to positively motivate them to change their behaviour.

**Attitudes and Sexual Behaviours of Secondary School Adolescents**

Findings from this research indicate that despite the HIV/AIDS information that the respondents have acquired, many of them still lack the ability to modify their behaviours, more so with the female respondents who are seen in many ways as being less empowered to make decisions about their sexual health. Indications from this research are that many secondary school adolescents especially girls become sexually active at a very tender age. About 16% of the female respondents who took part in this survey first had sex when they were merely ten years old. Reasons for having sex ranged from being forced into it to the fear of losing their boyfriends. For many male respondents, one of the main reasons for having sex was so that they may be accepted by their peers in an environment where high expectations are linked to a boy's sexual orientation and performance. This research has also shown that most adolescents in secondary schools have a low risk perception. This is mostly due to the fact that a person can get infected with the HIV virus in their teens but still look healthy for years only to develop AIDS when they are adults. Because of this, many respondents were not keen on knowing their

HIV status and stated that it was not necessary because it would be a distraction to their studies.

On condom use, the researcher discovered several misconceptions which have ultimately contributed to negative attitudes related to the usage of condoms among the respondents. A large majority of male respondents were of the view that the use of condoms reduces sexual pleasure and also that their prolonged use has negative side effects on one's sexual performance. Several male respondents reported that only boys have the right to buy and use condoms, an indication that the gender imbalances as far as decision making and sexual negotiations in adolescent' relationships may be rife. Fear of pregnancy was the major reason why many adolescents, especially girls preferred to use condoms during sex but not the fear of contracting HIV/AIDS or other STDs. Surprisingly, many female respondents stated that virginity is an old and outdated concept.

These reasons in part, explain why regardless of the information and knowledge that adolescents in secondary schools have acquired about HIV/AIDS and other STDs, they continue to act in ways that put them at risk of getting infected.

## Chapter One: Background to the Problem

### 1.0 Introduction

HIV/AIDS has become one of the major health challenges facing many countries world wide. Latest data indicate that currently in Africa, a large number of young people aged between 15 and 24 are currently at a higher risk of contracting sexually transmitted infections and unwanted pregnancies than at any other time in the past. Much more at risk are young people in the Sub-Saharan Africa where about two thirds of all new infections worldwide occur. In Zambia it is estimated that out of a population of approximately 10 million people about 1 million of these are infected with the HIV virus.(WHO/UNAIDS 1997)

Given that adolescence is a stage when most young people are likely to engage in risky experimental sexual practices, adolescents are at a high risk of contracting HIV/AIDS. Despite their vulnerability, many of them are still ill-informed about their sexual health and are less experienced in accessing important HIV/AIDS information and skills needed to protect themselves against the infection. Current statistical data obtained from C.S.O states that although 94% of 15-24 year olds in Zambia have heard about AIDS, only about 70% know that HIV exposure can be avoided. Even more at risk are the young girls who (apart from socio cultural constraints) are continuously being sought for sexual relations with older men who believe that their risk of contracting HIV/AIDS is lessened when they sleep with virgins.

Misconceptions about AIDS among adolescents are still rampant and many young people continue to make assumptions about people's sero-status based on their physical appearance. Much of their knowledge about HIV/AIDS also is complicated by local beliefs that overlap with scientific information and hence the information and knowledge

is sometimes confusing and contradictory. Most Zambian youths' limited scientific knowledge and contradictory beliefs about AIDS and STIs may stem from their reliance upon unreliable and interpersonal sources of information and also from traditional beliefs and practices that may place on them risky gender stereotypes to which they may be pressured to succumb.

### 1.1 Statement of the Problem

The study is an attempt to investigate the major sources of the HIV/AIDS and STI information for boys and girls in secondary schools and the effects of this information on their attitudes and sexual behaviors. It appears that lack of adequate and reliable information as well as restrictive traditions and cultural beliefs in many of our societies remains one of the major obstacles to adolescents' positive attitudes and safer sexual practices. Besides, several studies have also pointed out that despite the high levels of awareness about HIV/AIDS, many Zambian youths lack essential knowledge and skills needed to protect themselves from various STDs including HIV/AIDS infection. The problem is even more serious for young girls and women who due to many socio-cultural constraints, lack relevant economic empowerment and skills needed to negotiate for safer sex with their partners. In Zambian culture, it is often considered inappropriate to discuss sexual matters with parents and in certain religious circles, premarital sex as well as condom use is labeled on immoral fact which highly contributes to the stigmatization of STIs and HIV/AIDS. This reluctance to openly discuss sexual matters with youths increases the likelihood of them receiving incorrect information, underestimating their risk of infection and failing to adopt protective behaviors.

## 1.2 Objectives of the Study

(i) To identify the major sources of HIV/AIDS and STIs information for boys and girls in secondary schools.

(ii) To find out the gender equity in accessing HIV/AIDS information between boys and girls in secondary schools.

(iii) To find out whether boys and girls in secondary schools are using this information to adopt better attitudes and safer sexual behaviours.

## 1.3 Significance of the Study

This study is significant because it will help identify the major sources of HIV/AIDS information for secondary school adolescents which will in turn help policy makers, NGOs and other stakeholders come up with better and consistent intervention strategies that will give girls and boys easy and equal access to HIV/AIDS information. The role of knowledge and information in increasing one's risk perceptions and changing behavior cannot be over emphasized. It is thought to be an important prerequisite for adopting protective behaviors. This study is therefore significant because increasing young people's knowledge about STIs and HIV/AIDS has the potential to change their attitudes plus about risk sexual behaviors, improve their ability to adopt safer sexual practices and ultimately reduce the risk of them contracting HIV/AIDS and other STDs.

## 1.4 Limitation of the Study

The study may have some limitations in information because only senior secondary school adolescents took part in the survey.

## 1.5 Delimitation of the Study

The study shall exclude schools in the rural areas and remote parts of the Copperbelt Province. The study shall also not cover out of school youths.

## 1.6 Operational Definition of Terms

**Adolescent** - Young person between childhood and adulthood usually aged between thirteen and nineteen.

**Adolescent identity crisis-** A stage in an adolescent's life when they are likely to be confused about who they really are and what they ought to be.

**Attitude** - A way of thinking or behaving that is influenced by various factors in society

**Beliefs** - Strong feelings and opinions about something that is considered true.

**Condom** - contraceptive sheath worn on the penis during sexual intercourse

**Gender** - sexual classification of men and women

**Ego** An opinion of oneself or selfworth.

**Homosexuality-**A condition where one is sexually attracted to people of the same sex.

**Perception** - Shall refer to one's ability to see, hear or understand HIV AIDS related problems.

**Premarital Sex** - sex before marriage

**Traditions** - Beliefs, customs or way of doing things that have existed or passed on from one generation to the next

**Culture** - customs and beliefs, art and way of life and social organization of a particular country or group

**Norms** - standard of behavior that is typical of or accepted within a particular

group or society

**Safe Days** -Days in a month when it is believed a girl can not get pregnant

**Sero-Status** - Unknown HIV/AIDS status.

**Stigma** - mark of disgrace or shame

**Skills** - acquired ability to do something well

**Super-ego** - An overated sense of worth.

**Patriarchy** - a society or established system in which men have all or most of the power and or influence.

### 1.7 Structure of Dissertation

This thesis is divided into eight chapters. Chapter 2 discusses the literature available on HIV/AIDS information from various sources while chapter 3 presents the research methodology utilized in the study. Chapter 4 looks at the backgrounds of the respondents who took part in the survey while Chapter 5 not only gives a detailed account of the HIV/AIDS knowledge that adolescents have, but also explores their knowledge of STDs and their various symptoms. A description of existing attitudes, beliefs and sexual practices common among secondary school adolescents such as condom use is given in Chapter 6. This chapter also shows how some of their attitudes and beliefs are linked to the gender norms and traditional practices found in the societies in which they live. In the final analysis, the researcher in chapter 7 shows the sources from which the HIV/AIDS and STDs information and knowledge by adolescents is acquired in order to show whether or not this has had any bearing on their attitudes and sexual behaviors. The chapter also highlights some of the misconceptions about HIV/AIDS transmission and also about sexual practices. The conclusion and recommendations from this research are given in chapter eight.

## Chapter 2: Literature Review

### 2.0. Introduction

This section presents a review of literature on HIV/AIDS and adolescent sexuality. In general, this chapter is based on HIV/AIDS studies conducted in various countries including Zambia. Apart from this, issues on adolescent development stages as well as those related to adolescent sexuality and the related traditions and beliefs will also be discussed.

### 2.1. The Adolescent Stage: A General Overview

Adolescence entails a transformation of aspects of mental, physical, psychological and social organization of ones life. Josseyln I. M. (1962) has stated that the changes that occur at puberty cause many young people to perceive the world afresh, more critically, more independently, through their own eyes, rather than through the eyes of those who have nurtured them. Therefore, opportunities for social initiation and education at this stage need to be very rich and varied.

Kings A. J. (1986) reiterates that many adolescents learn about themselves by experimenting with their sexual feelings and because of this, many long-held assumptions about behavior, many well-tried habits and customs are subject to scrutiny and are sometimes completely discarded (pp 22). Because adults and society begin to make new demands on them by expecting them to take up new roles and assume new responsibilities, many researchers see the years between adolescence and young adulthood as a period of considerable stress and emotional turbulence (Rayner E. 1972, Josselyn I.M (1969).

It is at this stage of development that many boys and girls begin to question and discard parental guidance and societal principles and values that have helped them so far. Socio psychologists like (Josselyn I.M Ibid) have explained that there is the resurgence of the ego demands, hence young people's criticism of societal and parental influence means that their previous superegos are broken up. The new transformations act as a threat to an adolescent individual ego. The conflicts between the ego and superego are seen in young people's pre occupations with moral issues and also the "trial and error" type of behavior both in action and thought. This is what is known as the "**Adolescent Identity Crisis.**"

It is during this time when adolescents are in the vanguard of social, physical, mental and psychological change that they also develop deep underlying fears of being nothing to other people especially their peers. Young people worry deeply about how other people look at them and what they can do to satisfy and please others. Rayner E. (1972) has stated that "Since adolescents are not yet confirmed as adults, they may try to establish a sense of power and independence by attaching themselves to a particular social group which shares similar interest to theirs. Such groups give a sense of belonging and provide young people with the freedom of experimentation and usually boost their self-esteem apart from satisfying their deep desire for new adventure" (p. 41) Beane J.A (1980) has also reiterated that many adolescents usually hold exaggerated concepts of themselves (self-concepts) and their abilities. Most of these concepts are usually based upon the specific gender roles that have been assigned to the young people as they have been growing up. It is not uncommon therefore to find many young people engaging in risky social behaviors that may endanger their lives. Because of the many gender based

expectations, adolescents find themselves with active and passive yearnings to be stimulated by way of conforming to their peers' behavioral patterns.

According to PPAZ (2003), boys' sexual encounters provide an affirmation of ones manhood, especially within cultural backgrounds that encourage virile masculinity. As tends to be the case in many cultures, boys boasting about their sexual conquests and the large numbers of girlfriends they have is quite a common phenomenon during adolescence. The acceptance by peers offers many adolescents a sense of emotional sustenance and reassurance at a time when parental ties may be weakening. Many researchers generally agree that adolescents' social activities are mainly directed by peers' opinion. (p. 36).

A research conducted among Chawama adolescents by Shah M.K. and Nkama G. (1996) reveals that peer pressure, especially among boys is a significant motivation for having sex. While boys openly discuss their sexual encounters among themselves, girls usually consider it a secret which is shared with only one or two very close friends. This is, however, a different sort of peer pressure for girls who are mostly forced into sexual relations in order to afford fashionable clothes and cosmetics. Presents are a big temptation for most girls. Sometimes they are wooed into sexual relations with older men because they give more substantial and better presents than younger boys.

### 2.2 Motivation for Sexual Relations among Adolescents

Meena R. (1992) reveals that 'sexuality is the social construct shaped and defined by the physical language and social character of society' (1992:P104). All human beings

exhibit sexuality which is a learned form of behavior related to the intrinsic need to reproduce as well as the desire for sexual pleasure. In many traditional societies, the family used to be the place where much of the education in sex and sexuality was given to adolescents. But in recent times, there has been a decline in the family's ability to prepare young people in this area. Much of the reason for this as Josselyn I.M (1969) states is that: "the family today no longer confers upon children the benefits of the extended family such as uncles, aunties, and grand parents who in the past prepared young people for both roles they had to play in the adult world." (pp: 39)

Today it is common that boys and girls start having sexual relations at an early stage in life. Barton L. (1985) has stated that Zambian culture is not static. Sexual mores are always changing. With a well meaning intention of easing the problem of sexual adjustment for adolescents, many adults deny them important information about sexuality and its consequences. This creates emotional difficulties where they fail to understand and accept their sexuality. Kings A.J. (1986) has reiterated that "people must begin to understand that adolescents are and will continue to be sexually active. And therefore, an educational approach that provides them with responsible behavioral options is likely to be more affective than one which insists on abstinence."

According to WHO (2000), many young women around the world are reaching puberty earlier but marrying later. This situation forces them into earlier sexual activity. Also adolescents are staying in school longer and are therefore likely to engage in premarital sexual relations because they can not wait until they are married for them to engage in sexual activity. According to documented information from research conducted by CARE international, the desire for marriage by many girls also involves them into earlier sexual relations. Closely attached to this is the desire to prove their femininity and

womanhood by having children. This shows that most Zambian societies still have great gender role expectations for girls. For many boys, the motivation for sexual relations is to prove their masculinity and so, the initiation of most sexual activities is usually dependent upon their wishes.

Other than this, it is becoming increasingly clear from researches conducted by UNFPA, UNICEF and WHO (1997) that adolescent sexual activity, especially in developing countries, is closely linked with educational and economic opportunities. One of major concerns of different stakeholders is that sexual relationships for young girls are usually involuntary. WWW. UNICEF. Org / pan 98 /women. Htm). Lack of economic and educational opportunities force many girls into early sexual activity.

**2.3 Adolescents and the HIV/AIDS Crisis**

Because adolescence is a stage when behaviours which have been appropriate in childhood are suddenly overlooked or discarded, and because it is also a period of great sexual stimulation and experimentation, many adolescents are likely to engage in risky sexual activities that may have negative repercussions for their health. Kelly (1998) has stated that "In our AIDS scared world, sexual and HIV/AIDS education are a prerequisite for individual and community survival. This is true for young people especially girls between the ages of 15 and 24." Despite the vulnerability of young people some parents, religious leaders or young people themselves are still opposed to programs that teach or discuss adolescents' sexual health. This is because they believe that such issues are taboos as they may promote promiscuity among adolescents or are simply too embarrassing to discuss publicly. Reports from WHO/UNAIDS (1997) have elucidated

that young people in developing countries are shouldering the main brunt of the HIV/AIDS pandemic because of poor social and economic infrastructure. Over three million young people aged between fifteen and nineteen worldwide are infected with HIV/AIDS and 90% of these live in developing countries of the Sub-Saharan Africa, Latin America and the Caribbean. Hardest hit are the youths in the sub-Saharan region where about two thirds of all new HIV/AIDS infection worldwide occur (UN AIDS/WHO 1997).

The gender imbalances in many African countries have put girls/ women at a higher risk of contracting HIV/AIDS. The higher levels of HIV/AIDS infections among young women are due to a combination of factors which to a large extent are beyond their own control. Traditional practices, lack of economic and educational opportunities in many African societies still make women and young girls more vulnerable to HIV/AIDS infection. Ng'weno H. (1994) has reechoed this by arguing that "since they are still considered by African men and boys to be essentially sex objects, it is important that girls and women get to understand their sexual role in society. They need to know as much as there is to know about their reproductive rights, risks and priorities. Girls need meaningful education about sexuality and their HIV/AIDS vulnerability because many men are now seeking younger girls for sexual relations in the belief that this will reduce their own chances of contracting HIV/AIDS" (p.56). As stated in one of the WHO/UNAIDS reports on Young people and the AIDS challenge in Sub-Sahara Africa (2003), changing harmful gender attitudes, social and cultural beliefs that put girls and women at higher risks of contracting HIV/AIDS will neither be easy nor without controversy. But schools must be ably empowered to carry out this task in order for the

present generation of young people to be saved from the HIV/AIDS scourge. There can be no real girl's and women's empowerment that does not begin with these simple matters of control by girls and women over their own bodies; simple matters, yet matters of life and death.

