CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND

The HIV and AIDS pandemic is a big phenomenon in the history of humanity especially in Sub-Saharan African countries where more than a quarter of the population is either or affected. HIV and AIDS have many other devastating consequences especially on the lives of women and girls (WLSA, 2007).

Zambia is one of the countries in Sub-Saharan Africa mostly affected by the HIV and AIDS. The devastating effects of the HIV and AIDS pandemic in Zambia cut across racial, age, gender and socio-economic status. This implies that every person whether infected by the pandemic or not is affected in one way or the other. The latest estimates put the prevalence of HIV at 14.3% among adults in the 15 to 49 years age group (Zambia Country Report 2006-2007). This is a reduced rate when compared to the previous estimates which stood at about 16%.

Since the pandemic broke out about three decades ago, the church and the secular institutions (the civil society and government ministries) have instituted programmes aimed at sensitising people about the HIV and AIDS prevalence and dangers so as to mitigate the devastating effects of the pandemic on the whole population. Among the vulnerable groups are the youth especially those in high schools who are sexually curious and active.

Zambia has not achieved the overall decrease in prevalence of HIV as hoped in its goal for 2005. However, caution is needed in using prevalence rates to monitor the progress of the epidemic. The prevalence of HIV is influenced by the rate of new infections and the mortality rate of those already infected. The determinant factor for decreasing overall prevalence in the longer term will be the control of the rate of new infections (National HIV and AIDS/STI/TB intervention strategic plan, 2006).

The strategic Framework of the National HIV and AIDS took the ABC approach (Abstain, Be faithful, or condomise). From the late 1990's massive gns through the popular media, radio and television have broadcast numerous educational programmes on HIV and AIDS. However it has be noted that these messages have not altogether succeeded in changing the behaviour of people. Maciwan'gi's 1993 study revealed condom use causes mistrust among sexual partners who generally end up avoiding the problem of mistrust by not using condoms. He further points out that men generally refuse condom use as they prefer "skin to skin" contact, while others refer to the psychological problems which inhibit their sexual pleasure during the act. Others believe that condoms are not 100% safe and they have seen many pregnancies even among those who use condoms.

The 2003 Demographic Health Survey (ZDHS, 2003) and the Sexual Behaviour Survey (ZSBS, 2003) report that knowledge of AIDS is nearly universa among the youths. Nevertheless, in Westerns province of Zambia only 74% of the female adolescents believed that there is a way to avoid HIV and AIDS. Another study conducted in Senanga district by the District Health management Team in 2006 showed that although youths were aware of HIV AND AIDS, means of transmission and prevention, quite a number of pupils held misconceptions. About one fifth of the respondents think that it is not possible for youths to be infected with HIV because it is a disease for adults whereas almost an equal number of them think the chances are minimal for the youth to be infected with HIV. These findings not only reflect on the knowledge of HIV and AID among adolescents but also on the accuracy of that knowledge.

A review of nearly 200 reproductive and sexual programmes in developing countries revealed that most successful programmes with positive sexual behaviour include comprehensive sex education. The study showed that education that includes information about both abstinence and contraception is the most effective in delaying the onset of sexual intercourse and in ensuring that young people protect themselves when they become xually active. It further showed that neither provision of information nor access to contraception and condoms, increases sexual activity among the youth. To assess the gaps in knowledge it is important to reflect on the content of the information that adolescents in schools have received so far.

The Ministry of Education has of late considered the inclusion of HIV and AIDS related information in its curriculum right from Grade 1 to high school and beyond. This is very important because pupils spend most of their time at school. In addition, pupils meet a lot of people at school where their teachers can play a very itical role in shaping youth behaviour towards sexuality. Babcock (2009) argues that many adults find it hard to talk about sexuality with young people, especially their own children. They say they are embarrassed and shy. Culture also limits the amount of freedom parents would enjoy when youth sexuality with their children. So, the church, schools and the civil society have a lot of influence especially in terms of sexual and reproductive health message dissemination. is for this reason that any effective mitigation strategies in the fight against HIV and AIDS should consider the involvement of these institutions which are direct contact with community in which youths are found.

1.2 STATEMENT OF THE PROBLEM

The church and secular institutions are among the most prominent providers of HIV and AIDS intervention strategies. It is not clear, however, as to which one of the two intervention strategies is of greater influence than the other in conditioning youth behaviour and perceptions towards HIV and AIDS issues.

1.3 PURPOSE OF THE STUDY

This study sought to investigate pupils' perceptions of the church and secular HIV and intervention strategies in High Schools in Lusaka District of the Lusaka Province.

1.4 OBJECITVES OF THE STUDY

This study was guided by the following objectives:

1. To compare high school pupils' levels of awareness on HIV and AIDS information in terms of church and secular institutions.

2. To find out pupils' perceptions regarding HIV and AIDS messages coming from the church and secular institutions.
3. To identify the type of messages coming from the church and secular institutions on HIV and AIDS responsible for the pupils' current behaviour and attitudes.

1.5 RESEARCH QUESTIONS

The following were the research questions;

1. What are the high school pupils' awareness levels of the church and secular HIV and AIDS message?
2. What are the pupils' perceptions of church and secular HIV and AIDS messages?
3. What type of messages coming from the church and secular institutions on HIV and AIDS are responsible for the pupils' current behaviour and attitudes?

1.6 SIGNIFICANCE OF THE STUDY

This study was one of its kind in that apart from the massive campaigns through the popular media, radio and television, there is no study focusing on the behaviour and perceptions of pupils regarding the way they perceived messages coming from church and secular institutions on HIV and AIDS. Hence, the findings derived from this study may not only be an eye opener but may lead to interested stakeholders to formulate appropriate interventions in their preparation and dissemination of HIV and AIDS information. The stakeholders may comprise Ministry of Education as policy makers, parents and teachers, and that have taken keen interest in the education of pupils on HIV and AIDS related issues.

1.7 OPERATIONAL DEFINITIONS OF TERMS IN THE STUDY

Antiretroviral therapy : Treatment given to people with HIV and AIDS to boost their immunity.

Attitudes : An association between action or object and an evaluation.

Clergy	**:**	Church official such as priests and pastors.
Discrimination	**:**	The behavioural component of prejudiced attitudes.
Epidemic	**:**	Disease out break like HIV AND AIDS.
High risk behaviour	**:**	Conduct characterized by lack of care and responsibility.
Life expectancy	**:**	Average life span of a people measured in years.
Mitigation strategy	**:**	An approach employed to address a problem.
Multi-sectoral efforts	**:**	Teamwork involving experts from various professions.
Pandemic	**:**	Deadly disease like HIV AND AIDS.
Peer group	**:**	Group of people sharing the same age or knowledge level.
Premarital sex	**:**	Sex before some one gets married, common among youths.
Prevalence	**:**	The rate of occurrence of a disease or other outbreaks.
Psycho social life skills	**:**	Life skills associated with decision making.
Stigmatization	**:**	Attitudes of negatively labelling a person who has a problem.
Theologian	**:**	A person trained to interpret and preach the Holy Scriptures.
Sexuality	**:**	Issues relating to sex knowledge and education.
Unprotected sex	**:**	Indulging in sex without using a condom or other protective means**.**

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter focuses on the literature based on the studies which were carried out by different researchers in different countries on the prevalence and effects of the HIV and AIDS pandemic, pupils' perceptions towards HIV and AIDS information and mitigation strategies of the pandemic in schools, from a global point of view; African perspective; and the Zambian context.

2.2 PREVALENCE AND EFFECTS OF THE HIV AND AIDS PANDEMIC

The International Newsletter on HIV and AIDS Prevention and Care Action (2000), reports that no epidemic in the world attracts as much attention, publication, debate and controversy as HIV and AIDS pandemic. There are many reasons for this, chief of which is that the pandemic in question is incurable and deadly. Another factor is that its method of transmission is sexual, and issues of sex influence society in economic and social dimensions.

Santrock (2004) citing (WHO, 2000) states that a special concern is the high incidence of AIDS in sub-Saharan Africa. It is further stated that adolescent girls in many African countries are vulnerable to infection with HIV by adult men. Approximately six times as many adolescent girls than boys have AIDS in these countries, while in the United States adolescent males are more likely to have AIDS than their female counterparts. Kelly (2008) adds that Africa's children are especially vulnerable both to the disease and to the impact itself. The pandemic attacks their inherent right to life and erodes the conditions needed for their survival, protection and development. However, there continues to be great about AIDS in many parts of the world, not just sub-Saharan Africa.

Westen, Burton and Kowalski (2005) report that according to the World Health Organisation (WHO), by the very beginning of 2001 the number of people living with HIV had grown to 26.1

million, 10 per cent more than just a year earlier. Particularly in African nations, the AIDS pandemic is dramatically lowering life expectancy. In me counties life expectancy is likely to drop by half because of the number of people dying from AIDS. Despite the drastic and deadly effects of the HIV and AIDS situation, and the effects of sexuality and sexual health on almost every life, Borle (2001) observes that people often find it difficult to talk about these subjects especially that issues of sex have a silent voice which need to be amplified.

With reference to the high prevalence rate of the HIV AIDS, the education sector is one of the social areas which has not been spared by the pandemic. Dyk (2001) reports that HIV and AIDS has had a devastating effect on the education system in many parts of the world where it sows havoc among learners and teachers alike. This magnitude of devastation applies to these groups who are infected or affected. In Zambia, the MoE (2003) records that HIV and AIDS has become a major development problem. Earlier estimates indicated that the HIV adult prevalence rate was 19.9%. At that time this meant that one in every five persons above the age of 15 was infected. However, more recent statistics suggest a reduction in the prevalence rate in a population of 12.2 million.

The Zambia Country Report (2007) indicates that the country had an estimated HIV prevalence of 14.3% among the 15 to 49 year age group, dropping from 15.6 % as at the immediate last reporting period but still remains one of the countries in the Sub-Saharan Africa worst affected by the HIV and AIDS pandemic. The report further reveals that approximately one million Zambians are HIV positive, of which 295,240 are in need of antiretroviral therapy. Young people aged 15 to 24 years account for 6.5% of the HIV positi population representing a drop from 7.8% reported since the last reporting period. Kelly (2008) suggests that the teenage boys and girls who manifest AIDS between 15 and 19 must have become HIV infected at much younger ages. In this regard, the youth, which includes high school pupils, are very vulnerable to HIV and AIDS and its deadly effects.

Although there seems to be some slight reduction in the prevalence rate of the HIV and AIDS, the pandemic is still a matter of great concern. The National AIDS Council (2008) points out that the HIV and AIDS epidemic is as much a development concern as it is a health concern. In

effect, HIV and AIDS is limiting the realisation of the Millennium Development Goals (MDGs). Therefore, this pandemic negatively affects the economic development of the country and has the potential to continue diminishing the chances of allev ing poverty and hunger, of achieving universal primary education, of promoting gender equality and of reducing child and maternal mortality. While there have been major advancements in HIV prevention and AIDS treatment and care in Zambia, efforts to significantly scale up onses to HIV and AIDS have been inadequate and insufficient. Given the still high prevalence rate of the HIV and AIDS scourge, there is then obvious need for more multi-sectoral efforts from various stakeholders so that the threatened national population is safeguarded from this dangerous pandemic.

Kelly (2008:25) observes that "the number of reported cases drops significantly between ages 5 and 14, but from age 15 onwards it grows rapidly, with no evidence of decline until the mid thirties or early forties. AIDS cases among those aged 15 to 19 show a marked increase compared to those aged 5 to 14, the increase for young women being noteworthy."

2.3 PUPILS' PERCEPTIONS OF HIV AND AIDS INFORMATION

Referring to the negative impact of the HIV and AIDS, Kelly (1993) points out that the tone of education will obviously change as a result of this pandemic. The social interactions and education processes which make the system work will inevitably be coloured in some way by the epidemic. Those in class, who are infected or ill, or even members of the families (whether as teachers or pupils) may face discrimination, ostracism and isolation. Teachers may face the suspension of social and health benefits and/or dismissal from the system. Pupils on the other hand may face suspension by the system or be pressured to leave school voluntarily because the free and open nature of school and classroom relationships may end up being governed by suspicion and fear. Thus the entire teaching/learning climate will be adversely affected with high rate of absenteeism by both teachers and pupils.

Regarding attitudes towards HIV and AIDS, Messer (2005) states that the stigmatization and discrimination of persons infected and affected by HIV and AIDS creates stumbling blocks that inhibit programmes of prevention, testing, care, and treatment. Religious beliefs, attitudes, and

practices add both negative and positive dimensions to creating and combating HIV and AIDS stigmatization and discrimination. The challenge is to recognize how moralistic and judgmental religious tenets and tendencies complicate efforts to eradicate the disease, and to discern how theological and ethical convictions and compassion can contribute to the well-being of persons and the goal of an AIDS-free world. No world religion has a monopoly on either creating or eliminating a culture or environment conducive to shame, prejudice, or the violation of human rights. Each religious tradition must be challenged to draw from its own rich resources of faith and to play a key role in overcoming bias and becoming partners in the struggle to conquer the disease of HIV and AIDS. In addition, Wiley (2003) argues that it is unfortunate that some religions and elements of our culture have spread the that AIDS is a punishment for sin. This may cause HIV+ people to feel that they are being penalized for bad behaviour or immoral lifestyles.

UNAIDS (2005) on the other hand suggests that there is a need for a broader engagement on issues related to HIV by religious leaders, and theologians, to support those working in the field. One important area is the eradication of stigma and discrimination towards People Living with HIV and AIDS (PLWHA). Stigmatization and discrimination of those who are HIV-positive is a violation of human dignity. It also fuels further infections, as fear the stigma and discrimination associated with HIV and AIDS, undermines willingness to seek out testing. Knowing one's HIV status is an important aspect of efforts by individuals and communities to halt the further spread of infection.

On negative attitudes, Messer (2005) further discloses that instead of viewing HIV and AIDS as a disease like other diseases, too often it is cited as an outward manifestation of a moral transgression. Some claim that the illness is a punishment for one's sins or moral improprieties in this life or even in a previous one. People are blamed for lack of self-discipline. It is presumed that HIV infection is the product of personal choice, regardless of whether you are the faithful spouse, a new born child, or whether you simply are illiterate and have no clue how the disease is spread. As a result of these dimensions of fear and morality, the marks of stigmatization typically create distinctions between "us" and "them" and of assigning "guilt" and "innocence" among people with the disease. He further points out that probably no religious group can claim

immunity from having contributed, either intentionally or unintentionally, to the stigmatization and discrimination faced by persons living with HIV and AIDS. Being honest and open and confessing our complicity is a first step in the process of becoming effective change agents combating stigma and discrimination.

People's behaviour and attitudes towards the HIV and AIDS messages and education is of great interest if the fight against this disease is to be won. Dyk (2001) holds the view that there is widespread evidence that adolescents are more and more sexually active at a younger age than the adolescents previously did. Perhaps these changes can be attributed to earlier sexual maturation, peer-group pressure, changed values and attitudes in society, and the powerful influence that mass media exert on these young people. It is further stated that although adolescents are able to understand that behaviour has sequences, they often do not believe that those consequences may happen to them.

Pupils' attitudes and behaviour towards sex education and information is to a greater extent externally influenced. In one study on early pregnancies and unprotected sex among school going children conducted in Western Province of Zambia, the MoE (2007) found out that about 60% of the girls and 67% of the boys received peer pressure from the community and school to engage in sex. The most common reasons given were to conform to existing peer social norms. Therefore, psycho-social life-skills should be an integral part of sex education programmes as it will equip youths with skills to withstand peer pressure thereby attaining positive attitudes towards HIV and AIDS and other health related issues.

The MoE (2007) further states that 15% of the Zambian population are aged between 13 and 19 years. Their behaviour, attitudes and health trends are influenced and shaped by information they get from homes, schools and the media. Sahu (2004) holds the view that the concept about the value of sexual abstinence among adolescents in modern times is not practical. Many psychologists consider prolonged sexual abstinence detrimental to marital and physical health. This kind of belief leads many youths to indulge in premarital and metimes even unprotected sex. Sahu (2004) further discloses that boys are normally aggressive, assertive and want to force girls to have a relationship. For safe and responsible behaviour, it is important that girls and boys

redefine their relationships. They need to learn specific skills in being well behaved, assertive, responding to persuasion and practising these skills positively in their daily lives.

Commenting on general human behaviour and attitudes at both individual and community levels, Hill and Jones (2001) observe that people are notoriously resistant to change because change implies restriction and uncertainty. This breeds insecurity and fear of the unknown resulting in negative attitudes toward in-coming information and education. In the same vein, Kelly (2008) has noted that the school should confront its students with their false sense of security. Young people tend to have a strange belief that they are invulnerable to infection, that they will not be able to catch HIV. Those who are infected know that that belief is false. Those who are not infected also need to realize and appreciate that such a belief is dangerous.

2.4 INTERVENTION STRATEGIES FOR THE HIV AND AIDS PANDEMIC IN HIGH SCHOOLS

The HIV and AIDS pandemic has had a devastating impact on Zambia's education system d all the other social sectors. UNAIDS, AIDS Epidemic Update: December (2001) records that education systems should also respond to HIV AND AIDS because they also have an interest in the young. It is mostly the young who are in schools, lleges and universities, developing the values, attitudes, knowledge and skills that will serve in subsequent adult life. In order to mitigate the pandemic, a number of well-thought out measures need to be implemented so as to equip high school pupils with the most appropriate information. Kelly (2008:88) emphasizes the point that "AIDS can be stopped. The disease's negative impacts can be controlled and managed. The time to do so is now. We do not want to experience another two decades of dilly-dallying while people die, children orphaned, and systems are endangered, and the epidemic roll on. We have had enough talk and large scale planning. It is now time to enter an era of great and urgent action."

MoE (2003) records that Government through its National Policy on Education 'Educating Our Future' of 1996 has recognised the importance of HIV and AIDS education and promotion and development of life skills. Additionally, the Ministry of Education has issued out a policy

statement that spells out strategies for addressing HIV and AIDS in the ministry. For example, children orphaned by HIV and AIDS benefit fully from education provision, the Ministry has put in place support measures and strategies. This is being done in recognition of the fact that the youth are a positive asset in the prevention of HIV and AIDS as they are still developing behaviour, and to ensure that HIV and AIDS education reaches the children before many of them leave school or dropout, interventions now begin at pr school level and extends through high school up to tertiary levels.