(Kelly 1994) has argued that "schools, especially secondary schools possess an innovative function and are charged with the responsibility of bringing about new values, practices and activities in the community in which they operate". (p: 71). Therefore, quite apart from the HIV/AIDS pandemic, schools have a responsibility to develop skills which equip young people for positive social behaviour and for coping with negative sexual pressures. Changes in sexual behaviour are not easy to measure. This is because sexuality is predominately a private matter which many individuals are not ready to freely discuss. But Eaton, Fisher and Aaron (2003) have revealed that to bring about behavioural change, motivation and self reliance are needed in order for one to act according to the information that he/she has received. For many adolescent therefore acquiring sexual health information becomes the first step in developing positive behavioural altitudes that positively affect their sexual behavioural. The dilemma facing many educators and HIV/AIDS campaigners however, is that inspite of young people's knowledge of HIV/AIDS, many of them continue to act and behave in ways that put them at risk. Studies by Fieldman R. (1997), Cambell C. and Macphail B."(2001), Malungo S. and Mutembei R.I. (2001) all point to the fact that despite a lot of information being provided from different sources, there was little change in attitudes especially among adolescents. The explanation for this seems to lie in part with the idea that adolescence is a stage when many individuals naturally engage in a variety of experimental activities.

Young people still believe that there is a low probability of them being infected by HIV regardless of their risky sexual behaviors. Kings A J. (1986) has stated that the belief and misconception among many young people that AIDS is an adult disease is basically reinforced by near absence of documented and well publicized evidence of AIDS cases among adolescents. Because it is possible for one to acquire the HIV virus in their adolescents' stage and still look healthy for many years, many young people fail to internalize and appreciate the fact that AIDS poses a major risk to their future well being.

Young people's attitudes usually predispose them to behave inconsistently in different situations. Because of this, it is important that all stakeholders gain a greater understanding of adolescents' attitudes towards HIV/AIDS so that they can become aware of the risk, behaviours in which young people are likely to engage and put up appropriate interventions (Koontz N and Cernly S 1994). Ultimately, behavioural change ought to be the main goal of all STDs and HIVs education campaigns. It is essential that it includes opportunities for adolescents to adopt safe sexual health behavioural activities.

## 2.4 HIV/AIDS Information Needs for Adolescents

The problem of HIV/AIDS among adolescents is two fold. While many researchers have expressed the need for more HIV/AIDS information (MOE/ZERD 2002), other researchers have argued that information alone without the necessary support in coping with external and internal factors that pose a threat to the sexual and reproductive health of adolescents is not enough. This is because many researchers dealing with adolescents' sexual behavior (Kings A J. 1986, Fieldman 1997 Malungo 2001 and Muntembei 2001) have argued that it appears that young people's knowledge and information have not been

sufficient to deter them from engaging in risky sexual activities. It is possible that maybe this information has been too confusing for them to change their attitude. Despite this however, many HIV/AIDS campaigners are committed to ensuring that young people receive fruitful and complete information on the dangers of HIV/AIDS, though many continue to face great cultural and economic challenges. Kings A.J. (1986). Shah M S. and Nkhama G (1996) have in their research papers also categorically cited the lack of reliable and complete information among adolescents as one major setback in adopting safer sexual behaviours.

Sendowitz (1997) has reiterated that access to sexual health information by young people is critical but this alone will not necessarily result in young people adopting safer sexual behavior. Young people require motivation to make healthy decisions about their behaviours. This is because internal factors such as a thorough understanding of one's sexuality values, beliefs, relationships with others; decision making skills and self esteem among adolescents are all important ingredients in ensuring that people use the acquired information to make healthy sexual decisions. On the other hand, educational and economic factors are linked to healthy reproductive attitudes and as such, there is a need to make schools reservoirs of vital information which young people can easily access. The lack of appropriate and relevant information is therefore one of the major obstacles to young people's improved sexual and reproductive health behaviours. Coupled with this, as Shah and Nkhama M. (2001) and the National Gender Policy of 2000 have stipulated, change to safer sex practices among adolescents will also involve a redefinition of gendered social roles as well as cultural practices and beliefs that continue to promote female subordination. In order to provoke healthy behaviors among

adolescents, open dialogues must be created and encouraged between boyfriends and girlfriends, parents and children and pupils and teachers as well as the entire communities so that young people can be helped to reflect on their attitudes, beliefs and values. As it has already been established, accessing the right and appropriate information on HIV/AIDS must not be an end in itself but must be taken as the first step into the process of molding and influencing the perceptions and attitudes of young people as they move towards safer sexual practices. Agha S. and Rossem V.R. (2002) have stated, an individual's personal risk perception is an important predicator of behavior change. Only when young people are given information that help them perceive the seriousness of the problem of HIV/AIDS at personal levels will they begin to move toward attitude change. The social economic factors that prevent young girls from making independent sexual choices will also need to be seriously considered. All people, including adolescents have the right to all available information about HIV/AIDS. But, only accurate complete and skills developing HIV/AIDS information is the basis for informed and responsible decisions about ones sexual behavior.

### 2.5 HIV/AIDS and Sex Education Among Adolescents in Secondary Schools

According to Davis and Gibson (1968) "sex education is a type of education that relates to a person's sexual and reproductive functions. That is to say, the anatomical and physical development of a person's sexual organs and functions that enables them to reproduce another human being" (p. 61). Other scholars like Kelly M. (1998) have however extended this notion by stating that sex education goes beyond a person's biological ability to reproduce and extends to other aspects of human behaviour such as sexual norms, values, beliefs and skills to cope with sexual pressure. Sex education is

therefore both a biological and social construct. Although the biological elements may be universal, the social elements may vary from one culture to another. In many traditional Zambian societies, sex education has been in existence for a long time. Focus on young people (2000) has stated that tradition and culture are two major contextual factors that help shape and influence young people's social lives. Usually traditional sex education in Zambia took the form of the various instructions that young people were given about sexuality and marriage. The sex education that many young people were given was not always clear because most of it was characterized by myths, taboos, threats and was usually given in forms of tales and proverbs. Snelson P. (1974) also states historically, that sex education was a significant part of traditional education which followed a concentrated course of instruction given to young people. It was a slow process of teaching young people according to perceived maturation and proximity to marriage.

In many societies, girls were subjected to more sexual taboos than boys because of their anticipated roles of wife and mother. Girls were taught to pull their labias minora (ukukuna) because it was believed this was a way of pleasing their husbands. Girls who could not adhere to this instruction were mocked or pinched by their traditional counselors (ifumbusa) during initiation ceremonies. There was also great emphasis placed on a woman's fertility and girls were taught to start preparing for this major role at an early stage. A man was also expected to expend his masculinity by having as many children as possible. PPAZ (2000).

The assertion that history shapes our future has been a very true adage as far as the influence of traditional beliefs on girls and women's subordination is concerned. Most of

in the today's attitudes about the sexual roles of men and women in Zambian societies are deeply rooted sexual orientation that our older generations received and subsequently passed on to upcoming generations. Snelson P. (1974) asserts that the content of the Bemba initiation teaching, for example, was adopted to prepare young girls for their subordinate role as women in society. Traditional initiation ceremonies are a dying aspect in many modern Zambian societies and as such very few adolescents, especially those in urban areas go through them. But still, the cultural beliefs related to them are a fundamental influence on many people's social attitudes and sexual practices. Boys for example are traditionally expected to initiate sexual activity as one way of exercising their male potency and show the true ideals of manhood. Girls who are on the other hand socialized to be on the receiving end are expected to give in to their boyfriends' sexual demands in order to sustain relationships. Among the many sexual misconceptions present among young people today is the notion that sex is the ultimate way for two people to prove their love for each other. Many boys have been brought up to believe that even when a girl turns down a love or sexual proposition, she indirectly means yes. Another misconception is one that alludes to the fact that the more girlfriends a man or boy has, the more of a man he is in the eyes of his peers and the society at large. (Shah M. and Nkhama G. 1996).

Because of the HIV/AIDS pandemic, certain issues that were once considered taboos to be discussed in public are now being openly talked about. Because of the important role they play in transforming social behaviours, schools have been identified as important institutions where adolescents can learn about sexual health. According to UNESCO/WHO (1995), sex education in schools is based upon the assumption that "culture is not static neither are its social mores permanent. Because sexual norms are

always undergoing change, there is great need to discuss with adolescents not only factual questions regarding sex but also other major psychosocial implications." The key concept of school-based sex education is therefore expected to include reproductive health anatomy, relationship with family and members of the opposite sex. It may also include personal skills such as values, decision making, communication and negotiation. Sexual health behaviour may involve lessons on abstinence, sexual risks, priorities and contraception. STIs and HIV/AIDS are now a major and predominant part of sex education because of the negative effects that these diseases have had on adolescents social, academic and economic well being. (Kirby D. 2000).

The Zambian government through the Ministry of Education has also recognized the need for schools to influence the behaviors and attitudes of young people, especially with the advent of the serious HIV/AIDS pandemic. However, Zambia unlike other countries in the sub region like Zimbabwe, Botswana and South Africa still lacks a clear policy on sex education for secondary schools. A research by PPAZ (2003) indicates that during its research undertaken among secondary schools on the Copperbelt, most respondents knew very little about the existence of sex education in schools. What became clear instead from many head teachers was that nobody was aware of any national curriculum guideline on sex education. This is despite the fact that many adolescents in secondary schools are faced with increased peer pressure and are likely to be forced into risky sexual behaviours as a result.

Southern Africa HIV Action (2003) indicates that good quality sex education programmes in schools have proven to be an effective tool in delaying the onset of sexual activity and has also helped already sexually active young people to seek protection

## Chapter Three: Research Methodology

### 3.0 Introduction

This chapter presents the research methodology used in the study. It discusses the sources of data and the instruments used for data collection. It also outlines some of the problems encountered during data collection.

### 3.1 Study Design

The study was both quantitative and qualitative in nature and focused on senior secondary school adolescents aged between 14 and 21 (i.e. pupils from Grades 10-12). The study was undertaken to establish whether there was any relationship between the HIV/AIDS information that secondary school adolescents were obtaining from various sources with their attitudes and sexual practices. Fieldwork was conducted in Kitwe district in four purposively selected schools namely: Kitwe Boys' High School (single sex-boys). Hellen Kaunda High School (Single sex –girls), Chamboli Secondary School (co-education day school) and finally, Mpelembe Secondary School (co –education boarding school).

### 3.2 Sampling Framework

The sampling framework provided the basis upon which the samples for the study were selected. Information for the sample framework was obtained from the respective class registers which were used to randomly select pupils according to the ratio of males to females in the various schools. In cases were these were not available, as was the case with Chamboli Secondary School, the researcher with the help of the prefects, conducted physical checks of the number of pupils in various classes. A maximum of 260 pupils

from all the schools took part in the survey. The ratio of males to females was calculated in order to achieve a representation of females and males per school .Similarly, a ratio of students per grade was also calculated to achieve student distribution numbers in Grades 10 to 12.

### 3.3 Sampling Procedure

Out of the total population of about 2815 from four secondary schools, the researcher would have preferred the probability sample of 360 pupils which is 20% of the entire population. But due to financial and logistical constraints, the actual sample was reduced to about 260. Samples were drawn according to the probability proportional to the total number of students. These pupils were randomly selected using the following simple statistical procedure as shown in Cohen E. e tal, (2002).

$$\text{Frequency Interval} = \frac{\text{Total number of population}}{\text{The required number of sample}}$$

Which is:

$$F = \frac{N}{SN}$$

$$= \frac{2815}{260}$$

$$= 10.8$$

So, every tenth pupil in each class was selected using class registers which are written in alphabetical order. In cases where these were unavailable, mark sheets fees or registers were used.

**SELECTED SAMPLE PER SCHOOL**

| SCHOOL | BOYS | GIRLS | TOTAL |
|---|---|---|---|
| MPELEMBE | 23 | 13 | 36 |
| CHAMBOLI | 51 | 21 | 72 |
| HELLEN | -- | 78 | 78 |
| KITWE BOYS | 76 | --- | 76 |
| TOTAL SAMPLE | 150 | 112 | 262 |

### 3.4. Fieldwork Preparation and Data Collection

#### 3.4 .1. Questionnaire

In order to collect quantitative data and also to obtain a cross sectional perspective of the problem, structured questionnaires were used. The questionnaires were based on questionnaires used for similar programs in Zambia and other countries like Malawi, Zimbabwe, Ghana and South Africa. Questions in the questionnaire were specific to the situation .The questionnaire was pre-tested in two schools during the pilot study conducted four months before the actual fieldwork commenced. It was during the pre-testing stage that questionnaire comprehension was tested and the results obtained did not show any serious problems in terms of validity and relevance.

#### 3.4 .2 Focus Group Discussions

Apart from a structured questionnaire, this study is also based on data collected from twelve focus group discussions conducted some time in October. The recruitment of focus group participants was done from pupils in senior classes from grades ten to twelve. All in all, there were about eighty-four participants in the twelve focus group

discussions carried out in the respective schools which are: Kitwe Boys High School, Hellen Kaunda High School for girls, Chamboli High School and Mpelembe Boarding School for both boys and girls. Each group averaged a total of seven participants who were aged between fifteen and twenty.

The focus group discussions were conducted using a discussion guide that had been pre-tested, revised as appropriate and useful suggestions incorporated in the final guide. The discussion guide covered the following themes:

- HIV/AIDS and STIs knowledge and information
- Parent-child relationship and the HIV/AIDS problem.
- Sources of HIV/AIDS information
- Adolescents' attitude toward and beliefs about HIV/AIDS
- Myths and misconceptions on HIV/AIDS and condoms

To make the participants at ease, the discussions were held in English although participants who couldn't aptly express themselves in English were encouraged to make their contributions in Bemba, a language commonly spoken in the Copperbelt. Each FGD lasted for about one hour with a break of about ten minutes given for participants to have some refreshments.

### 3.5. Data Management

The Statistical Package for Social Science (SPSS) programme was used to analyze quantitative data from the questionnaires. Version 10.0 Microsoft excel was used to draw tables that helped to present and summarize data for easy analysis. All open ended questions were coded prior to data entry and the researcher recorded answers given for each open ended question.

Analysis of qualitative data collected during focus group discussions involved condensing and structuring of data into a form that allowed a pattern to be identified and hypotheses to be generated. Analysis charts for each theme were created. These had comments listed on the left side. Group comments were identified by age and sex on the right side. Also recorded on these charts were references to quotes that were left to express a particular response category. In this way, the researcher managed to get detailed information, which did not come out from the questionnaires used in the survey.

### 3.6. Problems Encountered During Data Collection

Like any other survey, this survey experienced some problems which are worth noting. One of the major problems that the researcher encountered whilst in the field was the perpetual strike that was taking place in all government schools during data collection. This made it extremely difficult for the researcher to organize the pupils who were not having any formal lessons at that particular time. In many instances, head teachers had to be used to organize the pupils to enable the researcher to collect the necessary data. Because of this situation, the rate at which questionnaires were returned was slower than anticipated, causing unnecessary delays. Another problem was that in some schools, there were no complete attendance registers of all the pupils and in such cases, alternative lists like, school fees lists and mark sheets were used. There were also a few inconsistencies responses. For example, some students would say that they had never had sex but would later respond that they have used a condom. In such cases, some logical deductions had to be made depending on the answers to other related questions.

## Chapter Four: Backgrounds and Characteristics of the Respondents

### 4.0. Introduction

There is no doubt that a family plays an important role in the lives of adolescents because at this stage, many of them are still legally and economically dependent upon their parents or guardians for their survival. It is also through the family that the socialization process starts and as such, the gender norms and attitudes that children adopt in later years are largely dependent upon it. In this chapter, particular reference to gender, age, respondent's keepers, level of education of keepers and parent child- relationships will be highlighted in order to describe more precisely adolescents who took part in the survey. In the first instance, respondents were asked to state their age and gender and the results are shown in Table 1.