Senderwitz (1999) discloses that youth at different developmental stages have different health service needs. For example, young adolescents 10 to 14 years of age may be confused by the physical changes they are experiencing and need sex ed to build self-esteem and provide reassurance that these changes are normal. At the same time, married teens need information about STIs and HIV, confidential services for safe motherhood, family planning and treatment of STIs, training in negotiating skills and safe options for victims of domestic violence.

Westen et al. (2006) indicate that health psychologists have played increasingly active role as the AIDS epidemic continues to spread. Of course, their first plan of action is to prevent people from engaging in high-risk sexual behaviour. In some cases this involves targeting those who are already engaging in such behaviours and working to get them stop. In other instances, the health psychologist's goal is to reach young people who are n yet sexually active to prevent them from engaging in risky sexual behaviours to begin with. Their efforts on both of these levels involve working at both the individual and community levels. Individuals are offered instructions on ways in which they can protect themselves through consistent use of condoms. Communities, including schools, are encouraged to implement programmes and information campaigns designed to change social norms regarding sexual behaviour.

Mwamwenda (1996) reports that the information presented on human sexuality would be incomplete if no mention of the side effects and dangers resulting from sexual intercourse were drawn to our attention. In addition, Kelly (2008) emphasises that good-quality sexual health and AIDS education will equip young people with the information which they rarely get from their parents, senior family members, peers or books. This information should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values.

Similar sentiments were earlier echoed by Dyk (2001) who believed that education and information are fundamental human rights and children young people should not be denied the basic information, education and skills that they need to protect themselves against HIV and AIDS. This information should not be presented in isolation, but should be integrated in the existing school curriculum in subjects such as biology, science, social studies, mathematics and religious studies. Furthermore, this education should start early enough and should be on going.

Considering the devastating effects of the HIV and AIDS pandemic, there is need to employ highly holistic approaches from all stakeholders if the fight against this scourge is to be won successfully. Liebowitz (2002) reveals that in an extraordinarily high HIV prevalence rates in much of Sub-Saharan Africa, numerous groups have organized intervention strategies. These strategies have relied on government, Inter-Governmental Organisations (IGOs), Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs), among others to organize and deliver their programmes. It is further stated that Faith-Based Organisations have generated increasing interest as agents for preventing and mitigating the HIV and AIDS pandemic. The UNAIDS (2005) also acknowledges that churches and Faith-Based Organisations have a key role in the response to HIV and AIDS. In many communities worldwide, this moment is one of a crisis, calling for concerted efforts, commitment d resources. Partnerships of this kind need to be encouraged in this campaign.

The crisis to fight this pandemic can be described to compounded by cultural factors as well. The International Newsletter on HIV Prevention and Care (2000) indicates that HIV and AIDS, which is deeply rooted in personal and social issues, closely linked to culture. It is further mentioned that research has indicated that culture is a factor in the social trends that contribute to infection, a factor in transmission and impact. It then follows that prevention and care requires a cultural approach, hence the need to involve key community-based organisations and institutions such as schools, the church and civil society organisations.

A World Bank report (n.d.) asserts that “education matters” and Kelly (2008:93) continues and says that, “education must play a crucial role in preventing HIV transmission because its principal beneficiaries are young people, ranging in age from infancy to young adulthood.”

The International Newsletter on HIV and AIDS Prevention and Care (2000) states that because HIV and AIDS is deadly and incurable and its main mode of transmission is sexual, two paradigms (the religious or church and the secular paradigms) have arisen and these can influence people's conditioning behaviour and attitudes towards the HIV and AIDS pandemic. Kelly (2008), highlights that catholic schools have an obligation to inform their students on every means of protecting themselves against infections from HIV and other STDs. These means include deferring the experience of sexual intercourse, reducing the number of sexual partners and using condoms. However, prominence should be given to instructions and discussions about abstinence and fidelity, making it clear that these are the only ways for avoiding HIV transmission. Within the religious domain, however, there are other churches that do not allow the use of condoms as one of the acceptable mitigation strategies for prevention of the HIV and AIDS pandemic because such a practice is regarded to be sexually immoral which is termed as sin.

Davison and Nealie (2001) were also of the conviction that despite promising advances in drug treatment, there is a wide spread agreement that by far the best strategy is prevention through behavioural change. The primary focus in prevention of sexually transmitted AIDS is on-going on sexual practices. Prevention is best directed at encouraging sexually active people to use condoms which are about 90 per cent effective in preventing HIV infection.

Messer (2005) observes that each religious tradition must cast a critical eye on its own beliefs and practices to determine how it both creates and combats stigma and discrimination For example, from a Christian point of view the church is called to on overcoming the sins of stigmatization and discrimination. The vicious sins of stigmatization and discrimination must be identified and resisted and every person's worth and dignity respected. Christians can respond to God's call to combat stigmatization and discrimination in the church and society by offering love, acceptance, forgiveness and healing, not judgment and prejudice. It does not cost y money to teach in our classrooms and to preach Sunday after Sunday that discrimination is a sin and against the will of God.

On the other hand, some religious communities around the world and in India have done pioneering work in the battle against HIV and AIDS, but often their sacrificial service has been obscured by the publicity given to a twisted theology that "AIDS is the punishment of God." This has prompted people to embrace a theology of condemnation rather than compassion, indifference rather than involvement, stigmatization rather than liberation. Instead of offering a theology of hope and health, faith-based groups sometimes have become missionaries of death, not life. Addressing stigmatization is particularly an important role for the church to play. Almost all persons infected by HIV and AIDS report that worse than the prospects of suffering and death is the experience of prejudice, stigmatization, and discrimination encountered by themselves and their families. Tragically, the church pounds this dimension of the AIDS crisis by our own judgmental approaches and added stigma. However, advocacy strategies from the civil society institutions include a holistic approach where people are given a variety of preventive measures which include abstinence and condom use.

Liebowitz (2002) reports that studies which compare church-goers with non-church-goers and traditional African believers found that at least small differences in risky behaviour exist between Christians and non-Christians. These studies also suggest that, despite the state's ability to "dispense information," such dispensed information y have little impact on behavior change without the concomitant support of religious institutions. For example, the persuasive nature of the Catholic Church's campaign in Rakai, Uganda to "love faithfully" promoted increased fidelity in marriage. In two areas of Uganda, an Islamic NGO mounted a campaign of AIDS education, using its religious leaders, which led to significant behaviour changes above and beyond those promoted by public health officials. Other observers suggest that religious institutions' influence derives from their ability to rate their messages into broader belief systems, avoiding just delivering "superficial awareness creation."

The UNAIDS (2005) reports that if churches are to engage effectively with local, regional and international responses to the epidemic, then issues of stigma and discrimination have to be confronted. Stigma and discrimination should not just be dealt with at the level of church organization and practice, but also by Christian theology itself at the level of what is taught in seminaries. What academic theologians lecture, write and think about, what the faithful believe

and do, and what values inform the pastoral formation of clergy and lay people. But this puts great pressure on those who teach in these contexts, who may know little or nothing about HIV and AIDS, and whose own background and training is unlikely to have provided them with the tools for reflecting theologically upon it.

Therefore, in the context of HIV and AIDS, the UNAIDS (2005) reports that the most powerful obstacle to effective prevention, treatment and care is proving to be the stigmatization of people living with HIV and AIDS. Issues of HIV and AIDS then raise a number of theological challenges, for churches as well as for individuals regarding what they should teach, or not teach, about HIV, particularly to young people and also what they should say or not say about individual members. It is also important to help individuals about what individuals should disclose or keep secret about themselves and how communities can move beyond denial and become more accepting of those who speak the truth. There is an urgent need, therefore, to build communities that are welcoming, supportive and capable of breaking the silence about HIV and AIDS. Many churches are committed, in principle, to doing this. But it is hard to see how they can succeed without some painful soul-searching at the level of the institutions themselves, as well as of their hierarchies, clergy and members.

Arising from the views meant to fight the HIV and AIDS pandemic, high school pupils as recipients of the information are likely to be mixed u as to which measures or mitigation strategies are better and more appealing to them.

CHAPTER THREE

METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research methods which were ployed in this study. It constitutes the following: research design, target population, sample size, sampling procedure, research instruments, data collection and data analysis.

3.2 RESEARCH DESIGN

A survey approach was used in conducting this research. A survey usually involves collecting data by interviewing a sample of people selected to accurately represent the population under study (Sidhu, 2006). Survey questions concern people's behaviour, their attitudes, how and where they live, and information about their backgrounds. The study opted to use this method taking into account the nature of the research at hand. This study used mainly qualitative methods of data collection. Quantitative methods of data collection were, however, also employed to yield empirical data to compliment the qualitative data.

3.3 TARGET POPULATION

The target population comprised all high school pupils, advocates from the civil society and the church in Lusaka district.

3.4 SAMPLE SIZE

The sample comprised eighty-five (85) pupils, six (6) HIV and AIDS advocates, four (4) from the Church and two (2) from the civil society.

Pupils' Gender and age

Pupils were asked to indicate their gender and age. Out of the 85 pupils, 50 (59%) were male, while 35 (41%) were female. Table 1 below shows their age and gender.

Table 1: Pupils' gender and age

Age (in years)	Gender		Total
	Male	Female	
10 – 15	4 (8.0%)	4 (11.4%)	8 (9.4%)
16 – 20	44 (88.0%)	29 (82.9%)	73 (85.9%)
21 and above	2 (4.0%)	2 (5.7%)	4 (4.7%)
Total	50 (100.0%)	35 (100.0%)	85 (100.0%)

Pupils' Religious Membership

In terms of religion, the majority of pupils, 82 (96.5%) of them indicated that they were Christians while 3 (3.5%) said that they were Muslims. Table 2 shows their religious affiliation and gender. Out of 50 male pupils, 48 (96%) of them said that they were Christians while out of 35 female pupils, 34 (97%) said they were Christians.

Table 2: Religious affiliation

Age (in years)	Gender		Total
	Male	Female	
Christian	48 (96.0%)	34 (97.1%)	82 (96.5%)
Muslim	2 (4.0%)	1 (2.9%)	3 (3.5%)
Total	50 (100.0%)	35 (100.0%)	85 (100.0%)

Among those who said that they were Christians, 20 (23.5%) of them were from the Catholic Church while 15 (17.6%) were from United Church of Zambia, and 9 (10.6%) were from the Seventh-Day Adventist Church. The rest of the respondents came from other churches.

3.5 SAMPLING PROCEDURE

In selecting the 3 High Schools in Lusaka District, random sampling technique was used. The four schools and pupil participants from these schools were randomly selected. To start with, names of all schools in Lusaka were written on pieces paper which were shuffled and put in a box. Four pieces of paper were randomly picked from the box and the selected names of schools were included in the study. However, the four (4) from the church organisations and two (2) civil society representatives were purposively selected because these people were expected to be information laden that would provide the most needed information for this study. Kombo and Tromp (2006) state that the power of purposive sampling lies in selecting information rich cases for in-depth analysis related to the central issues under study.

3.6 RESEARCH INSTRUMENTS

In collecting data for this research, the following instruments were used: structured questionnaires, semi-structured interview schedules and focus group discussion guides.

3.7 DATA COLLECTION

The data were collected between the last two weeks of the second term of the school calendar for 2009.

Structured questionnaires were used to obtain information from the pupils regarding their perceptions of the church and secular institutions in relation to HIV and AIDS messages.

Semi-structured interview schedules were used to gather information from the key informants from the church and secular institutions in Lusaka District.

3.8 DATA ANALYSIS

The Statistical Package for Social Sciences (SPSS) was used to analyse quantitative data from the questionnaires while qualitative data which was obtained through interviews and Focus Group Discussions was analysed by coding and grouping emerging themes. Computer generated tables of frequencies and percentages were used in describing distributions of the variables which were presented in the form of tables or pie charts.

3.9 LIMITATIONS OF THE STUDY

This study was limited to selected Lusaka District schools. The sample was rather small due to limited time and resources in relation to the entire population of schools in Lusaka District. Therefore, the findings of this study cannot be generalized to other districts in the province.

3.10 ETHICAL CONSIDERATIONS

Ethical issues were highly considered in this study. Permission was first requested for from the DEBS Offices in Lusaka for using the high schools in the study. At school level, the Head teachers gave concert for the pupils to participate in the study. Permission was also sought from the civil society and the churches that participated in the study. The aim of the study was clearly explained to the pupils, participants from the civic society and the church before commencement of the interviews.

CHAPTER FOUR

PRESENTATION OF FINDINGS

4.1 INTRODUCTION

This chapter presents the findings of the study aimed at investigating youths' perceptions of church and secular HIV and AIDS intervention strategies. The findings are presented according to the emerging themes from the field starting with the findings from pupils followed by those from the churches and then from civil society organisations.

4.2 FINDINGS FROM PUPILS

Influence of Religion by Gender on Sex Behaviour

Asked whether religion had any influence on the sexual behaviour of the participants, most of them, 54 (65.1%) said "yes" while 29 (34.9%) said "no". Of the 54 pupils who acknowledged that their religions had an influence on their sex behaviour, 29 (59.2%) of them were male while 25 (73.5%) were female. Twenty (20) representing 40.8% male and 9 (26.5%) female pupils indicated that there was no influence on their sex behaviour from their religions. The rest of the responses are shown in Table 3 below.

Table 3: Whether religion had influence on sex behaviour by gender

Response	Gender		Total
	Male	Female	
Yes	29 (43.1%)	25 (29.4%)	54 (63.5%)
No	20 (23.5%)	9 (10.6%)	29 (34.1%)
No response	1 (1.2%)	1 (1.2%)	2 (2.4%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Regularity of Church Discussions on HIV and AIDS for Youths

As regards how regular the church held discussions on HIV and AIDS for youths, most of the respondents, 23 (27.7%) said "very regular", followed 19 (22.9%) of them who said "regular". Seventeen (17) representing 20.5% of them said they were not sure while 13 (15.7%) said "not regular". The rest of the responses are shown in table 4 below.

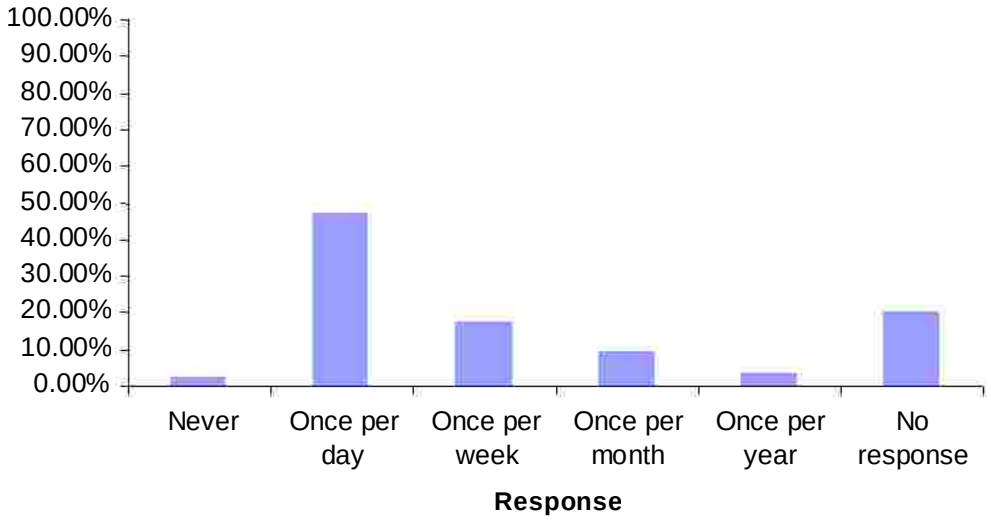
Table 4: Regularity of Church Discussions on HIV and AIDS for Youths

Frequency	Gender		Total
	Male	Female	
Very regular	7 (14.6%)	16 (45.7%)	23 (27.7%)
Regular	13 (27.1%)	6 (17.1%)	19 (22.9%)
Quite regular	6 (12.5%)	5 (14.3%)	11 (13.3%)
Not regular	8 (16.7%)	5 (14.3%)	13 (15.7%)
Not sure	14 (29.2%)	3 (8.6%)	17 (20.5%)
Total	48 (57.8%)	35 (42.2%)	83 (100.0%)

Frequency of pupils hearing about HIV and AIDS information

Regarding how frequently pupils heard about information on HIV and AIDS, Figure 1 shows their responses. More pupils, 40 (47.1%) stated that they heard about HIV and AIDS information once per day, followed by 15 pupils (17.6%) who said they heard about these messages once per week. The rest of them, 8 (9.4%) said "once per month"; 3 (3.5%) "once per year"; 2 (2.4%) "never" and 17 (20.0%) did not respond to this question.

Figure 1: Frequency of pupils hearing about HIV and AIDS information



Pupils' Knowledge about HIV and AIDS

Pupils were asked to indicate when they first heard ab HIV and AIDS. Table 5 below shows their responses. The table shows that majority of the pils, 37 males and 23 females, representing 74% and 66% respectively indicated that they had heard about HIV and AIDS at primary school level, while 9 males (18%) and 5 females (14%) said they heard about it before starting school. The rest of the responses are shown in the table below.

Table 5: When pupil first heard about HIV and AIDS

When first heard about HIV and AIDS	Gender		Total
	Male	Female	
Before starting school	9 (18.0%)	5 (14.3%)	14 (16.5%)
At primary school level	37 (74.0%)	23 (65.7%)	60 (70.6%)
At Junior secondary school level	4 (8.0%)	6 (17.1%)	10 (11.8%)
At Senior secondary school level	-	1 (2.9%)	1 (1.2%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Whether pupils had enough knowledge about HIV and AIDS, most of them, 57 (68.7%) said "yes" while 22 (26.5%) said "no". The rest of the responses are shown in Table 6 below according to gender of respondents.

Table 6: Whether pupil had enough knowledge about HIV and AIDS

Response	Gender		Total
	Male	Female	
Yes	31 (64.6%)	26 (74.3%)	57 (68.7%)
No	14 (29.2%)	8 (22.9%)	22 (26.5%)
Not sure	3 (6.3%)	1 (2.9%)	4 (4.8%)
Total	48 (57.8%)	35 (42.2%)	83 (100.0%)

Pupils' Views on sexual partnerships

Pupils were asked to indicate whether they had a boyfriend or girl friend. Most of the pupils, 51 (60.0%) said "yes" while 34 (40.0%) said "no". Table 7 below shows their responses according to gender.