### 4.1. Respondents' Age and Gender

**Table 1: Respondents by Age and Gender**

| Age | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| 13-15 | 17.3 | 23.2 | 19.8 |
| 16-17 | 56.0 | 47.3 | 52.2 |
| 18+ | 26.7 | 29.5 | 27.8 |
| Total | 150 | 112 | 262 |

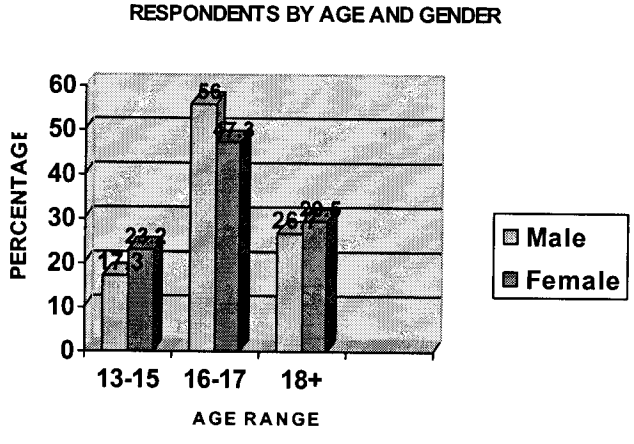



**Figure 1**

A total of 150 males, representing 57% took part in the survey, while 112 females, representing about 42% took part. There were evidently more boys than girls in all the co-education schools because of the uneven enrollment figures between boys and girls at secondary school level. Other than this, many girls supposedly dropped out of school instead of moving towards higher levels of secondary school. On age, a total of 19.8% of the respondents were aged between 13 and 15 while the majority (52.2%) were aged between 16 and 17. About 27.8% of the respondents were aged between18 and 20. This gender and age distribution was largely due to the fact that the study targeted senior secondary school adolescents (Grades ten to twelve) who are likely to be between 15-20 years old by the time they get to senior secondary school.

### 4.1.1. Type of School Attended by the Respondents

In this survey, adolescents were asked to state the type of school they were attending and the results are shown in the table below:

**Table 2: Percentage Distribution of Respondents by Type of School**

| Type of school | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Boarding(co-education) | 15.3 | 12.5 | 14.1 |
| Girls only (day school) | | 69.6 | 29.8 |
| Boys only (day school) | 50.7 | | 29.0 |
| Day school (co-education) | 34 | 17.9 | 27.1 |
| Total | 150 | 112 | 262 |

Of all the respondents who took part in the survey, a total of 15.3 % of the male respondents were from a co-education boarding school, 12.5% of their female counterparts showing that more boys are likely to be enrolled in co-education boarding schools than girls. About 29.8% of the entire samples were from a girls' only day school

while 29% were from all boys' day school. A total of 34% of respondents in the co-education day school were males as opposed to a mere 17.9% female. Another indication was that there were likely to be more males enrolled in day co-education schools than females.

### 4.2. Level of Education of Respondents

Having established the type of school the respondents were from, respondents were asked to state their respective educational levels in school and the results are shown in the table below.

**Table 3: Percentage Distribution of Respondents by Level of Education**

| Level of education in school. | Male % | Female % | Total % |
|---|---|---|---|
| Grade 10 | 36.7 | 35.7 | 36.3 |
| Grade 11 | 32.7 | 33.9 | 33.2 |
| Grade 12 | 30.6 | 30.4 | 30.5 |
| Total | 150 | 112 | 262 |

As already stated in chapter three, this study involved senior secondary school pupils from Grades 10 to 12 and as such, about 36.7% of the respondents were males in Grade 10 while about 35.7% were females in the same grade. About 32.7% were males in Grade 11 while 30.9% were females. Lastly, about 30.6% of the respondents in Grade 12 were males while 30.4% were females. There were generally more males enrolled in all the grades except for Grade 11 which had more females.

### 4.3: Respondents' Keepers

Several researchers have identified several factors that may cause adolescents to engage in risky behaviours. These include among other things: coming from a family with a low socio-economic status, not living with parents or living with only one parent, or having parents who have low education levels. Apart from this, the researcher also established that adolescents who generally come from socially and/or economically disadvantaged homes tend to start sexual activity early in life. In this survey, respondents were asked to state the people responsible for their upkeep and the results are shown in table 4 below.

**Table 4: Percentage Distribution of Respondents by their Keepers**

| Keeper | Male | Female | Total |
|---|---|---|---|
| | % | % | % |
| Parents | 41.3 | 46.6 | 42.7 |
| Guardians | 24.0 | 18.8 | 21.7 |
| Father only | 6.0 | 2.7 | 4.5 |
| Mother only | 8.7 | 12.5 | 10.3 |
| Father/stepmother | 9.3 | 16.1 | 12.2 |
| Mother/stepfather | 10.7 | 5.4 | 8.3 |
| Total | 150 | 112 | 262 |

According to table 4.4 and figure 2, a large majority of the respondents who took part in the study that is: 41.3% and 46.6% reported that they lived with both parents while the next largest percentage of 21.7% were looked after by their guardians. A mere 4.5% reported that they were looked after by their father only, while 10.3% accounted for those looked after by their mother only. The rest of the respondents reported that they were looked after by either one biological parent or/and a step parent.

When asked during the focus group discussion whether their living arrangements had any effects on their attitudes and sexual behaviors, many participants were of the view that

what was cardinal was whether someone was getting enough attention and support from whosoever they were staying with. One male participant had the following to say: "*There are some parents who have no time for their children such that they have no idea what goes on in their children's lives. Because of this, many young people especially girls develop some kind of I-don't-care attitude and go out to look for people who can give them love and attention and end up with sugar daddies*" (16 year old, Grade 11, male) Another female participant had the following to say: "*When I lost my parents, I was brought here to start living with my uncle whom I hardly knew and I knew my uncle didn't really care about me. Some of his friends wanted me to be their girlfriend, so I ended up having an affair with some man from his office who was obviously much older than me because he showed me love. One day he saw me at a party with his workmate but he just said hallo to me and went about dancing with his girlfriends. My late father could never allow me to do such things.*" (18 year old, Grade 12, female).When asked about other problems that the AIDS pandemic has brought on adolescents' living arrangements; most of them mentioned the problem of teenage-headed households as a result of loss of parents from AIDS. One of the participants had the following to say: "*Some of our friends who have lost their parents have stopped coming to school because they have no one to look after them. Because of this, they become street kids and start stealing in order to survive and many girls end up becoming prostitutes*".(16 year old, Grade 11, male). Both male and female participants agreed that girls in such a position tend to be more vulnerable to HIV/AIDS infection because most of them turn to prostitution as a way to earn a living. Many boys, on the other hand, will turn to criminal activities in order to survive.

### 4.4: Level of Education of Respondents' Keepers

People's attitudes and to a large extent their behaviours are undoubtedly influenced by among other things, their levels of education. Therefore, education is expected to promote rationality within relationships and also facilitate the adoption of better parent-child communication strategies. To this effect, a direct association between parents' level of education and good parent-child relationship was presumed by the researcher. With this in mind, respondents were asked to state the levels of their keepers' education attainment and the results are shown in table 5 below.

**Table 5: Percentage of Respondent's Keeper's Educational Background**

| Level of education of respondents' keepers. | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Junior primary | 9.3 | 7.1 | 8.4 |
| Senior primary | 8.0 | 8.9 | 10.6 |
| Junior secondary | 9.3 | 16.7 | 9.9 |
| Senior secondary | 22.7 | 21.4 | 22.1 |
| College | 40.1 | 44.6 | 42.3 |
| University | 10.0 | 7.1 | 6.7 |
| Total | 150 | 112 | 262 |

A large percentage of both female and male respondents who took part in the survey (42.3%) reported that they were looked after by parents/guardians with at least a college education. About 22.7% of the male respondents reported that at least one or both their keepers had at least a senior secondary level of education. Only 8.9% of the female and 8% of the male respondents who took part in the survey reported being looked after by one or both parents who had only gone up to junior primary education level.

### 4.5 Parental Attitudes towards Respondents

It is no doubt that parents' attitudes towards their children play an important role on the kind of people that adolescents become. Having established the various levels of keepers'

education, respondents were asked how they rated their keepers' interaction with them and their results are shown in table 6 below.

**Table 6: Percentage Distribution of Keeper-Respondent Interaction**

| . Keeper-respondent interaction | Male | Female | Total |
|---|---|---|---|
| | % | % | % |
| They enjoy talking to me generally | 30.0 | 54.5 | 40.5 |
| Are too authoritative and strict | 46.7 | 88.4 | 64.5 |
| Are open to them about sex | 14.7 | 44.6 | 27.4 |
| Give me some freedom to make independent decisions | 43.3 | 34.8 | 39.6 |
| Total | 150 | 112 | 262 |

About 30% of male respondents stated that their parents enjoy talking to them. 54% of female respondents on the other hand agreed that their parents/guardians enjoyed talking to them. 46.7% of male respondents stated that their parents/guardians were authoritative and against 88.4% of the female respondents only 14.3% of the males reported that their keepers were open about sex compared to 44.6% of the female respondents. This shows that in most households, parents are more likely to talk to girls about sex than boys. As far as freedom in the home is concerned, more boys (43.3%) reported that they were given freedom to make independent decisions against 34.8% of the females.

During the focus group discussion, the researcher endeavored to establish whether or not a parents' level of education had any effects on the respondents' attitudes and sexual behaviours of the respondents.

Most respondents alluded to the fact that their parents whether highly educated or not, are usually very strict on them. However, some participants were of the view that in some way, a high level of education made a parents or keeper a bit more tolerant and accommodating towards their children compared to those with low levels. One male

participant said the following: "*Both my parents are not very well educated, my mother for example only went up to Grade nine but they are always encouraging me to work hard at school. But as far as my social life is concerned, I see my parents as old fashioned because they are too strict on me and always want me to dress up in long things like an old person*" (19 year old, Grade 12, female).Another participant had the following to *say "I personally want to do well at school and I'm encouraged by my parents who are both university graduates. I find them a bit more tolerant towards my social life compared to some of my friends whose parents have low levels of education" (20 year old, Grade 12, male).*

The above statistics and explanations from the participants are an indication that there are gender imbalances in the way boys and girls are treated in most homes. Ironically, boys who are given more freedom to make independent decisions are the ones who are talked to less about sex than the girls who are not given such freedom to enjoy. During the focus group discussion, many female participants confirmed that their parents were much stricter with them than they were with their brothers or male dependents in the home. " *My parents, especially my father always wants me and my sisters to account for our whereabouts every time but he doesn't seem to mind very much if my brother comes home late and sometimes I think that it is really not fair for him to treat me like this".(16 year old, female Grade* 10). In response, one male participant had the following to say *"Parents have the right to be more concerned about the girls because if they are not, they can become pregnant and bring problems to their parents who may be forced to start looking after an unwanted baby. But if their male child makes someone pregnant, all they have to do is to pay some money and buy a few clothes for the baby because it is not*

*their direct responsibility to look after the baby or its mother" (17 year old, grade* 11, male). With such a perspective by adolescents and the statistical presentations shown in table 4.6 it became very clear that gender biases in the way male and female children are raised have continued despite persistent calls by various stake-holders to have such gender imbalances addressed. This also partly explains why a large number of female respondents indicated that their parents do talk to them about sex compared to the male counterparts. However, what the researcher also established during the FGDs was the fact that most of the conversations pertaining to sex between mothers and their daughters usually gravitate towards the preparation of the girl child for successful future roles as wives and mothers and warnings against unwanted pregnancies but not necessarily towards their empowerment, sexual risks and personal independence.

## Chapter Five: Knowledge of HIV/AIDS and Other STIs

### 5.0: Introduction

It has been suggested that children should learn about sexual health issues early in life because acquiring knowledge is the first step in developing positive attitudes that may lead to healthy behaviors. In this survey, respondents were asked a series of questions to assess their knowledge of HIV/AIDS and STIs. Such information is vital for the formulation of HIV/AIDS prevention programmes for young people. Also critically important for the prevention programmes is the knowledge that HIV/AIDS can be avoided and that the infection can be present in the absence of visible symptoms. It therefore follows that in the face of a serious AIDS pandemic being faced in this country, adolescents should learn all they possibly can about HIV/AIDS, not merely for the sake of it but in order for them to develop a deeper appreciation of its implications in their own lives and in the lives of those around them. In this chapter, the researcher's intention was to establish and highlight the HIV/AIDS and STIs knowledge.

### 5.1. Knowledge of HIV/AIDS

According to data obtained from the DHS 2000, the general knowledge levels of HIV/AIDS among the Zambians is relatively high. In this survey, the researcher was interested in establishing whether secondary school adolescents' knowledge of important specific issues related to HIV/AIDS such as the difference between HIV and AIDS was equally as high. In order to do this, respondents were first asked to state the meaning of AIDS and the difference between HIV. The results are presented in the table 7 below.

**Table 7: Percentage Distribution of Respondents Who Knew the Meaning of and the Difference between HIV and AIDS**

| The meaning of HIV/AIDS: | | | |
|---|---|---|---|
| | Male % | Female% | Total % |
| AIDS means -Acquired immune deficiency syndrome | 46.9 | 54.5 | 50.1 |
| HIV is a virus while AIDS is the actual disease. | 40.5 | 42.9 | 46.7 |
| Window period is time between infection with the HIV virus and when someone develops AIDS. | 20.0 | 4.5 | 40.0 |
| Total | 150 | 112 | 262 |

As much as the 2000 DHS indicates that the general knowledge of HIV/AIDS in Zambia is almost universal, results obtained from this survey indicate that both male and female respondents who took part in this survey did not have a very good understanding of specific issues related to HIV/AIDS. Comparatively, however, female respondents had a better understanding of these issues than the males. As could be seen from table 5.1, 54.5% of the female respondents knew the definition HIV/AIDS compared to 46.9% of the males. Only 40.5% of the male respondents knew the difference between HIV/AIDS compared to 42.9% of the females. About 20% of the males knew the meaning of window period compared to only 4.5% of the females.

### 5.1.1. Respondents' General Understanding of STDs

Owing to the relationship that exists between AIDS and STIs, it is important that adolescents gain considerable knowledge and facts about not only AIDS but various STIs as well. In this survey the researcher endeavored to find whether or not respondents knew the names and symptoms of various STIs. The results are presented in table 8 below.

**Table 8: Percentage of Respondents Who Had General Knowledge of STDs**

| Names of common STDs | | | |
|---|---|---|---|
| | Male% | Female% | Total% |
| Syphilis | 46.0 | 36.6 | 42.0 |
| Gonorrhorea | 31.3 | 21.4 | 27.1 |
| Leaking locally known as akaswende | 17.3 | 12.5 | 15.2 |
| Bolabola | 14.0 | 11.6 | 12.9 |
| Total | 150 | 112 | 262 |

Over and above all, the respondents' knowledge of names of various STDs was quite low. Comparatively, male respondents tended to be more knowledgeable and accurate about the names of various STDS and their symptoms than female respondents. Many girls were apparently confused about the names and symptoms of various STDs. About 46% of males against 36.6% of females reportedly knew about syphilis. 31.3% males knew about gonorrhorea, compared to only 21.4% of the females about 17% of the males reported knowing about akaswende with only 12.5% of the females knowing about it.

### 5.1.2. Respondents Knowledge of Symptoms of STDs

Apart from knowing the names of various STIs, it is also important for adolescents to know the symptoms of these STIs so that they are able to identify them and thus seek medical attention as soon as the need for such arises. Table 9 presents the percentage distribution of respondents who knew the symptoms of various STIs.

**Table 9: Percentage Distribution of Respondents who knew the Symptoms of Various STIs**

| Symptoms of various STDs. | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Syphilis(swelling of private parts) | 27.3 | 16.9 | 22.9 |
| Gonorrhorea(vaginal discharge) | 22.0 | 17.8 | 20.2 |
| Leaking (pain when urinating and pus) | 10.0 | 8.0 | 9.1 |
| (body rash) | 12.6 | 9.8 | 11.4 |
| Total | 150 | 112 | 262 |

More male respondents were likely to know the symptoms of various STIs than their female counterparts. Despite this, however, STIs still remain one of the biggest challenges being faced by many developing countries, especially in the sub-Sahara region.