Table 7: Whether pupil had a boyfriend/girlfriend

Response	Gender		Total
	Male	Female	
Yes	32 (64.0%)	19 (54.3%)	51 (60.0%)
No	18 (36.0%)	16 (45.7%)	34 (40.0%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

For the respondents who said they had a boyfriend/girl iend, a further question was asked to them to indicate what kind of partners they had. Table 8 shows the type of partners they had. Most of them 27 (52.9%) said "fellow pupil" while 21 (41.2%) of them said "young member of the community".

Table 8: Kind of boyfriend/girl friend of the pupil

Kind of boyfriend/girlfriend	Gender		Total
	Male	Female	
Fellow pupil	22 (68.8%)	5 (26.3%)	27 (52.9%)
Young member of the community	9 (28.1%)	12 (63.2%)	21 (41.2%)
Older member of the community	1 (3.1%)	2 (10.5%)	3 (5.9%)
Total	32 (62.7%)	19 (37.3%)	51 (100.0%)

Whether pupil has ever had sexual intercourse

Asked whether the pupils had ever engaged in sexual intercourse, Table 9 below shows that more than half of the pupils (70%) had not had sex before while 30% said they had had sex before.

Table 9: Whether respondent has ever had sexual intercourse

Response	Gender		Total
	Male	Female	
Yes	17 (34.0%)	8 (23.5%)	25 (29.8%)
No	33 (66.0%)	26 (76.5%)	59 (70.2%)
Total	50 (59.5%)	34 (40.5%)	84 (100.0%)

Whether respondent was forced to have sex

Of those who had engaged in sexual intercourse, a further question was asked to them to indicate as to whether they were forced to have sex. Their responses were as shown in Table 10. The tables shows that 10 of them (12.0%) said they were forced while 73 (88.0%) said they were not forced.

Table 10: Whether respondent was forced to have sex

Response	Gender		Total
	Male	Female	
Yes	4 (8.2%)	6 (17.6%)	10 (12.0%)
No	45 (91.8%)	28 (82.4%)	73 (88.0%)
Total	49 (59.0%)	34 (41.0%)	83 (100.0%)

Possibility of abstaining from sex completely

Regarding whether it was possible to abstain from sex ompletely, the majority of the pupils 62 (74.7%) said "yes" while 21 (25.3%) said "no". Their responses broken by gender are shown in table 11 below.

Table 11: Whether it is possible to abstain from sex completely

Response	Gender		Total
	Male	Female	
Yes	31 (63.3%)	31 (91.2%)	62 (74.7%)
No	18 (36.7%)	3 (8.8%)	21 (25.3%)
Total	49 (59.0%)	34 (41.0%)	83 (100.0%)

Discussions on condom use with sexual partners

Asked whether pupils discussed condom use with their sexual partner, the majority of them (72.6%) said "yes" while 23 (27.4%) said "no". Table 12 shows their responses according to gender.

Table 12: Whether pupils discussed condom use with their sexual partners

Response	Gender		Total
	Male	Female	
Yes	36 (72.0%)	25 (73.5%)	61 (72.6%)
No	14 (28.0%)	9 (26.5%)	23 (27.4%)
Total	50 (59.5%)	34 (40.5%)	84 (100.0%)

Pupils views on discussions with sexual partners on condom use

For the respondent who said they discussed condom use with their sexual partner, a further question was asked to them to indicate how they found such discussions. Out of 61 pupils who responded to this question, most of them 32 (52.5%) said the discussions were very helpful while 18 (29.5%) said they were helpful and 10 (16.4%) said were quite helpful. Only one respondent said the discussions were not helpful.

Pupils views on information about HIV and AIDS

Regarding whether the information pupils received about HIV and AIDS was educative enough, 69 (81.2%) said "yes" while 16 (18.8%) said "no". Table 13 below shows their responses by gender.

Table 13: Whether information received by pupils about HIV and AIDS was educative enough

Response	Gender		Total
	Male	Female	
Yes	41 (82.0%)	28 (80.0%)	69 (81.2%)
No	9 (18.0%)	7 (20.0%)	16 (18.8%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Whether pupil has ever gone for VCT

Pupils were asked to say whether they had ever gone for VCT. The majority of them, 62 (72.9%) said “no” while 23 (27.1%) said “yes”. Of the 27% who said “yes”, 12 (14.1%) were males while 11 (12.9%) were females. Table 14 below shows the rest of the responses.

Table 14: Whether pupil had ever gone for VCT

Response	Gender		Total
	Male	Female	
Yes	12 (14.1%)	11 (12.9%)	23 (27.1%)
No	38 (44.7%)	24 (28.2%)	62 (72.9%)
Total	50 (58.8%0	35 (41.2%)	85 (100.0%)

For the respondents who said that they had never gone for VCT, a further question was asked to them to indicate whether they would consider going there one day. The majority of them, 54 (87.1%) said they would consider going for VCT while 8 (12.9%) said they would not. Among the pupils who said “yes”, 31 (50.0%) were males while 23 (37.1%) were females. Table 15 below shows their responses.

Table 15: Whether pupil would consider going for VCT

Response	Gender		Total
	Male	Female	
Yes	31 (50.0%)	23 (37.1%)	54 (87.1%)
No	7 (11.3%)	1 (1.6%)	8 (12.9%)
Total	38 (61.3%)	24 (38.7%)	62 (100.0%)

Whether respondent would encourage friends to go for V T

The subjects were asked to indicate whether they would encourage a friend to go for VCT. Almost all the respondents, 76 (89.4%) said they would encourage a friend to go for VCT

because it is important for one to know his/her status while 4 (4.7%) said they would not do so because they themselves had never gone there. One respondent did not respond to this question.

Whether pupils thought churches could help in the spreading of HIV and AIDS mitigation messages

As regards to whether churches could help in the spreading of HIV and AIDS mitigation messages, the majority of respondents, 71 (83.5%) said "yes" while 12 (14.1%) said "no". Table 16 below shows their responses. Of the respondents who said "yes", 41 (48.2%) were males while 30 (42.3%) were females.

Table 16: Whether churches could help in the spreading of HIV and AIDS mitigation messages

Response	Gender		Total
	Male	Female	
Yes	41 (48.2%)	30 (35.3%)	71 (83.5%)
No	8 (9.4%)	4 (4.7%)	12 (14.1%)
No response	1 (1.2%)	1 (1.2%)	2 (2.4%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Churches that are prominent in sensitizing people abou the prevalence and dangers of HIV and AIDS

Pupils were asked to indicate the churches which they were prominent in sensitizing people on the prevalence and dangers of HIV and AIDS. Their responses varied with most of them saying "Roman Catholic" and "United Church of Zambia" representing 18% and 15% of the total respondents respectively. This was followed by those who said "African National Church" accounting for 7% of the total respondents. The rest of the responses are shown in Table 17.

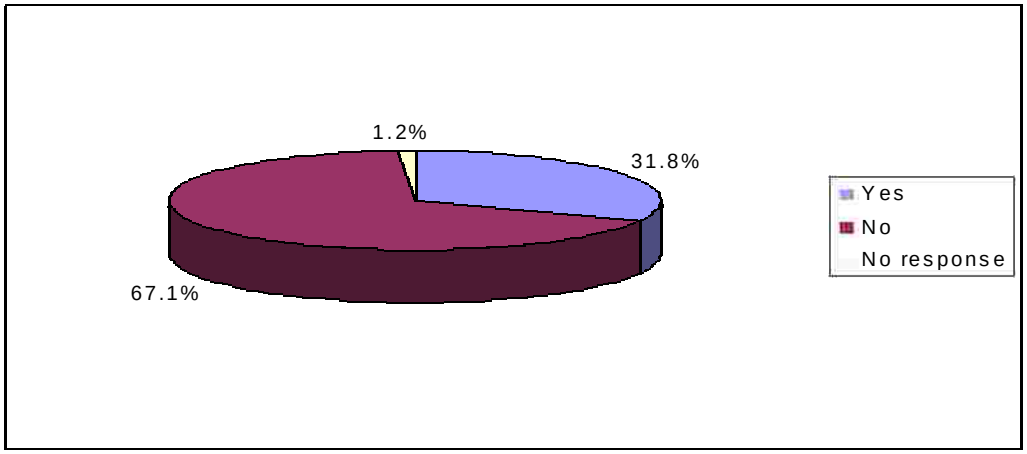
Table 17: Churches and/or religious institutions which are prominent in sensitizing people on HIV and AIDS

Name of Church	Frequency	Percent
Roman Catholic	15	17.6
United Church of Zambia	13	15.3
African National Church	6	7.1
Baptist & United Church of Zambia	5	5.9
United Church of Zambia & Catholic	4	4.7
Bread of Life & United Church of Zambia	3	3.5
Good Shepherd	3	3.5
Assembly Church of God	3	3.5
St. Monique Mosque Ministries	3	3.5
Seventh Day Adventist & Catholic	3	3.5
Reformed church in Zambia	3	3.5
Catholic & New Apostolic	1	1.2
Bread of Life	1	1.2
Seventh Day Adventist & Catholic	1	1.2
Baptist & Catholic	1	1.2
New Apostolic	1	1.2
United Church of Zambia, Catholic & Baptist	1	1.2
Evangelical	1	1.2
Liberty Christian Centres, Bread of Life, Living Water Global & Seventh Day Adventist	1	1.2
African Methodist, Dynamic Ministries, GO Centre & Catholic	1	1.2
Bread of Life, United Church of Zambia & Seventh Day Adventist	1	1.2
Jehovah's Witness	1	1.2
BIGOGA, United Church of Zambia & Catholic	1	1.2
None	4	4.7
No response	6	7.1
Total	85	100.0

Pupils' views on whether churches are better at spreading HIV AIDS related messages than NGOs

As regards to whether churches are better at spreading HIV and AIDS lated messages, the majority of pupils 57 (67.1%) said the church was not better while 27 (31.8%) said it was better. Figure 2 below shows their responses.

Figure 2: Whether churches are better at spreading HIV and AIDS related Messages than NGOs



Pupils were further asked to give reasons for their responses. Table 18 below shows the reasons. For the respondents who said "yes", 12 (14.1%) cited the reason as being that more people are comfortable and relaxed to hear messages from the church ,while 5 (5.9%) were of the view that the church had a large audience. For the pupils who said "no" most of them, 13 (15.3%) were of the view that NGOs hold many activities than the church, while 12 (14.1%) said the main purpose of the church is to preach the gospel and not talking about HIV and AIDS. Table 18 shows the rest of the responses.

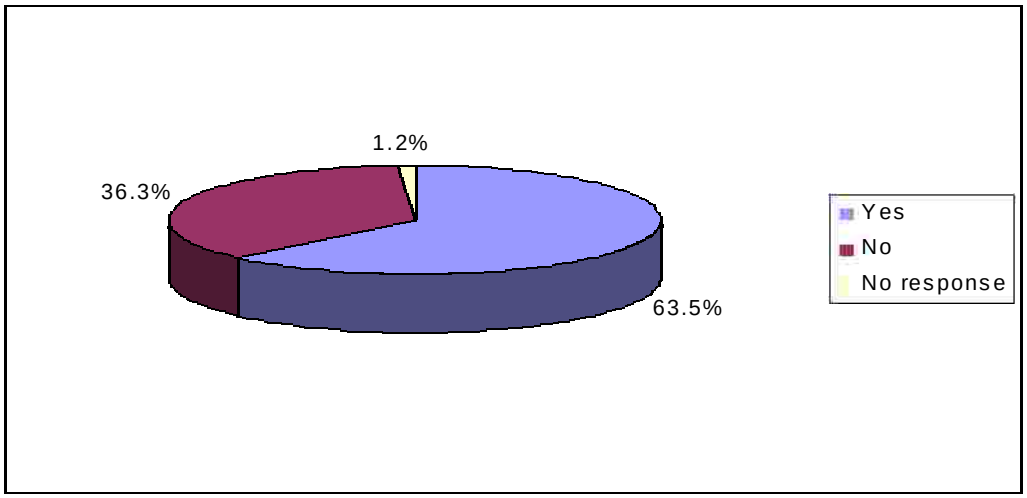
Table 18: Whether pupils think churches are better at spreading HIV and AIDS related messages than NGOs

Reasons	Response			Total
	Yes	No	No response	
NGOs hold many activities than the church	3 (3.5%)	13 (15.3%)	1 (1.2%)	17 (20.0%)
More people are comfortable and relaxed to hear messages from the church than NGOs	12 (14.1%)	1 (1.2%)	-	13 (15.3%)
No response	7 (8.2%)	6 (7.1%)	-	13 (15.3%)
The main purpose of the church is to preach the gospel	-	12 (14.1%)	-	12 (14.1%)
Churches consider talking about sex and HIV and AIDS as untraditional	-	10 (11.8%)	-	10 (11.8%)
Some churches do not explain the real dangers of pre-marital sex	-	10 (11.8%)	-	10 (11.8%)
The church has a large audience	5 (5.9%)	4 (4.7%)	-	9 (10.6%)
Not everyone goes to church	-	1 (1.2%)	-	1 (1.2%)
Total	27 (31.8%)	57 (67.1%)	1 (1.2%)	85 (100.0%)

Pupils' views on whether they thought that civic society organisations/NGOs were doing enough in sensitizing people about the prevalence and dangers of HIV and AIDS

As regards sensitization by civil society organisations and NGOs on the prevalence and dangers of HIV and AIDS, most of the respondents were of the v that they were doing enough. Figure 3 shows their responses.

Figure 3: Whether civil society and NGOs were doing enough in sensitizing people on the prevalence and dangers of HIV and AIDS



Civil society organisations (NGOs) that have been instrumental in sensitizing people about the prevalence of HIV and AIDS

Pupils were asked to indicate the civil society organisations (NGOs) they thought were instrumental in sensitizing people about the prevalence and dangers of HIV and AIDS. Their responses are shown in Table 19 below. Most of them 11 (12.9%) indicated Anti-AIDS clubs followed by those who said WHO and GOON7 Squad, 6 (7.1%). Others were YWCA/YMCA (5.9%); YMCA and Youth Alive (5.9%). The rest of the responses are shown in the table below.

Table 19: Civil society organisations/NGOs that have been instrumental in sensitizing people about the prevalence of HIV and AIDS

Name of Organisation	Frequency	Percent
Anti-AIDS clubs	11	12.9
Home based care	7	8.2
WHO/GOON7 SQUAD	6	7.1
YMCA & Youth Alive	5	5.9
YWCA & YMCA	5	5.9
YWCA & FODEP	4	4.7
Red Cross	4	4.7
GOON7 SUQAD, NAC & WHO	3	3.5
YMCA, Image Africa, Anti-AIDS club	3	3.5
Women's Lobby	3	3.5
NAC	3	3.5
NZP+, NAC, UNAID, CHAZ	3	3.5
Society for Women and AIDS in Zambia (SWAZ)	3	3.5
WHO	2	2.4
CHANGES, FAWEZA & SAFE clubs	2	2.4
Family Health	1	1.2
CHAZ	1	1.2
ADC & Anti-Drug Commission	1	1.2
ZNBC	1	1.2
NAC & Anti-AIDS clubs	1	1.2
UNICEF, Home Based Care	1	1.2
Kabwata Sports in Action	1	1.2
Women for Change, MMC initiative, Red Cross	1	1.2
FAWEZA, UNICEF, USAID & Trend Setters	1	1.2
No response	12	14.1
Total	86	100.0

Pupils perception of the difference between HIV and AIDS

The study sought to find out if pupils knew the difference between HIV and AIDS, thus they were asked to give what they understood by HIV and AIDS. Two levels of measurement were employed, that is, "correct or incorrect" The study showed that most of the males, 31 (36.5%) and females, 25 (29.4%) were able to explain the difference between HIV and AIDS while 17 (20.0%) males and 7 (8.2%) females were unable to tell the differences between HIV and AIDS. Table 20 below shows their responses.

Table 20: What is the difference between HIV and AIDS

Answer	Gender		Total
	Male	Female	
Correct	31 (36.5%)	25 (29.4%)	56 (65.9%)
Incorrect	17 (20.0%)	7 (8.2%)	24 (28.2%)
No response	2 (2.4%)	3 (3.5%)	5 (5.9%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Possible ways of getting infected with HIV

Regarding possible ways through which a person can get infected by HIV, pupils' views were as shown in Table 21 below. Most of them, 33 (38.8%) said through "unprotected sex and sharing of needles" while 16 (18.8%) said through "unprotected sex, MCTC and blood", yet another 16 (18.8%) of them said through "blood transfusion, unprotected sex, and using unsterilized needles". Other responses are shown in the table below.

Table 21: Possible ways through which a person can get HIV by gender

Possible ways	Gender		Total
	Male	Female	
Unprotected sex and sharing needles	20 (23.5%)	13 (15.3%)	33 (38.8%)
Unprotected sex, mother to child transmission and bloo transfusion,	7 (8.2%)	9 (10.6%)	16 (18.8%)
Blood transfusion, unprotected sex and sharing needles	11 (12.9%)	5 (5.9%)	16 (18.8%)
Blood transfusion, unprotected sex, mother to child transmission and sharing needles	1 (1.2%)	5 (5.9%)	6 (7.1%)
Unprotected sex	4 (4.7%)	2 (2.3%)	6 (7.1%)
Unprotected sex and blood transfusion	4 (4.7%)	1 (1.2%)	5 (5.9%)
No response	3 (3.5%)	-	3 (3.5%
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Possible Ways of preventing HIV infection

Regarding possible ways of preventing the HIV infection, 29 pupils (34.1%) said through "abstinence and condom use" whereas 18 pupils (21.2%) said through "abstinence, condom-use, and using sterilized equipment". The other 16 pupils (18.8%) were of the view that it can be prevented through "abstinence, condom use and faithfulness to sexual partners". Table 22 shows the rest of the responses.

Table 22: Possible ways of preventing HIV infection by gender

Possible ways	Gender		Total
	Male	Female	
Abstinence and condom use	21 (24.7%)	8 (9.4%)	29 (34.1%)
Abstinence, condom use and using sterilised equipment	9 (10.6%)	9 (10.6%)	18 (21.2%)
Abstinence, condom use and faithfulness	8 (9.4%)	8 (9.4%)	16 (18.8%)
Abstinence and avoiding sharing needles	4 (4.7%)	2 (2.4%)	6 (7.1%)
Abstinence	3 (3.5%)	3 (3.5%)	6 (7.1%)
Abstinence and avoiding bold transfusion	4 (4.7%)	1 (1.2%)	5 (5.9%)
Condom use and sticking to one sexual partner	1 (1.2%)	3 (3.5%)	4 (4.7%)
No response	-	1 (1.2%)	1 (1.2%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Measures pupils take to safeguard oneself from the dangers of HIV and AIDS

As regards to HIV and AIDS preventive measures, the majority of pupils 59 (69.4%) said the only way to safeguard oneself from the dangers of HIV AIDS was by abstaining. This was followed by 8 (9.4%) of them who said “through abstaining and having good company”. The other pupils, 5 (5.9%) indicated that one could safeguard him/her self by abstaining and using a condom when having sex. Table 23 shows the remaining responses by gender.