Research carried out by the UNFPA (1998) in some developing countries including Zambia has revealed that even when young people do know about various STIS, inexperience, peer pressure as well as traditional - cultural expectations usually cause them to take undue risks. As a result, a number of young people are still ignorant of the repetitive nature of most STIS if not well treated and do not seem to understand fully the relationship between STIS and HIV/AIDS. According to the National Health Policy Framework of 1998, 53% of all STI cases at the University Teaching Hospital (UTH) STI clinic were AIDS related and by 2001, the number had grown to 70%. When asked during the Focus Group Discussion (FGD), how many participants knew that STIs could reoccur if not well treated, and that both partners needed to be treated to avoid re-infection, most respondents gave an impression that STIs were simple ailments which needed not raise undue alarm because they were not as bad as HIV/AIDS since most of them could be cured using some traditional medicines and ampicillin. "*STIs are not as*

*bad as HIV because they can be cured using ' ulunsonga'(a local herb) and those red and black capsules which you can buy even at the market*" (18 year old, Grade 12, male).This notion by some respondents confirmed what was revealed by PPAZ(2003) that although most young men were worried about getting an STD, they feel more in control of the situation because many young men believe that STDs could be cured. Because of this, most of them are also seemingly less worried about STDs. It also became clear from the survey and the FGDs that a number of young people in secondary schools are ignorant of the existing relationship between STDs and HIV/AIDS.

One other important concern that was raised by some participants during the discussion was the fact that there was too much emphasis being placed on HIV/AIDS at the expense of STDs which many respondents felt were very common among many adolescents in secondary schools.

*"A lot of us young people, especially boys, have suffered from an STD at one time or another. But it is very embarrassing to go to the hospital, let alone tell your parents about it. The problem I had personally was that I didn't even know what type of an STD I had contracted, but I'm lucky that my elder brother secretly found me some herbs which helped."(19 year old, Grade 12, male.)*

*" I know a certain guy whose aunt is a pharmacist at a certain hospital and she makes a lot of money by selling some of the antibiotics used to treat STDs to boys in colleges and secondary schools and in many cases, this guy gets a commission for the job*". (18 year old, Grade 11, female). It was very surprising for this researcher to learn that most participants did not regard AIDS as an STD in the sense that they didn't understand the relationship between STDs and HIV/AIDS even when they knew that the highest mode

of AIDS transmission is through unprotected sexual intercourse. While many female participants were of the view that males were responsible for the high levels of HIV/AIDS in the country, male participants claimed that girls and women were the ones responsible for the high levels of STDs in Zambia. "*STDs are caused by women. When you sleep with a woman who is having her periods or just hadt an abortion, you get an STD. That's why they* are *called 'amalwele yabanakashi' or diseases obtained from women* (17 year old, Grade 11, male).

### 5.2 Knowledge of Modes of HIV/AIDS Transmission

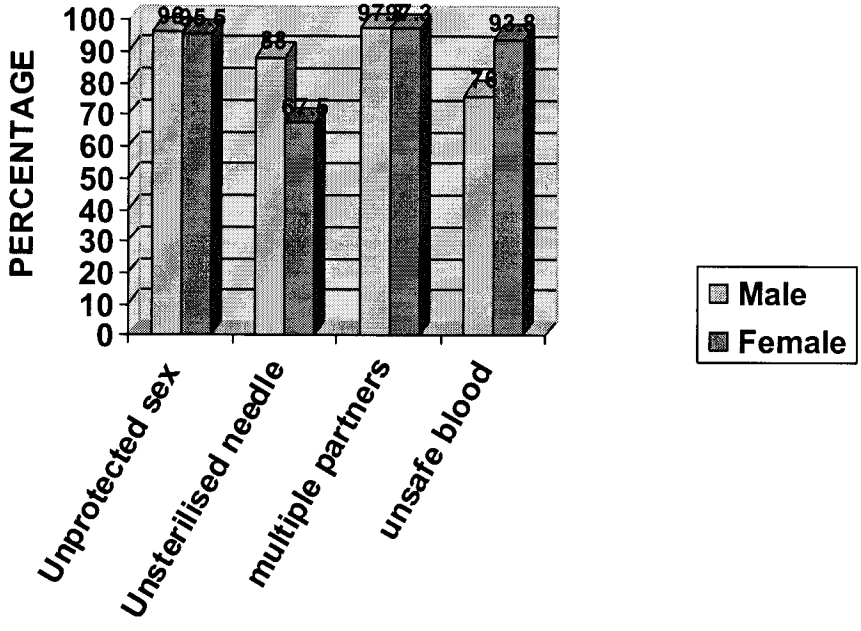
There are specific facts that young people must know regarding how AIDS is transmitted and how it can be prevented so that they can adopt wise attitudes and develop healthy sexual practices. In this survey, respondents were presented with nine statements about the modes of HIV/AIDS transmission. It was assumed that from their responses, the researcher could draw conclusions about their specific knowledge of HIV/AIDS. The findings are presented in the table below.

**Table 10: Percentage Distribution of Respondents Who Knew About the Modes of HIV/AIDS Transmission**

| Modes through which AIDS can be transmitted: | Male | Female | Total |
|---|---|---|---|
| | % | % | % |
| Unprotected sex with infected person | 96.0 | 95.5 | 95.8 |
| Unsterilised needles and sharp objects Like razor blades and syringes. | 88.0 | 67.5 | 87.7 |
| Multiple sexual partners | 97.3 | 97.3 | 97.3 |
| Unsafe blood transfusion | 76.0 | 93.8 | 83.5 |
| Total | 150 | 112 | 262 |
| | | | |

**Figure**

**MODES OF HIV/AIDS TRANSMISSION**




The knowledge about the modes of HIV/AIDS transmission was generally high as almost all the respondents who took part in the survey reported that HIV/AIDS could be transmitted through unprotected sex with an infected person. Comparatively, however, more male respondents (88%) were aware of the transmission of HIV/AIDS through unsterilised needles than a mere 67.5% of their female counterparts. Typically, almost all the respondents knew that HIV/AIDS could be transmitted by having multiple sexual partners. About 76% of the male respondents and 94% of the female respondents were likely to know that HIV/AIDS can be transmitted through unsafe blood transfusion. However, many participants shared one common misconception about transmission through blood transfusion and attributed the likelihood of individuals becoming infected with HIV to the strength of their blood. They explained that individuals with "weak blood" were more likely to become infected and manifest AIDS symptoms faster than

individuals with "strong blood". During the focus group discussion, one male participant had the following to say: *"It all depends on the blood of a person; if it is strong, it can take someone even 10 years to get AIDS, but if it is weak, it can only take a few months"* (16 year old, grade 10, male).

Such responses were an indication that despite the high levels of knowledge of HIV/AIDS in Zambia generally, there might still be a number of misconceptions on HIV/AIDS present, at least for secondary school adolescents.

### 5.3 Knowledge of Methods of Preventing HIV/AIDS Infection

The knowledge on how the transmission of HIV/AIDS can be prevented is important because it shows how young people could reduce their chances of infection. In order to find out their knowledge on how HIV/AIDS can be prevented, respondents were asked what a person can do to avoid contracting AIDS. Table 11 shows the percentage of respondents who correctly reported what one could do to prevent being infected with HIV/AIDS.

**Table 11: Percentage Distribution of Respondents who knew how HIV/AIDS is Transmitted**

| Methods by which AIDS can be prevented: | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Correct and consistent use of condoms | 92.0 | 91.1 | 91.6 |
| Having one sexual partner only | 86.0 | 90.2 | 87.7 |
| Abstaining from sex | 96.7 | 98.2 | 97.3 |
| Avoiding casual sex | 89.3 | 88.4 | 88.9 |
| Total | 150 | 112 | 262 |

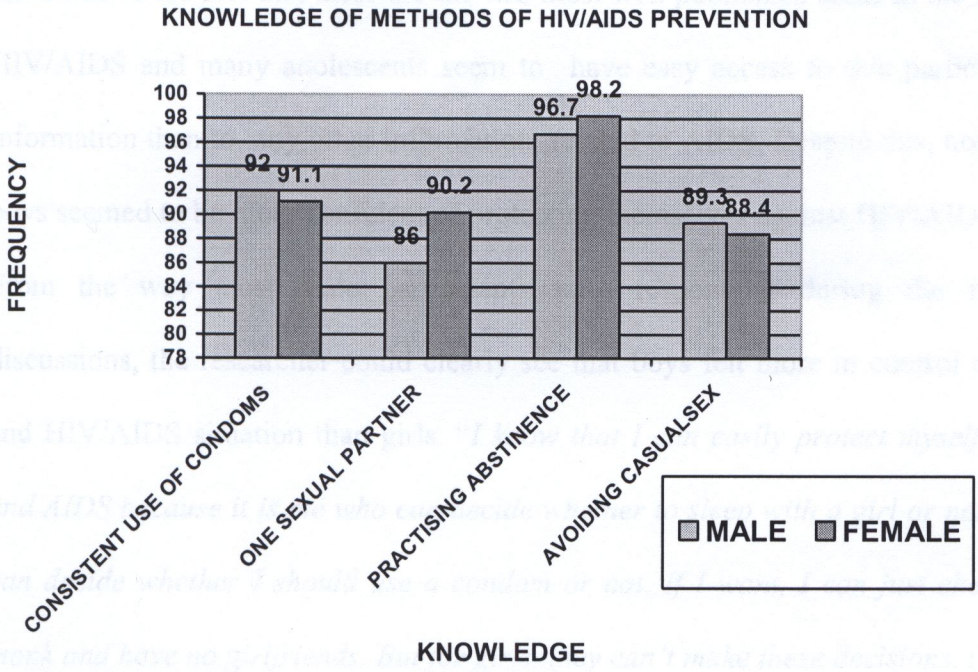



**Figure 3**

Both males and females were highly knowledgeable about how to prevent HIV/AIDS. About 92% of males and 91% of females reported that using condoms consistently and correctly could help prevent the spread of HIV/AIDS while 86% of males and 90% of females agreed that sticking to one sexual partner prevent HIV/AIDS and this knowledge was likely to increase with age. Almost all the participants unanimously saw abstinence as the best means of preventing AIDS. From the above statistical presentations, we can conclude that other than age, gender is not a major influencing factor in so far as the knowledge of methods of HIV/AIDS transmission and prevention is concerned.

Overall, these findings have shown that both boys and girls in secondary schools tend to have a low knowledge of important details related to HIV/AIDS. As could be seen from Table 7, p 35, boys seem to have better and more definite understanding of STIs and their symptoms than girls do. However, both boys and girls tended to be highly knowledgeable about issues related to transmission and prevention of HIV/AIDS. This could be

attributed to the fact that these are the two most well publicized areas in the fight against HIV/AIDS and many adolescents seem to have easy access to this particular type of information than to any other information related to AIDS. Despite this, however, most boys seemed to be more confident of protecting themselves against HIV/AIDS than girls. From the way most male participants were responding during the focus group discussions, the researcher could clearly see that boys felt more in control of the STDs and HIV/AIDS situation than girls. *"I know that I can easily protect myself from STDs and AIDS because it is me who can decide whether to sleep with a girl or not and also, I can decide whether I should use a condom or not. If I want, I can just choose to be a monk and have no girlfriends. But for girls, they can't make these decisions.* (17 year old, Grade 11, male).Many girls on the other hand, displayed attitudes of fear and ignorance claiming that they are usually victims of male supremacy because even when they choose to remain virgins until marriage and faithful to themselves, men will always go after other girls/women. *"Men by nature are never satisfied with one girlfriend or wife; they always go for better looking girls or prostitutes and infect the innocent wives or girlfriends. This is why the problem of AIDS will never end*". (16 year old, grade 11, female). When asked by the researcher what they meant by stating that men were by nature never satisfied with one woman , both male and female participants reported that this is naturally how boys or men are made by God. *"Men have more sexual feelings than girls. Girls and women can control themselves sexually while boys and men can not because they are made like that by God*" (16 year old, Grade 11, female). Such responses were an indication of some of the misconceptions among young people that might be causing them to engage in risky sexual practices, thus making themselves more vulnerable to infection.

### 5.4. Risk Perception

Risk perception is measured according to how worried people are about getting infected by the HIV virus. Since the perception of one's own risk presumably plays an important role in the practice of safe sex, respondents in this survey were asked whether they perceived themselves at risk of getting infected.

**Table 12: Percentage Distribution of Respondents Who Saw Themselves at Risk of Getting Infected**

| Risk indicators. | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| I see myself at risk of getting infected with AIDS. | 42 | 64.2 | 51.5 |
| It is important for boys and girls in secondary schools to know their HIV status. | 50.6 | 74 | 60 |
| Total | 150 | 112 | 262 |

On whether adolescents saw themselves at risk of getting infected with AIDS, about 64%of the female respondents saw themselves at risk compared to only 42% of the male respondents. These figures are somehow a confirmation that even though boys and girls are generally concerned about the HIV/AIDS and STDs crisis in the country, boys are particularly less worried because they seemingly feel more in control of the situation than girls. When asked to state whether it was important for secondary school adolescents to know their HIV status, 74% of the female respondents agreed that it was important compared to only 50% of their male counterparts. This was another indication that a number of adolescents in secondary schools generally have a very low risk perception.

When asked during the focus group discussion who the participants felt was more at risk of being infected, both male and female participants reportedly felt that girls faced a

much higher risk of infection than boys. "*Biologically, girls are more at risk but sometimes they just put themselves at risk. For example, when I ask my chick to buy me some condoms, she says she feels shy to go to the shop to buy condoms. For me, I take it that maybe she does not want me to use them.*" (19 year, old Grade 11, male). Many girls claimed that although they were naturally more decent than boys, they sometimes find themselves in very difficult situations where they were unable to say no because their boyfriends especially older boyfriends, provided them with everything they needed, Sometimes, girls are given ultimatums to choose between having sex with their boyfriends or risk ending the relationship.

## Chapter Six: Attitudes and Beliefs about Sexual Behavior and Condom Use

### 6.0: Introduction

Having established the knowledge of STDs and HIV/AIDS in the preceding chapter, this chapter was meant to highlight some beliefs and attitudes, especially those related to sexual behaviour such as initiation to first sex and condom use. All this was done in an attempt to determine how respondents' future sexual practices might be affected by what they have come to know about HIV/AIDS and STDs.

### 6.1. Initiation to First Sexual Intercourse

No doubt, the age at which one becomes sexually active is an important factor in determining one's exposure to the risk of contracting HIV/AIDS and other STDs including unplanned pregnancies. It is no doubt that most young people are likely to have a number of partners before they finally decide to settle down later in life. At their age, many young people are also not mature enough to make responsible sexual decisions. Because of this, adolescents must as much as possible be encouraged to delay the onset of sexual activities. In this survey, respondents were asked to state the age at which they first had sex and the findings are shown in the table 13 and figure 4 below.

**Table 13: Percentage Distribution of Age of Respondents at first Sex**

| Percentage of respondents who had First Sex | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Below 10 | 9.3 | 16.1 | 12.2 |
| Between 10-15 | 24.0 | 27.6 | 25.6 |
| Above 15 | 26.7 | 17.9 | 22.9 |
| Total | 150 | 112 | 262 |

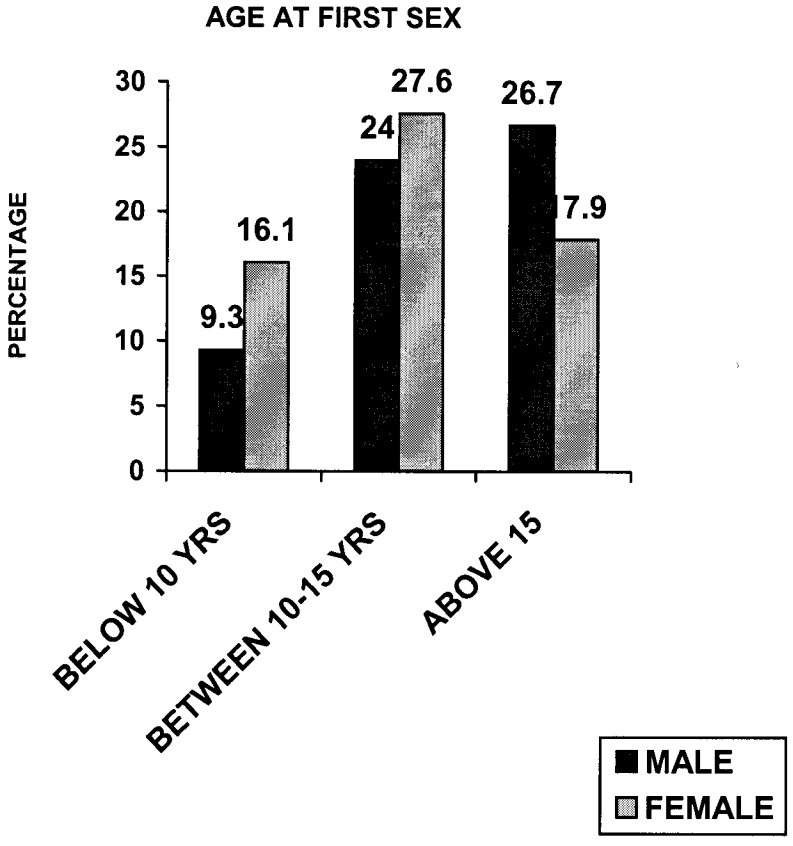



**Figure 4**

Only 9% of the males first had sex when they were below 10years old. This was against 16% of the female respondents. About 18% of the males reported that they first had sex when they were between 10-15 years old against 25% females in the same range. About 25% of the males stated that they first had sex when they were between16-21 years old against 14% of females in the same category.

From these statistics, we can assume that girls become sexually active at a much tender age than boys. The most sexually active age range for girls who took part in the survey was between the ages of 10 and 15 years while boys tended to be more sexually active between the ages 16-21 years old. On a general note, these findings somehow show that greater sexual freedom exists among many adolescents in schools.

Other findings from this part of the survey are also a confirmation of what has been stated by Kings A. J. (1998) that although many young people do get the information about the dangers of HIV/AIDS, they do not actively act on the various messages in order to adopt better sexual practices. Although it would be true to state that once young people start having sex, they might find it extremely difficult to change their behaviour regardless of what they hear or see around them. And so we could also not rule out the fact that the process of behaviour change is comparatively easier for younger people than for adults. This is because most of the common behaviour patterns adopted by young people are experimental, usually temporal and are mostly as a result of peer pressure which is very forceful at this stage. They can therefore be easily discarded when all the influencing factors are adequately addressed. This is the more reason why HIV/AIDS messages for young people must encourage the delay of the onset of their sexual activities and encourage those who are already sexually active to use condoms in order to protect themselves from the infection.

### 6.2. Relationship with Whom Respondents First Had Sex

Having established their age at first sex, respondents were asked to state with whom they had first sex and the results are shown in the table below.

**Table 14: Percentage Distribution Showing with Whom Respondents first had Sex**

| Percentage of respondents who first had sex with: | Male | Female | Total |
|---|---|---|---|
| | % | % | % |
| A relative | 6 | 17.0 | 10.6 |
| A friend | 40.0 | 37.5 | 38.9 |
| A stranger | 6.7 | 8.9 | 7.6 |
| Total | 150 | 112 | 262 |

From the above Table, only 6% of the male respondents stated that they had first sex with someone related to them. On the other hand, there were about 17% of the female respondents who reported having first sex with someone related to them, an indication that girls are more vulnerable to molestation and incest within the home than boys. About 40% of the males stated that they had first sex with a friend against 26% of the female respondents. Only 6% of the males admitted to ever having had first sex with a stranger, against 10% of female respondents. Another indication showed that girls were more susceptible to rape or forced sexual activities by and /or with strangers outside their homes than boys. *"I first had sex with my older cousin when I was about 11 years old, though it was just something not very serious, we were simply playing 'Doctor- Doctor when it happened, although my cousin was old enough to understand what he was doing"* (17 year old, grade 11, female). Many participants stated that it was more common for girls to be raped, especially when they were doped with drugs. *"Before variety shows were banned in schools, there used to be a lot of rape cases because boys would get drugs like XTC which they would put in their drinks. Girls would pass out and then the boys would take turns at having sex with them. It happened in this school last year and three guys were expelled for it. It is because of such things that the government banned variety shows in schools" (*16 year old, grade 11, male).

During the FGD, the researcher also heard that homosexuality is fast becoming a trend among many young boys in secondary schools. Participants stated that some boys who have lost their parents or come from poor families were lured into this by people who claimed to be well-wishers. *"I have a friend whose parents died and some rich white man offered to continue sponsoring him to school. My friend started coming to school with*

*expensive things like CDs, cell phones and clothes. He even went to South Africa for a holiday but the younger brother came and told my parents that this white man used to demand sex from both him and the brother."* (16 year old, Grade 10, male). Even though the researcher could not fully delve into the details of these claims, the fact that some participants reported on them was an indication that this sexual behaviour problem might slowly be taking root among secondary schools adolescents, especially among those who are vulnerable, such as orphans.

### 6.3. Respondents Having Boyfriend/Girlfriends

In this survey, the researcher was also keen to establish the number of respondents who had either a girlfriend or boyfriend. The researcher also wanted to find out how many respondents had had sex with their partners three months prior to the survey; results are shown in the table below.

**Table 15: Percentage Distribution of Respondents with Boyfriends and Girlfriends**

| Percentage of respondents who reported that they: | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Had girl/boy friends | 54.7 | 71.4 | 61.8 |
| Had had sex in last three months | 44.0 | 48.2 | 45.8 |
| Total | 150 | 112 | 262 |

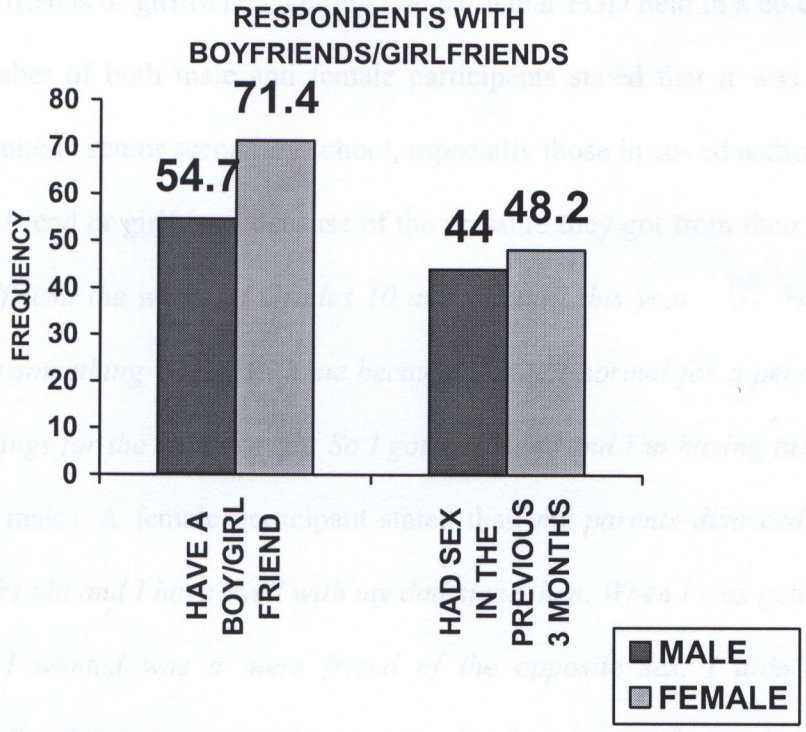



**Figure 5**

Close to 55% of the male respondents stated that they had girlfriends and 71% of the females agreed to having boyfriends, this showing that girls were more likely to be in relationships with members of the opposite sex in their adolescent stages than boys. On whether respondents with either boy/girlfriends had had sex in the previous three months, 44% of the males and 48% of the females surveyed agreed that they had. About 63% of adolescents reported that they had either boyfriends or girlfriends with about 53% of these having had sex in the previous three months prior to the survey.

Over and above all, these results are a clear indication that a relatively large proportion of both male and female adolescents in secondary schools are already sexually active. Because of this, even though some respondents might not already be sexually active, they are in positions where they could easily become sexually involved with their

boyfriends or girlfriends. During one particular FGD held in a co-education day school, a number of both male and female participants stated that it was almost impossible for anyone in senior secondary school, especially those in co- education schools not to have a boyfriend or girlfriend because of the pressure they got from their peers "*.I didn't have a girlfriend the whole of Grades 10 and 11 until this year. My friends used to say there was something wrong with me because it is not normal for a person my age not to have feelings for the opposite sex. So I got girlfriend and I'm having fun".* (20 year old, Grade 12, male). A female participant stated that: *my parents divorced when I was about 11 years old and I have lived with my dad since then. When I was getting into a relationship, all I wanted was a mere friend of the opposite sex. I didn't want a complicated relationship but at a certain stage, my boyfriend wanted us to be more than friends and asked for sex as a way to move it to another level Now I'm so much in love with him that I don't want it to end*" (17 year old, Grade 11, female). Some male respondents claimed that they sometimes get encouragement from their teachers who are usually pointing them to beautiful girls and asking them to 'do something.' One participant had the following to say: "*Our English literature teacher is always giving statements that we boys are supposed to be 'hunters' and show us hunting skills while we are young. He likes saying otherwise when we grow old, we will have no more strength left to hunt"*(18 year old, Grade 11, male). This assertion by some participants shows how gender misconceptions and imbalances are sometimes perpetuated by the very people who are supposed to promote balanced gender relations between boys and girls in secondary schools such as teachers. This could be due to the fact that some teachers themselves are still very gender unaware and are ignorantly contributing to the promotion of

misconceptions that are responsible for illicit sexual activities which put young people at risk of HIV/AIDS infection.

### 6.4: Knowledge and Usage of Condoms among Respondents

A number of research findings both in Zambia and other parts of the world have shown that apart from abstinence, condoms offer the best form of protection against STDs including HIV/AIDS and unplanned pregnancies. But, whether or not secondary school adolescents are actually using condoms to protect themselves and whether or not they actually know how these condoms are used are the issues which will hopefully be developed in this section. In view of this, respondents were asked to state whether they had used condoms during their first sexual encounter and whether they actually know how these condoms are meant to be used. The results are illustrated in tables 16 and 17 respectively.

**Table 16: Percentage Distribution of Respondents Who Reported that they Used Condoms during First Sex**

| Percentage of respondents who used condoms during first sex. | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| | 28.7 | 25.0 | 27.1 |
| Total | 150 | 112 | 262 |

**Table 17: Percentage Distribution of Respondents Who Reported Knowing how to Use a Condom in Relation to Age and Type of School**

| | Percentage of respondents who reported knowing how to use a condom | | | | | |
|---|---|---|---|---|---|---|
| | Male | | Female | | | |
| | % | N | % | N | Total % | N |
| **Age** | | | | | | |
| 13-15 | 2.0 | 2 | 0.0 | 0 | 1 | 2 |
| 16-17 | 69.6 | 71 | 87.1 | 54 | 78.3 | 125 |
| 18+ | 28.4 | 29 | 12.9 | 8 | 20.7 | 37 |
| | | | | | | |
| **Type of school** | | | | | | |
| Boarding co-education | 22.5 | 23 | 22.6 | 14 | 22.5 | 37 |
| Day school girls only | 0.0 | 0 | 77.4 | 48 | 38.7 | 48 |
| Day school boys only | 74.5 | 76 | 0.0 | 0 | 37.2 | 76 |
| Day school co-education | 2.9 | 3 | 0.0 | 0 | 1.5 | 3 |
| | | | | | | |
| Total | 29.1 | 102 | 29.2 | 62 | 29.12 | 164 |

An estimated 29% of the males and 25% of the females in the survey stated that they had used condoms during their first sexual encounter. The most knowledgeable age group in as far the use of condoms was concerned appeared to be between the ages of 16-17 years. Paradoxically, the number of adolescents who stated that they knew how to use condoms correctly was slightly higher than those who stated that they had actually used condoms during their first sexual encounters; an indication that even though many adolescents might have the correct knowledge on how to use condoms, they might consciously disregard this knowledge as one participant rightly pointed out: "*Madam, sometimes we even have these condoms in our pockets but there is usually no time to put them on. Things usually happen so fast that you only think about condoms after you have already had sex, or maybe your girlfriend will remind you about it when you have already started*

*and it is very difficult to stop everything and start looking for a condom"* (19 year old, Grade 12, male). As it has been stated in the PPAZ (2000) report; quite unlike adults; most sexual encounters among young people are not planned and usually happen spontaneously for fear of being caught. Another reason why there may seemingly be more adolescents with the knowledge of correct use of condoms compared to those who are actually using them could be that some of the respondents who might have the knowledge of the correct condom usage might not necessarily be sexually active, showing that young people in secondary schools acquire knowledge about sex and condom use even before they become sexually active.

Comparatively, more boys seemed to have used condoms during first sex than girls. This could be due to some facts that have already been established in this report. For example, the fact that boys tend to begin their sexual activities when they are much older than most girls. Another reason could be that traditionally, it is the man who initiates sex and ultimately decides whether or not to use condoms during sex.

### 6.5. Reasons for Using Condoms

Various research findings in Zambia and other parts of the world indicate that despite the existing knowledge that condoms are one way through which HIV/AIDS can be prevented, the rate of condom acceptability in many countries; especially in Africa is still quite low. At this point, respondents who reported being sexually active were asked to state their reasons for using condoms and the results are shown in table 18 below.

**Table 18: Percentage Distribution of Respondents' Reasons for Using Condoms**

| Percentage of respondents who reported that they used condoms because: | | | | |
|---|---|---|---|---|
| | Male | | Female | |
| | % | | % | |
| Of fear of pregnancy | 12.0 | | 22.3 | |
| Of fear of STDs /AIDS | 16.7 | | 2.7 | |
| Total | 28.6 | | 25 | |

For about 22% of the female respondents, fear of pregnancy was the major reason they had used condoms during sex against 12% of the male respondents. Unsurprisingly about 17% of the male respondents indicated that they had used condoms for fear of STDs and HIV/AIDS against only 3% of the female respondents. Therefore, we see that to many girls, the protection against pregnancy is of more primary concern than protection from STDs and HIV/AIDS. One of the reasons could be that traditionally, girls are brought up to believe that unwanted pregnancies are a big disgrace to families and to society at large. Another reason could be that before the affirmative action programmes for girls started, a girl who became pregnant whilst in school was expelled. However, in the wake of a serious AIDS pandemic and with all anti AIDS campaigns going on, the researcher would have tended to believe that both male and female respondents adolescents would be more worried about contracting HIV/AIDS than the mere natural outcome of unprotected sex which is pregnancy because, undoubtedly, HIV/AIDS has far more grave consequences for young people than a mere pregnancy.

### 6.6. Attitudes and Beliefs about Condom Use

In as much as a number of adolescents do recognize condoms as one of the best means of protecting oneself from HIV/AIDS infection and unwanted pregnancies, most of them still hold negative attitudes and beliefs which cause them not to use condoms. When

people are positive about condoms, they are more likely to use them. In this section, issues such as the right to sexual negotiation and the empowerment of females were assessed through statements such as: only boys but not girls have the right to buy and use condoms. Results are shown in the Table 19 below.

**Table 19: Percentage Distribution of Respondents' Attitudes and Beliefs about Condoms and Sexual Practices**

| Beliefs about condoms and sexual practices | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Use of condoms reduces sexual pleasure | 60.6 | 20.5 | 43.5 |
| Prolonged condom use has side effects | 31.3 | 10.7 | 22.5 |
| Only boys and not girls have the right to buy/use condoms | 56 | 25.8 | 43.1 |
| When a girl says no to a sexual proposal, she indirectly means yes | 70.6 | 44.6 | 59.5 |
| The more girlfriends a boy or man has, the more of a man he is | 60 | 16.9 | 41.6 |
| Virginity is an old fashioned and outdated concept | 22 | 45.5 | 32.0 |
| Total | 150 | 112 | 262 |

Unsurprisingly, more boys than girls indicated that the use of condoms reduces sexual pleasure. About 31% of the male respondents compared to a mere 11 % for females reported that prolonged use of condoms has negative side effects. Such misconceptions and negative attitudes towards condoms by boys may be an indication that they are not keen on using them and that they may not be willing to allow their sexual partners to insist on using them. This evidently put girls in a more disadvantaged position. "*There is a common saying among many boys in this school that having sex using a condom is like taking a shower whilst wearing a raincoat and that condoms are for tasting the meat for the first time; meaning that condoms are only important when you are having sex with your girlfriend for the first time*" (20 year old, Grade 12, male).