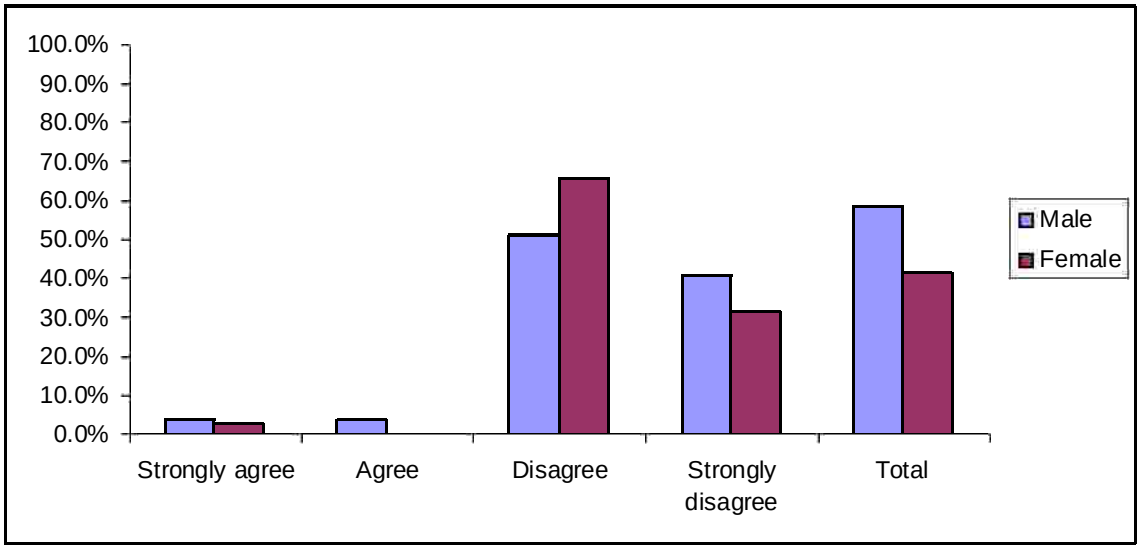
Table 23: How someone can safeguard him/her self from dangers of HIV and AIDS

Ways of safeguarding oneself	Gender		Total
	Male	Female	
Abstaining	35 (41.2%)	24 (28.2%)	59 (69.4%)
Abstaining and having a good company	5 (5.9%)	3 (3.5%)	8 (9.4%)
Abstaining and using a condom	2 (2.4%)	3 (3.5%)	5 (5.9%)
No response	3 (3.5%)	1 (1.2%)	4 (4.7%)
Abstinence, condom use and avoiding abusing drugs	2 (2.4%)	1 (1.2%)	3 (3.5%)
Abstaining and being faithful to partner	1 (1.2%)	2 (2.4%)	3 (3.5%)
Using a condom always	2 (2.4%)	1 (1.2%)	3 (3.5%)
Total	50 (58.8%)	35 (41.2%)	85 (100.0%)

Pupils' views on whether people who get HIV and AIDS get what they deserve

Most of the pupils, 48 (56.5%) "disagreed" while 31 (3 5%) "strongly disagreed". Figure 4 shows the rest of the responses by gender of respondent.

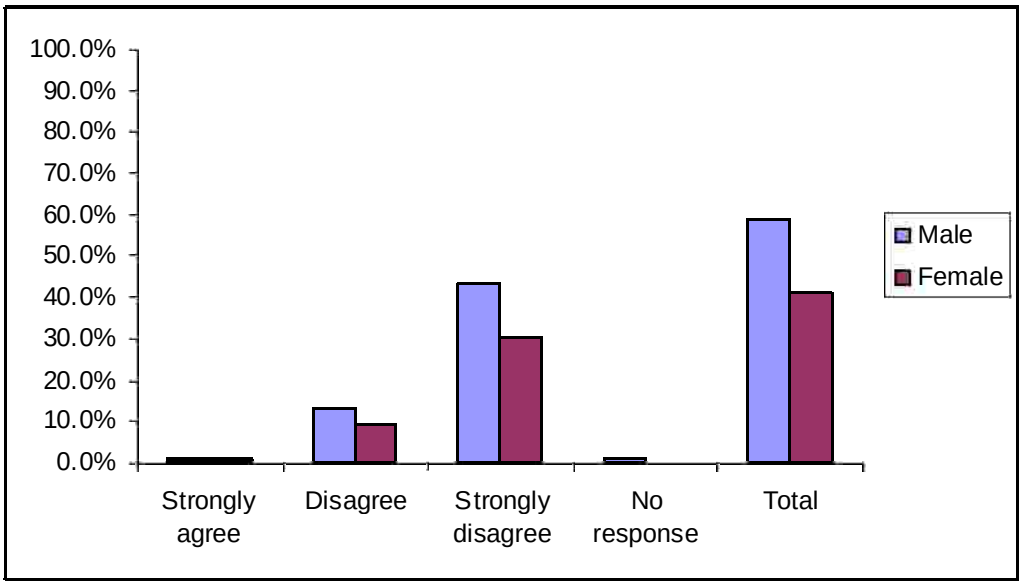
Figure 4: People who get HIV and AIDS get what they deserve



Pupils' views on whether they would ask a relative with HIV and AIDS to move out of their bedroom

Pupils were asked to indicate whether they would share the same room with a relative who is infected with HIV and AIDS or would ask him/her to leave their room. Most of them, 63 (74.1%) "strongly disagreed" while 19 (22.4%) "disagreed" and 2 (2.4%) "strongly agreed". One respondent did not respond to this question. Figure 5 below shows their responses by gender.

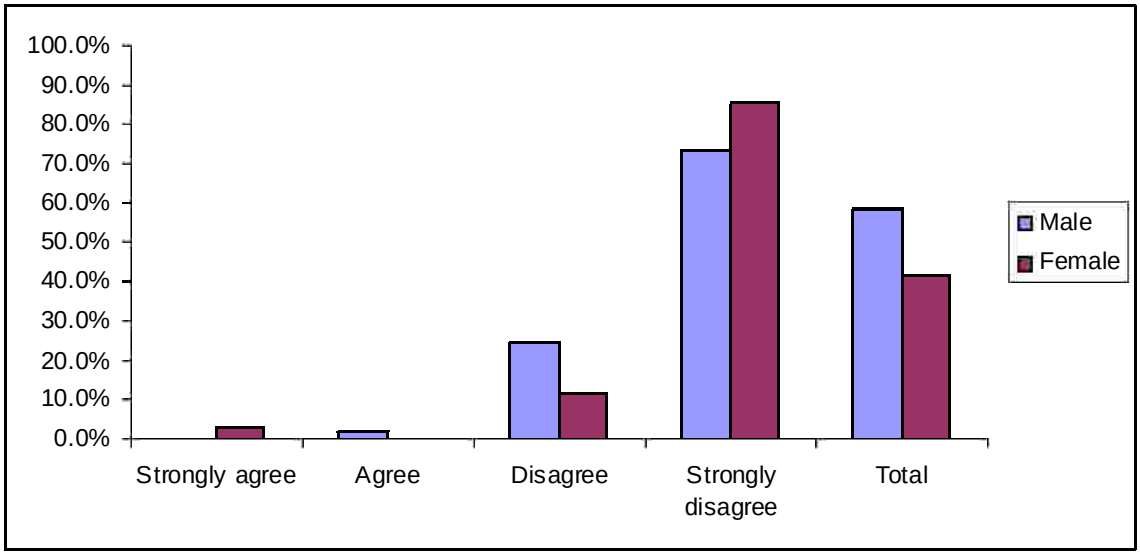
Figure 5: Whether respondent would ask a relative with HIV and AIDS to move out of their bedroom



Pupils' views on whether fellow pupils with HIV and AIDS should not be allowed in school

As regards whether pupils with HIV and AIDS should not be allowed in school, majority of the respondents 66 (77.6%) "strongly disagreed" while 16 (.8%) "disagreed" and one respondent "agreed". One other respondent did not respond to this question. Figure 6 shows their responses by gender.