About 70% of males were of the view that when a girl turns down a sexual proposition, she indirectly means yes because as one male participant from a co-education boarding school stated. *"Actions speak louder than words. A decent girl will not accept your move just like that. She will keep on saying no or maybe next time. But you can tell by the signs like giggling, laughing shyly and the like that she also wants"* (19 year old, Grade 12, male)

Surprisingly, 44% of the female respondents also agreed to the above misconception showing that most of them lack proper negotiation and /or communication skills because they are brought up to believe that a girl must exhibit some degree of shyness and naivety in sexual matters if she is to be considered innocent. *"You just can't say yes when a guy wants to sleep with you, especially for the first time. It is embarrassing and it shows the guy that maybe you are a bitch. So you must just say no, even when deep down your heart you are saying yes."* (18 year old, Grade 12, female).

When asked how they felt society had contributed to the high rate of infection among women and girls, many boys argued that it was actually the girls who were at fault because they were always enticing the men and boys by dressing provocatively. *Most girls like to wear tight things so that they can attract us. And since us boys are naturally weak, we can't resist the temptation of seeing a beautiful girl.* (17 year old, Grade 11, male). Female respondents, on the other hand, were of the view that it is the men and boys who are naturally weak and fail to stick to their girlfriends and wives. It became very clear to the researcher at this stage that both male and female participants were ignorant about critical gender issues and how these related to the problem of HIV/AIDS. What most participants referred to as 'natural weakness' was after all a gender

misconception which is perpetuated in many societies. As a result of this, adolescents have also come to accept this notion mainly because of the way they are brought up in various homes and the way the societies in which they live are organized at large.

### 6.7. The Meaning of Safe Sex

In this survey, respondents were asked to state what they understood by safe sex and the findings are shown in the table below.

**Table 20: Percentage Distribution of what Respondents Understood by Safe Sex**

| Percentage of respondents who reported that safe sex means: | Male | Female | Total |
|---|---|---|---|
| | % | % | % |
| Using condoms during sex | 60.0 | 62.5 | 61.0 |
| Masturbation | 28.0 | 10.7 | 20.6 |
| Having sex during safe days | 12.0 | 26.8 | 18.3 |
| Total | 150 | 112 | 262 |

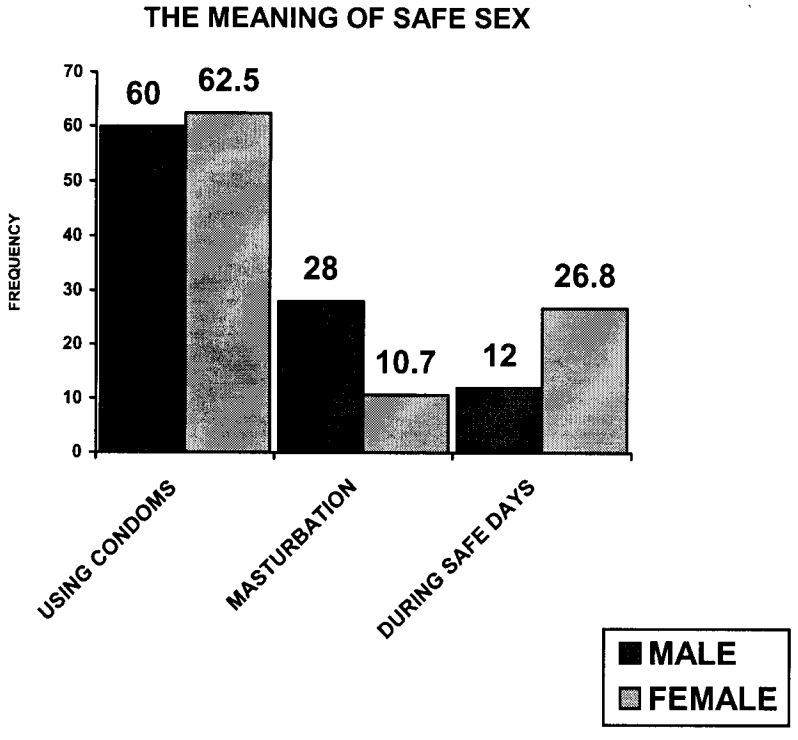



**Figure 6**

In relation to condom use, respondents were asked what they understood by safe sex. About 60% of the male and 62% of the female respondents correctly stated that safe sex meant having sex using a condom. However, only a few respondents gave an accurate explanation by adding the aspect of correct and consistent use of condoms. This shows that although most adolescents may generally be aware of what safe sex means, some of them are likely to ignore the fact that condoms are effective only when used consistently and correctly. About 18% of the respondents were likely to state that safe sex meant having sex during safe days.

Over all, what seems to be coming out in this chapter is the fact that secondary school adolescents are well aware of the role of condoms in as far as protection from STDs /HIV/AIDS and pregnancy are concerned. Despite the knowledge however, many of them continue to display negative attitudes towards condoms. As can be seen from Table 19 in chapter 6, p 57, a number of adolescents believe that the use of condoms reduces sexual pleasure and that their prolonged use may have side effects on the future virility of boys. *"Condoms are okay. The only problem with them is that you don't feel anything and they also prolong the 'game' too much such that you might get caught. The other problem is that some people say they give you cancer or that they can make you impotent in future"* (18 year old, Grade 11, male). This, in some way, is a confirmation of what has been stated in the PPAZ report from a research conducted in 1998 among young people in Ndola's Chifubu Township. According to the report, it was assured that although condoms among many Zambian youths are quite popular, "skin to skin" sex is most desirable such that a number of young people usually take advantage of a girl's safe day's period to enjoy unprotected sex.

## Chapter Seven: Sources of HIV/AIDS and STDs Information and Knowledge

### 7.0 Introduction

To many people in Zambia, the media has been the major source of HIV/AIDS information. Through channels such as television, radio and the newspapers, sexual behaviours through which AIDS can be transmitted have been highlighted. In addition, these mass media have also shown how best people can protect themselves against HIV/AIDS infections. Apart from the media, several other sectors of society, NGOs, CBOs and FBOs have also acted positively in bringing the issues of AIDS before the people. These organizations have been active in giving information about the same. Unfortunately, information about AIDS tends to be confusing at times. This is especially true to young people because different organizations tend to emphasize and promote different aspects of behaviour. For example, facts about condoms and abstinence coming from the church and civil organizations have been contradictory at times and have ended up confusing rather than educating adolescents about AIDS.

Despite the existing relationship between STDs and HIV/AIDS, information about STDs is not readily available to many young people as could be seen from findings in chapter 3.

### 7.1. Sources of STDs Information and Knowledge

In this survey, respondents were asked to state what their sources of information on STDs other than HIV/AIDS were. And the results are shown in table 21 below.

**Table 21: Percentage Distribution of Sources of STDs Information**

| Source of STDs information: | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Parents | 6.7 | 11.6 | 8.7 |
| Teachers | 31.3 | 35.7 | 33.2 |
| Friends | 25.3 | 17.9 | 22.1 |
| Newspaper | 6.7 | 6.3 | 6.4 |
| Radio | 8.0 | 7.1 | 7.6 |
| Television | 10.7 | 8.9 | 9.9 |
| Church | 4.7 | 8.0 | 6.1 |
| Any other | 6.7 | 4.5 | 5.7 |
| Total | 150 | 112 | 262 |

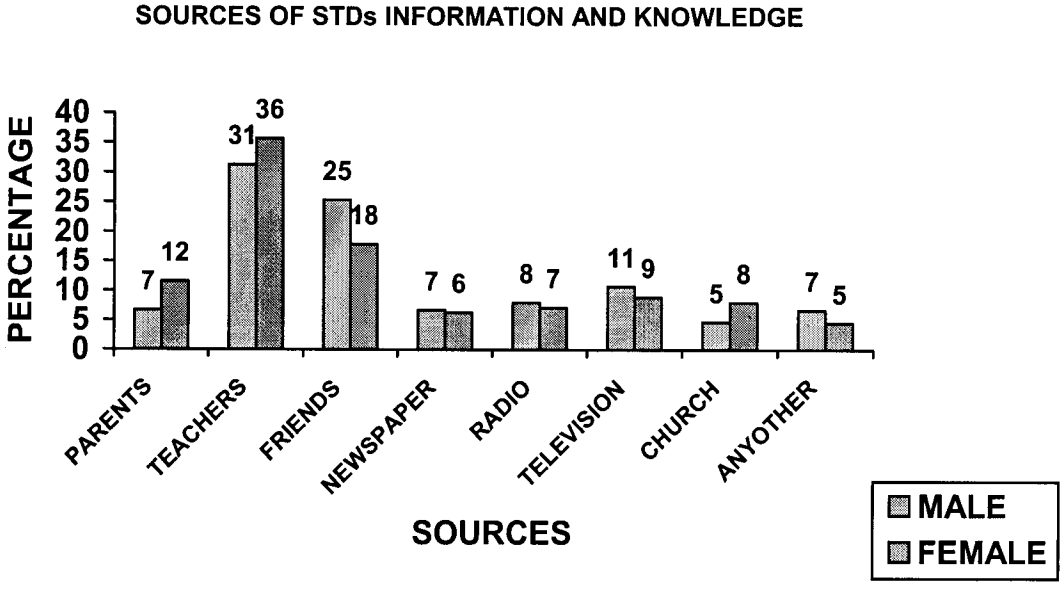



**Figure 7**

Close to 7% of male respondents and 11% of the females were likely to receive information about STDs from their parents. Teachers provided information about STDs to about 31% females and 35% of the male respondents. Friends were also a prominent source of STDs information with about 25% of the male respondents and 17% of the female respondents receiving information from them.

As discussed earlier in chapter 5, male respondents were more likely to have better knowledge of STDs than girls and were more likely to openly discuss STDs with their friends. This can be linked to one of the misconceptions (shown in chapter 6; Table 6.2, pg 24) that emanates from the belief that a boy who has never had an STD is not man enough. Because of this, many boys do not seem to understand and appreciate the relationship that exists between STDs and AIDS. And in cases where they do, they seem to underestimate the consequences of the problem. During most FGDs, many participants bemoaned the lack of information about STDs which they claimed were more common among boys their age than any other disease.

### 7.2. Sources of HIV/AIDS Information and Knowledge

Among those who had ever seen or heard HIV/AIDS information, the percentage of respondents who reported their sources in relation to their age and type of school is shown in table 22 below.

**Table 22: Percentage Distribution of Sources of HIV/AIDS Information In Relation To Age and Type of School**

| | Percentage of respondents who obtained HIV/AIDS information from: | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Parents % | Teacher % | Friend % | Newspaper % | Radio % | T.V % | Church % | N |
| | | | | | | | | |
| **Age** | | | | | | | | |
| 13-15 | 14.0 | 17.6 | 10.1 | 5.6 | 11.8 | 30.6 | 10.3 | 52 |
| 16-17 | 11.8 | 20.5 | 15.7 | 8.0 | 13.9 | 24.1 | 6.0 | 137 |
| 18+ | 2.2 | 16.8 | 25.3 | 12.9 | 14.5 | 25.4 | 2.9 | 73 |
| | | | | | | | | |
| **Type of school** | | | | | | | | |
| Boarding co-education | 7.1 | 28.7 | 25.6 | 4.4 | 5.6 | 18 | 10.6 | 36 |
| Day school girls only | 19.1 | 12.0 | 12.8 | 7.0 | 8.8 | 27.3 | 13.0 | 78 |
| Day school boys only | 11.4 | 12.6 | 15.5 | 5.1 | 9.8 | 36.9 | 8.7 | 76 |
| Day school co-education | 12.7 | 14.4 | 13.0 | 9.0 | 10.6 | 29.0 | 11.3 | 72 |
| Total | 12.6 | 16.9 | 16.7 | 6.4 | 8.7 | 27.8 | 10.9 | 262 |

Television provided information to the largest group of respondents in all age groups. About 30.6% of respondents aged between 13-15, 24.1 % of respondents aged between 16-17 and 25.4% of respondents aged between 18 and above were all likely to get their HIV/AIDS information from television. The table above shows that the level of parent-child communication decreases with age as the younger adolescents aged between 13 and 15 years were more likely to get AIDS information from their parents compared to older adolescents. On the other hand, the level of peer communication increases with age as older adolescents aged between 16 to 18+ were more likely to receive HIV/AIDS information from their friends. During the FGD, most respondents stated that they were not really free to talk to their keepers about AIDS because at many times, the environment in which they got such information was rarely condusive."*My Mother*

*usually brings up the subject [AIDS] when I have done something wrong like com*ing *home a bit late, when she sees me with a boy or reads my diary. This makes it hard for me to appreciate what she is saying because I also get upset"* (20 year old, Grade 12, female). Church mostly provided AIDS information to younger adolescents compared to older adolescents. This shows that as young people grow older, they are less likely to be influenced by their religious beliefs. During the FGD, participants argued that it was because most young people were shunning church services that they were finding it difficult to abstain from sex. *"At my church, we are told that sex or using condoms outside marriage is a sin and I personally believe God's word must be honored, but my boyfriend believes that it is not possible for two people who love each other deeply to abstain. He rarely goes to church and puts me under a lot of pressure wanting sex from me. I love him and don't want to lose him but I also don't want to go against God's* word" (16 year old, Grade 11, female). In response, one male participant said the following, *"Even though pastors and church goers say that we must abstain from sex, it is very difficult especially if one has had sex before. Maybe those young people who are still virgins can manage, but for us who have already tasted the fruit, condoms must be encouraged"* (17 year old, Grade 11, male).

In terms of access, all respondents from various schools seemed to have equal access to HIV/AIDS information. What differed were the sources from which they were likely to get this information from. Respondents in day schools were more likely to get information from home through T.V and radio whereas those in boarding schools were likely to get information from their teachers and friends. In cases where there were gender disparities, these were very minimal; thereby proving what has already been

established in this research notably that, both girls and boys in secondary schools have equal access to HIV/AIDS information from various sources, especially information pertaining to transmission and prevention.

### 7.3: How Respondents Viewed HIV/AIDS Information Received

In order to determine the trusted sources of information, respondents were asked to state how they viewed or perceived the information they received from various sources and the results are recorded in the table 23 below.

**Table 23: Percentage Distribution of how Respondents Perceive HIV/AIDS Information**

| I found HIV/AIDS information: | Male % | Female % | Total % |
|---|---|---|---|
| 1. EMBARRASSING | 17.3 | 33.9 | 24 |
| 2. CONFUSING | 22.7 | 33.0 | 27 |
| 3. BORING | 14.0 | 12.5 | 13 |
| 4. HELPFUL | 24.7 | 47.3 | 35 |
| TOTAL | 150 | 112 | 100 |

Comparatively, more female respondents found the information they received from various sources embarrassing and against their male counterparts. About 14 % of the males stated that they found the information boring, while the 12.5% found it helpful. Although a relatively large number of both male and female respondents found the HIV/AIDS information they received helpful, the numbers of those who found it either boring, confusing, or embarrassing could not just be ignored because ultimately, this might mean that the information was not well received and might therefore not have the

intended outcome in so far as influencing young people's sexual behaviour was concerned. In one FGD, participants complained that there were several contradictions in the information from various sources. "*Sometimes we are told that abstinence is the best but at other times we are told to use condoms. So I personally get confused. Though I know that somehow abstinence is the best, it is very difficult*" (14 year old, Grade 10, female).

Many respondents stated that although getting AIDS information from T.V is easy, it did not allow them to ask questions. They also alluded to the fact that the language used in most T.V discussions about AIDS was highly technical and not easy to understand as one female participant stated; "*We need more programmes designed and presented by young people during the day or before 19.00 hrs. The language must be made simple so that we young people can understand everything. This will help in reducing the confusion and embarrassment faced by a number of us*". (17 year old, Grade 11, female).

### 7.4 Preferred Source of HIV/AIDS Information

Having established the major sources of HIV/AIDS information for adolescents in secondary schools and how they perceived this information, respondents were asked to state their preferred sources of information and the results are recorded in the table below.

**Table 24: Percentage Distribution of Preferred Sources of HIV/AIDS Information**

| PERCENTAGE OF RESPONDENTS WHO PREFERRED TO GET HIV/AIDS INFORMATION FROM: | Male % | Female % | Total % |
|---|---|---|---|
| 1. PARENTS | 6.0 | 14.3 | 9.0 |
| 2. SCHOOL TEACHERS | 15.3 | 19.6 | 17.0 |
| 3. FRIENDS | 6.0 | 5.3 | 6.0 |
| 4. MEDIA | 10.0 | 17.0 | 12.0 |
| 5. CHURCH | 3.3 | 8.9 | 6.0 |
| 6. HEALTH WORKERS | 26.7 | 25.9 | 26.0 |
| 7. PEOPLE LIVING WITH AIDS | 20.0 | 25.9 | 24.0 |
| Total | 150 | 112 | 100 |

The majority of the respondents (26%) stated that they preferred to get HIV/AIDS information from health workers. Teachers were also a highly preferred source of information by both male and female respondents. Despite their previous complaints about parents not talking to them about sex and related issues, only a few respondents (9%) stated that they preferred to get HIV/AIDS information from their parents. When asked during the FGD why parents were not a preferred source of information for many adolescents, participants were of the view that it would be embarrassing to discuss such topics with parents. "It *is a taboo in our culture to talk to your parents about sex, AIDS or no AIDS that's just the way things are. Besides, our parents can never allow us to have boyfriends or girlfriends or maybe use condoms even if they were aware that their child was sexually active*". (16 year, Grade 10, male). Some participants did, however, suggest to way to avoid this problem. Fathers should talk to their sons about sex and other related issues while mothers should also talk to their daughters so that traditions are

maintained. *It is better for mothers to talk to their daughters and fathers to talk to their sons about sex related issues and AIDS so that traditions are maintened and also to avoid the embarrassment.*"(18 year old, Grade 11, female). The researcher, however, saw this as an indication of the gender biases common among adolescents; most of which stem from their traditional practices and upbringing.

About (24% ) of the respondents stated that they preferred to get information about HIV/AIDS from people who are living positively with the disease (PLWA) because these have had experience and actually bearing the burden of the disease. Some participants in the FGD reported that they still remembered what one named anti HIV/AIDS advocate who was apparently positive shared with them even if they were still in primary school. "*There was a man who came to our school a long time ago when I was in primary school. He shared with us how he got infected and how the disease has changed his life. Everybody in the hall including our teacher, were very touched and some pupils even cried. So I think such talks by people who are HIV positive can be very effective. This happened a long time ago, but I still remember what this man said".* (20 year old, Grade 12, female).

### 7.5 Misconceptions Related to Information on HIV/AIDS Transmission

As earlier alluded to, information about HIV/AIDS is usually overshadowed by a number of misconceptions which negatively affect most young people's perception of the disease. In order to gain some insight about some of the common misconception on HIV/AIDS among young people in secondary schools, the researcher listed about five statements on misconceptions related to information on how AIDS is transmitted from one person to another and the results are highlighted in the table below.

**Table 25: Percentage Distribution of Common Misconceptions Related to Information on HIV/AIDS Transmission**

| Misconceptions about modes of AIDS transmission. | Male % | Female % | Total % |
|---|---|---|---|
| Spread through saliva | 34.0 | 56.3 | 43.5 |
| Mosquito bites | 2.7 | 3.6 | 3.1 |
| Sharing cups/plates with infected person | 16.0 | 24.7 | 20.9 |
| Sharing toilets/bathrooms with infected person | 21.3 | 22.9 | 22.0 |
| Transmission through witchcraft | 14.0 | 12.0 | 13.1 |
| Total | 150 | 112 | 262 |

Results from this survey indicate that about 34% of male and 56% of the female respondents reported that AIDS can be spread through saliva. A few respondents, however, qualified this by stating that this could only happen if the people kissing have open sores in their mouths. *"I was told that if an infected person has a sore in the mouth and kisses a healthy person, then the healthy person becomes infected."* (15 year old, Grade 10, female). Only 2.7% of the male and 3.6% of the female respondents reported that HIV/AIDS could be transmitted through mosquito bites. According to the 2003 Zambia sexual behaviour survey, belief in mosquito transmission of HIV/AIDS has decreased dramatically among adolescents since 1998. Similarly the misconception about transmission through witchcraft still persisted as only 14% of the male and 12% of the female respondents were likely to believe that AIDS could be transmitted through witchcraft. The misconceptions about HIV/AIDS transmission through sharing cups, plates, toilets and bathrooms were still at a relatively high level among secondary school adolescents. The 2003 Zambia sexual behaviour survey indicated that there had been no

major change about these beliefs since 2000. In fact, a slight rise was observed among adolescent males from 12.7% in 2000 to about 12.9% in 2003.

### 7.6 Misconceptions relating to Information on HIV/AIDS

Despite the high awareness of HIV/AIDS knowledge among adolescents who took part in the survey, the researcher discovered that many adolescents still held a number of hindering beliefs that impacted negatively on their attitudes leading to a number of them taking unnecessary risks. In chapter 5, (section 5.4) misconceptions exclusively related to HIV/AIDS transmission were discussed. However, the ability of females to make decisions about sexual activity had also important implications for HIV/AIDS infection because it showed whether or not they could protect themselves from sexually transmitted diseases such as HIV/AIDS and unwanted pregnancies.

Respondents were therefore asked a series of questions to ascertain the level of acceptability of certain practices or behaviours related to sex and gender and results are highlighted in table 26 below.

**Table 26: Percentage Distribution of Respondents' Misconceptions and Beliefs on HIV/AIDS and STDs**

| | | | |
|---|---|---|---|
| | Male | Female | Total |
| | % | % | % |
| Sleeping with young girls cures AIDS in a man. | 12.6 | 8.0 | 10.6 |
| Seeking protection from a traditional healer can prevent AIDS. | 19.3 | 8.0 | 14.8 |
| AIDS positive people are getting what they deserve. | 38.6 | 39.2 | 38.9 |
| A boy who has never had an STD isn't man enough. | 38 | 12 | 26.3 |
| AIDS is mostly a disease for the rich and the famous. | 75.3 | 67.8 | 72.1 |
| Total | 150 | 112 | 262 |

Only 12% of the male respondents and 8% of the female respondents reportedly agreed that sleeping with a young girl or virgin cures AIDS in a man. This wild misconception has in the recent past led to a rise in a number of children being molested or abused by older men. Fortunately, most of the respondents disapproved of the practice. "*It is not true that when a man sleeps with young girl, he can be cured of AIDS because as we have heard AIDS has no cure.*" (16 year old, Grade 10, male). Another respondent had the following to say: "*All those men who are molesting young girls and babies must just be sentenced to death because infecting an innocent person with AIDS is as bad as murder. People know that there is no cure for AIDS, but I know that desperate people do desperate things. The best they can do is start taking ARVs*" (18 year old, grade 12, female).

So far what seems to be coming out of this chapter is the fact that a good number of secondary school adolescents have adequate and relevant scientific information about HIV/AIDS especially that which pertains to its transmission and prevention. However, most of this information is grossly overshadowed with a number of misconceptions and beliefs which ultimately have negative effects on adolescents' attitudes and sexual behaviors. It is no hidden fact that much of what young people see and hear about HIV/AIDS, and other STDs relates directly or indirectly to the action they take concerning AIDS. We can not therefore rule out the fact that some of the misconceptions and negative beliefs about HIV/AIDS among secondary school adolescents may be due to the impersonal and often unreliable sources of information to which they are exposed.

Scientific facts about AIDS aside, findings from this chapter have also shown that a good number of secondary school adolescents still hold conflicting beliefs about sex which are

likely to affect their sexual behaviors negatively. As stated earlier, some of these beliefs may be partly due to misinformation about HIV/AIDS arising from the unreliable and impersonal sources such as friends. However, some may also be arising from the indigenous traditions and cultural beliefs about sex found and practiced in many communities in which these adolescents live. From what many participants stated during the focus group discussions held in different schools, the researcher could identify some form of clash between the modern scientific information presenting the dangers of certain attitudes and behaviours and the traditional gender role expectations placed on boys and girls, not only in their homes but also in their schools. It has therefore been made very clear at this point that regardless of the available information on HIV/AIDS, many secondary school adolescents; for reasons which have been highlighted in this report; are still engaging themselves in behaviours which are likely to put them at risk of not only getting infected with the deadly HIV virus, but other STDs as well as being prone to unwanted pregnancies.

## Chapter Eight: Conclusions and Recommendations

### 8.1. Conclusion

It is clear from the findings in this study that information and knowledge on HIV/AIDS has not had a major influence on young people's attitudes and sexual practices apart from precipitating a general anxiety about sex and its outcomes. In the real sense, the information and knowledge that adolescents have acquired from different sources has not substantially affected their willingness to do away with risky sexual activities through which they can be infected with the AIDS disease.

Negative gender ideas between boys and girls where about 70% of the male respondents stated that when a girl says no to sexual proposal, she indirectly means yes, have led to a number of misconceptions about masculinity and femininity to a point where many adolescents have accepted beliefs concerning sexual behaviour. This increases chances of HIV/AIDS infection. What has also clearly come out of this research is the dilemma facing many HIV/AIDS educators; which is the fact that, despite what many young people have come to learn about the dangers of HIV/AIDS, they continue (to a very large extent) to behave in ways that put them at risk as evidenced by a large percentage of respondents who reported not having used condoms during their sexual debut. The explanation for this seems to lie in part with the general practice that many adolescents are at a stage in life when they are likely to be experimenting with their new found feelings by engaging in activities that are likely to put them at risk, but also with the fact that the traditional gender role expectations placed on boys and girls may cause them to behave in ways contrary to the information they are getting.

It also seems that most adolescents have not internalized and personalized the risks that HIV/AIDS and other STDs poses on them as individuals. This is mostly because many of

them are living with a "self fulfilling prophecy" where they never see themselves at risk but almost always associate AIDS with people who portray certain behaviours like having multiple sexual partners or sleeping with prostitutes, but not through a mere unprotected sex. Because of this only about 51% of the respondents recognized the fact that they are at risk of getting HIV/AIDS. The failure by most respondents to see the link between HIV/AIDS and other STDs has in a way contributed to their low risk perception as most of them are deceptively comforted by the thought that STDs unlike AIDS can be cured using traditional herbs. They fail to see the gross danger associated with unprotected sex in general even though they may be aware of the fact that it is one way through which AIDS is transmitted. In other words, unprotected sex which only leads to having an STD is not as harmful as the unprotected sex which causes HIV/AIDS because STDs are curable. It is ironical that many female respondents are more afraid of getting pregnant than they are of acquiring HIV/AIDS.

This research has also shown that some adolescents find the HIV/AIDS information they are receiving from various sources confusing and embarrassing; something which is not likely to solicit the desired response to the available HIV/AIDS messages and is likely to cause them not to act on what they hear about the dangers of the disease. Most of this confusion may also be as a result of the impersonal sources of information such as friends who may not necessarily have the right facts about the disease. Such information usually tends to be distorted and saturated with a number of misconceptions.

The fact that different sectors of Zambian society as the church have chosen to promote and emphasize different aspects of one's behaviour such like abstinence also brings about some form of confusion to adolescents who are likely to be exposed to other messages

such as those promoting the use of condoms or sticking to one sexual partner. There is therefore an urgent need to harmonize HIV/AIDS messages for adolescents to lessen unnecessary conflicts.

Other findings from this research have shown that information that explicitly focuses on how HIV/AIDS and other STDs are acquired, how these are transmitted from one person to another and how they can be prevented is important but is not enough to modify the risky behaviours of young people. Until young people are helped to redefine the nature of their relationships, until the gender imbalances which continue to promote the subordination of women and girls at different levels of society are redressed, HIV/AIDS will continue to cause havoc among Zambians and the future of adolescents will always be at risk.

The HIV/AIDS information being given to adolescents in secondary schools must therefore seriously address issues of gender and help girls and boys acquire skills through which they will be able to cope with sexual pressure without putting themselves at risk. Adolescents, especially boys, must be taught from a very early stage that gender equality goes beyond the knowledge that girls can also do well in mathematics and science in class. This is only part of the bigger picture. They must be taught to recognize and appreciate girls as equal players in the economic, social and moral spheres of life.

Girls, on the other hand, must be given information that not only pertains to the problem of HIV/AIDS in general, but more importantly issues that affect their sexual rights, responsibilities, priorities and risks. There must also be intensified and deliberate efforts by parents, teachers and the communities at large to ensure that they help raise the personal risk perception of young people so that they stop looking at AIDS with a

futuristic approach and begin to appreciate that HIV/AIDS is a disease which also affects young people like themselves. This can only be done if they are given the information that is relevant to the different situations in which they find themselves.

### 8.2. Recommendations

Based on the findings in this report, the researcher makes the following recommendations:

1. HIV/AIDS and sex education should be introduced by the Ministry of Education in all secondary schools as this will help provide the right information and discard the HIV/AIDS misconceptions and beliefs present among boys and girls in secondary schools.
2. Secondary school teachers must be trained to offer HIVAIDS counseling, sex and gender education to pupils in order to promote the flow of information and knowledge about these issues.
3. Since peers play an important role in interpersonal communication about sex and HIV/AIDS, peer education in secondary schools must be developed so that there is an exchange of correct and reliable HIV/AIDS information among peers in secondary schools.
4. The Ministry of Education must collaborate with civic and church organizations involved in anti AIDS campaign programmes for adolescents so that they formulate common objectives and goals to avoid confusing young people. This will also help to lessen misconceptions about sex, condoms and HIV/AIDS in general.
5. Since most respondents were seemingly ignorant of cardinal gender issues and the way these relate to the problem of HIV/AIDS, gender sensitization should be made an

integral part of various HIV/AIDS programmes being carried out in schools by various organizations. To this effect, the Ministry of Education must work closely with organizations like FAWEZA to ensure that gender sensitization in schools goes beyond the academic promotion of a girl child.

6. Interpersonal skills development must be enhanced in all secondary schools through activities such as sport, debate and other extra curricular activities to ensure that pupils develop skills through which they can protect themselves from risky sexual activities.
7. Boy child education that sensitizes boys in secondary schools to respect girls not only academically but socially as well must be promoted by various organizations in Zambian communities so that boys stop seeing girls as mere objects of their sexual fantasies and gratification, but as human beings who deserve respect in all areas of life. This will lessen the many misconceptions about sex and improve adolescents' attitudes and sexual behaviours.
8. There is need to fund new and indigenous HIV/AIDS research undertakings involving Zambia's secondary school adolescents so that new data are collected and new strategies developed for them to cope with the challenges posed by the HIV/AIDS pandemic.

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## APPENDIX A

### Questionnaire to the secondary school adolescents

Sankananji Rose Namukwai is a University of Zambia student undertaking a research in partial fulfillment of a Masters of Arts in Gender studies

You are kindly requested to contribute towards the research project by completing this questionnaire. This exercise is purely academic and all the information given will be treated with absolute confidentiality.

Please answer the questions above and to the best of your knowledge. Where options are given, put a tick ( ) to indicate your choice. For open ended questions, answers must be written in the spaces provided.

**Background Information**

1. Gender: Male---- Female------

2. Age----------

3. Type of school

   A. Boarding school

   B. Co- education

   C. Single sex school.

4. Grade in school----------

5. Who looks after you?

   A. Both parents----

   B. Guardians------

   C. Father only-----

   D. Mother only-----

   E. Mother and stepfather----

   F. Father and Stepmother-----

   G. Any other----------

6. What is the level of your Parents'/guardians' education?

   A. Junior primary-

   B. Senior primary-

   C. Junior secondary

   D. Senior secondary-

   E. College

   F. University

7. Do you take alcohol?

   A. Sometimes----------

   B. Always----------

   C. No----------

8. How would you describe your parents'/ guardians attitude towards you?

9. Do you value your parents'/guardians' advise on important issues?

   A. All the time---------

   B. Sometimes----------

   C. I usually make my own decisions---------

   D. Never----------

10. Are you a religious person?

A. Very much----------

B. Fairly----------

C. Not at all----------

11. How seriously do you take you religious teachings?

A. Very seriously----------

B. Fairly serious---------

C. Not at all seriously----------

12. Do you value your friends' advice and opinions on important issues?

A. Yes ---------

B. No----------

C. Sometimes-------

**Knowledge of HIV/AIDS and STDS**

1. What does HIV/AIDS stand for? ----------

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2. Apart from HIVAIDS, what other STDS do you know? ----------

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3. Briefly describe the symptoms of some of the STDs you have mentioned in the above

.....

.....

.....

.....

4. In what way does the person who has an STD put themselves at risk of getting HIV/AIDS?

.....

.....

.....

.....

5. Which do you think is the best way to treat STDs?

.....

.....

6. What is the difference between an ordinary STD and HIV/AIDS?

.....

.....

**Knowledge of Mode of HIV/AIDS Transmition**

1. AIDS can be transmitted through sharing unsterilised needles and razor blades

   A. True----------

   B. False----------

   C. Not sure----------

2. A pregnant girl or woman can transmit HIV/AIDS to her unborn baby

   A. True ----------

   B. False----------

   C. Not sure----------

3. HIV/AIDS can be transmitted through saliva by deed kissing

   A. True----------

   B. False----------

   C. Not sure----------

4. HIV/AIDS can be transmitted through mosquito bites

   A. True----------

   B. False----------

   C. Not sure----------

5. Breast milk from the mother to the baby can transmit HIV/AIDS

A. True----------

B. False----------

C. Not sure----------

6. You can get HIV/AIDS by sharing the same toilet and bathroom facilities with an Infected person

A. True--------

B. False----------

C. Not sure----------

7. You can get HIV/AIDS by sharing the same cups and plates with an infected person

A. True----------

B. False----------

C. Not sure----------

**Knowledge of HIV/AIDS/ STD Prevention**

1. Washing off sperms immediately after sex can prevent STD/HIVAIDS infection

A. True -----

B. False------

C. Not sure-----

2. You can prevent HIV/AIDS by not giving or receiving blood

A. True----

B. False----

C. Not sure------

3. Having many steady girlfriends rather than going for prostitutes can help prevent HIV/AIDS

A. True-----

B. False------

C. Not sure-------

4. Seeking protection from a powerful traditional healer can help prevent the spread of HIV/AIDS

A. True------

B. False---------

C. Not sure-----

5. Engaging in oral sex and dry sex can prevent the spread of HIV/AIDS

A. True-------

B. False-------

C. Not sure----------

6. Avoiding mosquito bites can prevent the spread of HIV/AIDS

A. True------

B. False-------

C. Not sure--------

7. Abstinence is the best form of HIV/AIDS prevention

True-----

False--------

Not sure---------

**Sexual Practices and Condom Use**

1. Do you have a boy/girlfriend?

A. Yes-------

B. No---------

2. Have you ever had sex with your current or past boy/girlfriend?

A. Yes----------

B. No----------

3. How old were you when you first had sex? ----------

4. Was it with present boyfriend/girlfriend?

A. Yes------

B. No--------

5. Did you use a condom during your first sexual encounter?

A. Yes---------

B. No----------

C. Can't remember---------

6. Was it with your current boyfriend or girlfriend?

A. Yes------

B. No----------

7. Did you use a condom during your first sex encounter?

A. Yes--------

B. No----------

C. Can't remember-------

8. If you answered yes to the above question, why did you use a condom?

A. Fear of pregnancy---------

B. Fear of HIV/AIDS and STDS----------

9. If you answered no to condom use, why didn't you use a condom?

A. I trusted my girlfriend/boyfriend----

B. I didn't think it was necessary---------

C. I was afraid of what my partner would think-----

10. What are some of the reasons you first had sex?

    A. Peer pressure----------

    B. Need to experiment with my feelings---------

    C. Need to prove my love for my boyfriend---------

    D. Need to prove my manhood and be in control of my life----------

    E. Need to get necessary experience----------

11. Have you changed your partner in the last 12 months?

    A. Yes---------

    B. No----------

12. Are you still having sex?

    A. Yes----------

    B. No----------

13. What are some of the reasons you are still having sex

    A. Need to keep my boyfriend/girlfriend----------

    B. Need to show that I'm a man----------

    C. Need to gain experience----------

    D. Because all my friends are doing it----------

14. How often do you use condoms during sex presently

    A. Always----------

    B. Sometimes----------

    C. Never, we trust each other----------

15. If you have never had sex before yet, when do you intend to start ?

    A. When I finish grade 12---------

    B. When I go to university/college----------

    C. When I meet the right person----------

    D. When I get married----------

16. Who in a relationship must initiate sex?

    A. Boy----------

    B. Girl----------

    C. Both-------

17. Has anybody ever taught or demonstrated to you how to correctly use a condom?

    A. Yes----

    B. No-------

18. The best sex between two young people is ;

    A. That which is planned before it happens--------

    B. That which happens without planning----------

    C. That which happens after they have come to trust each other----------

19. How do you rate abstinence for two young people in a relationship

A. It is difficult but possible----------

B. It is difficult and impossible---------

C. It makes a relationship boring---------

20. Who according to you is responsible for ensuring abstinence in a relationship?

A. Boy--------

B. Girl----------

C. Both----------

21. What do you think about the distribution of condoms to girls and boys in secondary Schools?

A. It is immoral in a Christian nation like Zambia--------

B. It increases sexual activities between boys and girls in secondary schools----------

C. It is a good way of preventing the spread of HIV/AIDS among young people------

**Beliefs and Misconceptions about HIV/AIDS, STDS and Condom Use**

1. AIDS can be treated if detected early

A. True ----------

B. False----------

C. Not sure----------

2. Once a person has suffered from an STD, they can not get it again

A. True----------

B. False----------

C. Not sure---------

3. If an old HIV positive male sleeps with a young girl, they can be cured from HIV/AIDS

A. True----------

B. False---------

C. Not sure------

4. If a boy impregnates a girl and refuses responsibility, her relatives can bewitch him with HIV/AIDS

A. True--------

B. False-------

C. Not sure-------

5. When a person has TB, they certainly have HIV/AIDS

A. True--------

B. False----------

C. Almost always----------

6. Use of condoms reduces sexual pleasure

A. True---------

B. False---------

C. Not sure-------

7. Prolonged use of condoms has negative effects on a boy's future sexual performance

A. True-------

B. False------

C. Not sure-----

**Attitudes and Beliefs About Sexual Behaviour**

1. What do you see as some of the benefits of two young people having sex with their boyfriend/girlfriend?

A. They learn to trust each other-------

B. They prove their love for each other-------

C. They gain important knowledge and experience----------

D. They learn to respect each other----------

2. People who are HIV positive are getting what they deserve

A. True----------

B. False----------

3. Do you ever see yourself at risk of getting HIV/AUDS at any point in your life?

A. Yes-----

B. No--------

4. When do you think you will be most vulnerable to HIV/AIDS infection?

   A. Now ----------

   B. When I finish grade 12------

   C. When I go to university--------

   D. When I get married----------

5. It is not necessary for boys and girls in secondary schools to know their HIV/AIDS status because it might disturb their studies

   A. True--------

   B. False-------

   C. Not sure----------

6. A man who has never had an STD in his life is not man enough

   A. True-------

   B. False--------

7. HIV/AIDS s a disease like any other it does not deserve the attention it is getting

   A. True-----

   B. False----------

8. I can never be friends with a person who is HIV/AIDS positive

   A. Yes-----

   B. No--------

   C. Not sure---------

9. It really does not matter what I do with my life now, I can still get AIDS anyway

   A. True-------

   B. False--------

   C. Maybe-------

10. The more sexual experience one has the easier it becomes to avoid HIV/AIDS

   A. True--------

   B. False----------

11. Despite what I know about HIV/AIDS, I still see sex as;

   A. A normal part of growing up--------

   B. A gift from god to enjoy--------

   C. A risk to my own life----------

12. The more sexual experience you have, the more skilled you become in avoiding HIV/AIDS

   A. True----

   B. False-----

13. STDS are womens' diseases (amalwele yabanakashi)

   A. True--------

   B. False---------

**HIV/AIDS Information and Sources**

1. From where have you got most of the information about SDTS and HIVAIDS?

   A. Church

   B. Teacher

   C. Parents

   D. Friends

   E. Newspaper

   F. Television

   G. Radio

   H. Health worker

   I. Peer educators

   J. Any other----------

2. How would you describe the information you have received?

   A. Embarrassing----------

   B. Boring--------

   C. Helpful-------

   D. Confusing---------

3. If you cited your parent or guardians as your source of HIV/AIDS information; how was this information given to you?

   A. As direct advise------

   B. In form of warnings and threats---------

   C. Indirectly after gossiping about someone who had died of HIV/AIDS---------

4. Are your parents/ guardians able to give you clarifications on some scientific issues surrounding HIV/AIDS?

   A. Yes---------

   B. No----------

   C. They don't know much themselves-------

5. If you cited radio and television as your source of HIV/AIDS information, how do you rate the information you have received? ----------

6. If you cited peer educators as you HIV/AIDS information source, how do you rate their information?

   A. Embarrassing.....

   B. Confusing -------

   C. Boring ----------

   D. Helpful

7. Would you trust a traditional healer to give important scientifically correct HIV/AIDS information?

   A. Yes --------

   B. No------

   C. Sometimes------

8. Would trust your friend to give you scientifically correct HIV/AIDS information?

A. Yes----

B. No------

C. Sometimes------

9. Who do you think has more HIV/AIDS information between boys and girls in secondary schools?

A. Boys------

B. Girls--------

C. Both of them-------

10. With regard to the HIV/AIDS information you have received, do you think boys and girls in your school are:

I) Using condoms during sex?

A. Yes----------

B. No ---------

C. Not sure--------

II) Are still engaging in unprotected sex?

A. Yes--------

B. No---------

C. Not sure ------

III) Abstaining from sexual activities?

A. Yes-------

B. No-------

C. Not sure--------

IV) Sticking to one sexual partner?

A. Yes--------

B. No------

C. Not sure------

11. Apart from what you know about HIV/AIDS already, what other information would you like to given?

A. Traditional beliefs and practices that promote HIV/AIDS----------

B. New scientific discoveries concerning HIV/AIDS----------

C. Proven modes of HIV/AIDS Transmission----------

D. Skills to cope with sexual pressure

12. Where would you like to get this information from? ----------

13.Why do you prefer to get the information from the sources you have stated above?-----

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## APPENDIX B

### Focus Group Discussion Guide

I welcome you all to this discussion. I want to encourage all of you to feel very free to make contributions about the various issues that will be raised. There are no wrong or right answers. Kindly note that only one speaker will be allowed to speak at any one particular time and you are not allowed to make any interjections when one person is speaking. If you want to speak indicate by raising your hand and the facilitator will give you chance to speak.

### A. General Awareness of HIV/AIDS

Some people think that anyone who suddenly loses weight and has constant ditherer and vomiting has AIDS. Please tell us anything that you know about HIV/AIDS?

**Probe:** Ask what HIV/AIDS stands for

Ask about some known symptoms of AIDS.

It is said that "you can't tell by looking", what do you understand by this statement?

What do you understand by "window period" in HIV/AIDS?

There are several ways through which AIDS is transmitted from one person to another, what mode of transmission do you know?

**Probe**: Ask for detailed explanations on mode of transmission mentioned and probe on of those left out.

Some people believe that sometimes witches and wizards magically give AIDS to people they do not like as a way of punishing them. Other people think that AIDS can be

transmitted through handshakes with infected persons. What other misconceptions and beliefs related to how AIDS is transmitted is common among adolescents like yourselves?

**Probe**: Ask about the causes of some of these misconceptions and beliefs

It is often said that "prevention is better than cure" and since there is no cure for AIDS yet, a lot of emphasis is been put on prevention. Abstinence and condom usage are seen as the best and most effective ways of preventing HIV/AIDS. What other method of prevention are you aware of?

**Probe**: Ask about the effectiveness of these methods.

There are speculations that condoms reduce sexual pleasure with some boys and men claiming that using a condom during sex is like taking a shower while wearing a raincoat. There are even beliefs that condoms may have negative side effects on boy's and men's sexual performances in future. Please give your comments and/or opinions on these beliefs and speculations.

**Probe**: Ask about the need for correct and consistent use condoms in HIV/AIDS prevention

Ask also for opinions on the belief that boys /men are the only ones who should decide whether or not to use condoms during sex.

Some people believe that it is very difficult for a sexually active young person to control themselves sexually (secondary abstinence) and that only someone who has never had sex before can abstain. What does abstinence mean to young people like you?

**Probe**: What are some of the challenges faced by adolescents in practicing abstinence?

Ask about who has the responsibility to ensure that a boy and girl in a relationship abstain from sex.

**Appreciation of Severity and Risk Perception**

It has been said that "if one is not infected, they are affected". How do you think HI/AIDS has affected young people like you in our society?

**Probe**: Ask for specific indicators like loss of parents, teachers, friends etc.

With rampant deaths due to HIV/AIDS it is not uncommon to find teenage or adolescent headed house holds. How does a situation like this increase the risk of HIVAIDS infection among adolescents like you?

Ask about how boys and girls found in similar circumstances of heading households maybe prone to high risk behaviors that might put them at a risk of infection.

The rate of infection among adolescents in Zambia is high. But, it is even higher for girls because for every one boy infected with

HIV/AIDS, there are three girls. What does this tell you about the vulnerability of girls to HIV/AIDS infection?

Ask whether young people in normal family setups

Consider them at risk of infection.

**Probe**: Why do you think girls find it difficult to move away from circumstances that increase their risk of infection?

Ask how different sectors of society contribute to the high rate of HIV/AIDS infection among girls and women? Example schools, family, religion,etc.

**Risk Behaviours and Gender Relations**

There are a number of imbalanced gender relations at many levels of society. For example, men and boys are brought up to believe that the more girls/women they have, the more of a man they are. It is uncommon therefore to have sayings such as "ubuchende bwamwaume,tabonaula n'ganda" to mean "a man's promiscuity does not break a home." Girls and Women on the other hand are not expected to leave the confines of their relationships for sexual gratification elsewhere otherwise they would be branded as Prostitutes

Do you see or experience any imbalanced cultural and traditional beliefs and practices as young people especially those related to sexual gender roles?

**Probe**; in which ways have these gender imbalances between men/boys and women/girls contributed to the high levels of HIV/AIDS in Zambia in general and in your society in particular?

- There are fears that homosexuality is fast becoming a trend in Zambia. Young boys are lured into this practice by promises of money and material wealth.

**Probe:** How does homosexuality increase the risk of HIV/AIDS infection among young people?

- Ask how other behaviors like bee drinking and drug abuse increase one's chances of infection.
- Ask how experiences such as rape, child molestation, incest etc may increase the victim's chances of infection and how they might lead to them exhibiting risk behaviours in future.

**HIV/AIDS Information**

One the main intervention that has been used in the fight against AIDS is the dissemination of information to educate people about its dangers and how they can protect themselves against infection. The media through television, radio and newspapers has been a major source of information for many people in Zambia. Other NGOs, CBOs and the church have also played a major role in this fight. Please tell us of other sources of HIV/AIDS information that you know about? Are there any sources that specifically target young people like you?

**Probe**: What important message have you obtained from the various sources.

Do you think these sources have been successful in educating young people like you/

Why do you think adolescents should be given special attention in the fight against HIV/AIDS?

As mentioned earlier the churches together with many NGOs have been active in the AIDS fight. But while the church continues to advocate for abstinence until marriage for adolescents, many NGOs have been encouraging the use of condoms for adolescents who can not abstain. What other conflicting HIV/AIDS messages have you heard from different sectors of society?

**Probe**: Have the conflicting messages had any negative effects on your ability to make the right choices and decisions?

- Do you think girls and boys have the same access to HIV/AIDS information?

- Do you think they should be given the same type of information?

If you were given the role of HIV/AIDS information giver to secondary school adolescents, what major issues would you emphasize and why?

What means would you use to disseminate this information and why?