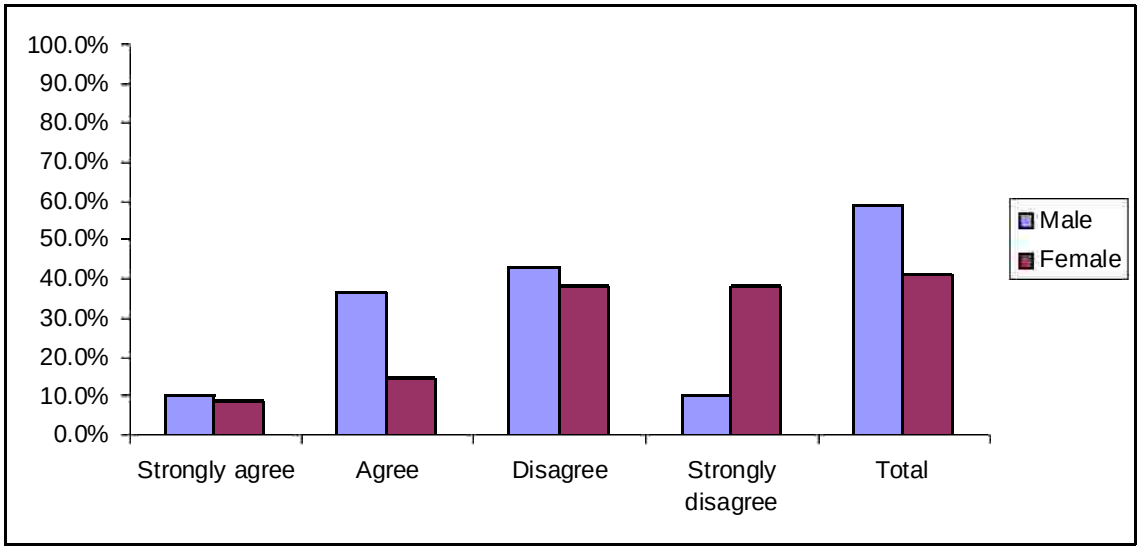
Figure 6: Pupils who have HIV and AIDS must not be allowed to be at this school



Pupils' views on risk of contracting HIV

Pupils were asked to indicate whether they felt they were at risk of contracting HIV or not. Most of them, 34 (40.0%) "disagreed" while 23 (27.1%) "agreed" and 18 (21.2%) "strongly disagree". The other 8 (9.4%) of them "agreed" while two of them did not respond to this question. Figure 7 below shows their responses by gender.

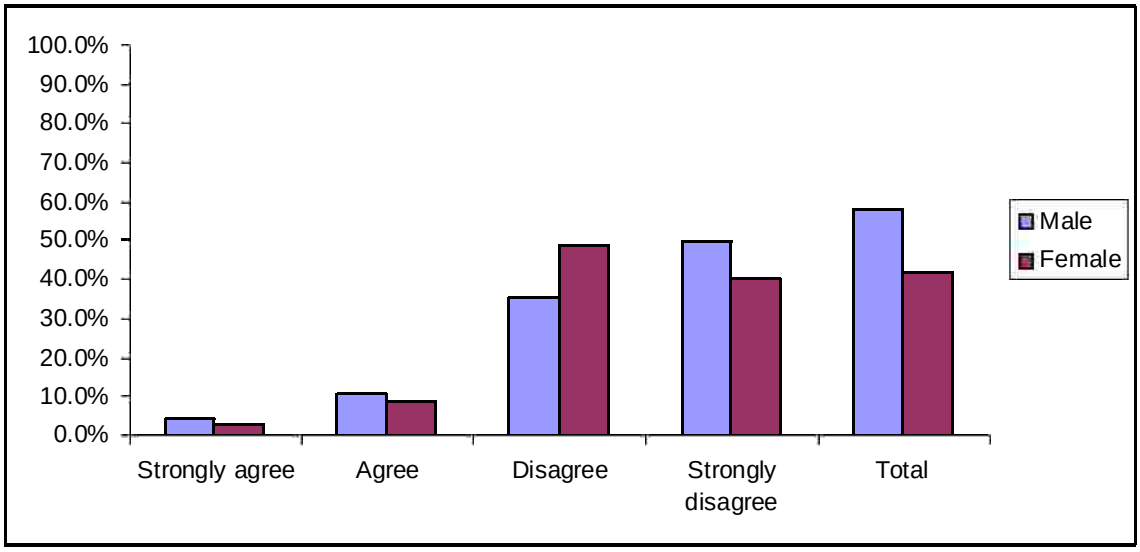
Figure 7: I am not personally at risk of contracting HIV



I would not feel comfortable using the same toilet with someone who has HIV and AIDS

Pupils were asked to say if they would feel uncomfortable to share the same toilet with a person who has HIV and AIDS. Their responses are shown in Figure 8 below. Most of them, 38 (44.7%) "strongly disagreed" to the statement while 34 (40.0%) "disagreed". On the other hand 8 (9.4%) "agreed" while 3 (3.5%) " strongly agreed". Two of them did not respond to the statement. Figure 8 shows their responses by gender

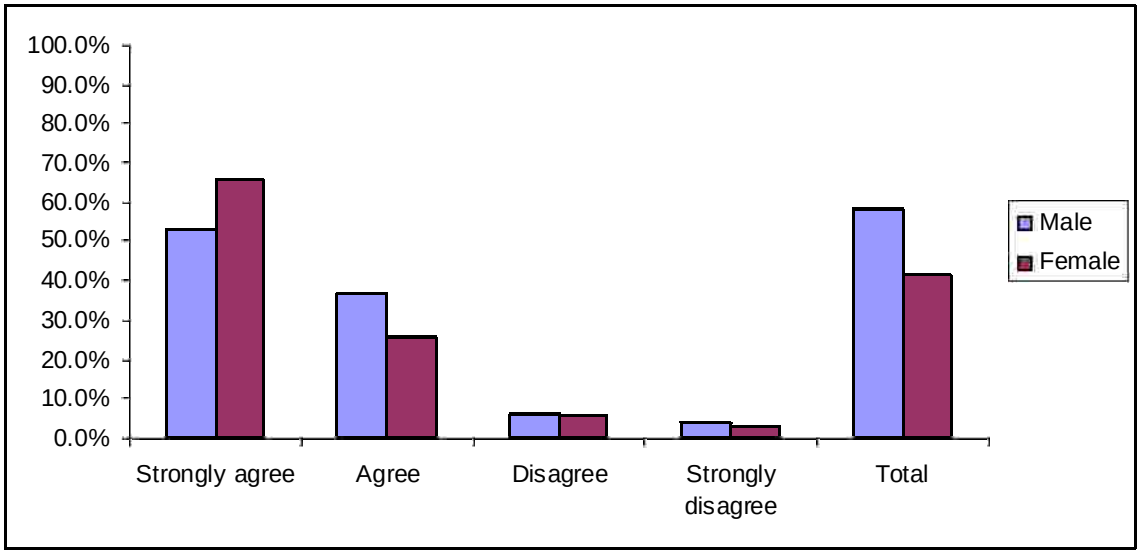
Figure 8: I would not feel comfortable using the same toilet with someone who has HIV and AIDS



I am ready to care and support relatives and friends with HIV and AIDS

As regards readiness to take care and support relatives and friends with HIV and AIDS, 49 (57.6%) of them "Strongly agreed" while 27 (31.8%) "agreed". On the other hand, 5 (5.9%) "disagreed" and three "strongly disagreed". One respondent did not respond to this question. Figure 9 shows their responses by gender.

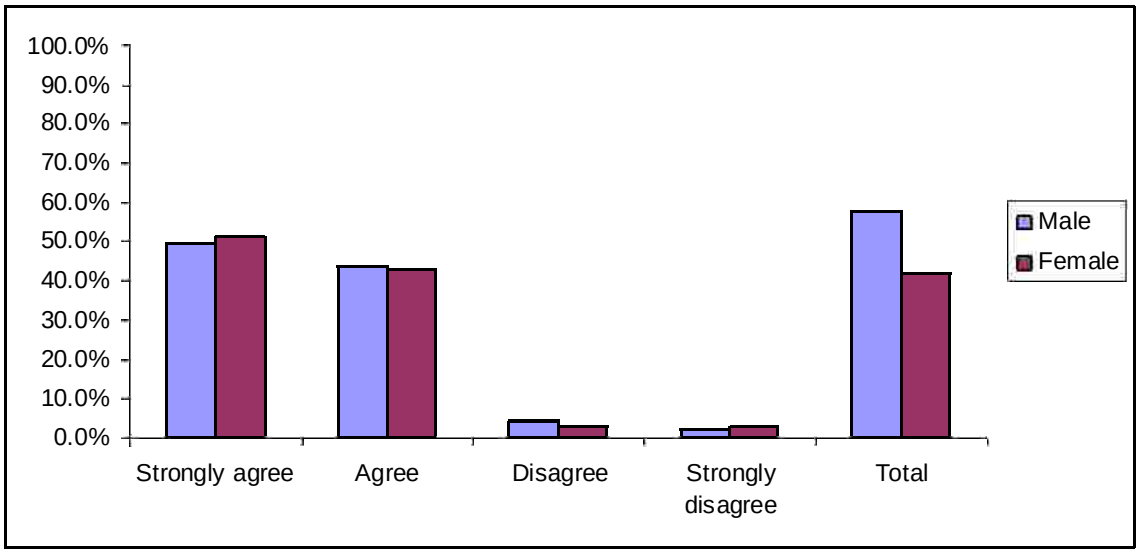
Figure 9: I am ready to care and support relatives and friends with HIV and AIDS



Many people who are infected with HIV and AIDS can still look healthy

Pupils were asked to indicate whether people who are infected with HIV and AIDS could still look healthy. Figure 10 below shows their responses by gender. The majority of them, 42 (49.4%) "strongly agreed" while 36 (42.4%) "agreed". Three of them "disagreed" while two "strongly disagreed". Two other respondents did not respond to the question.

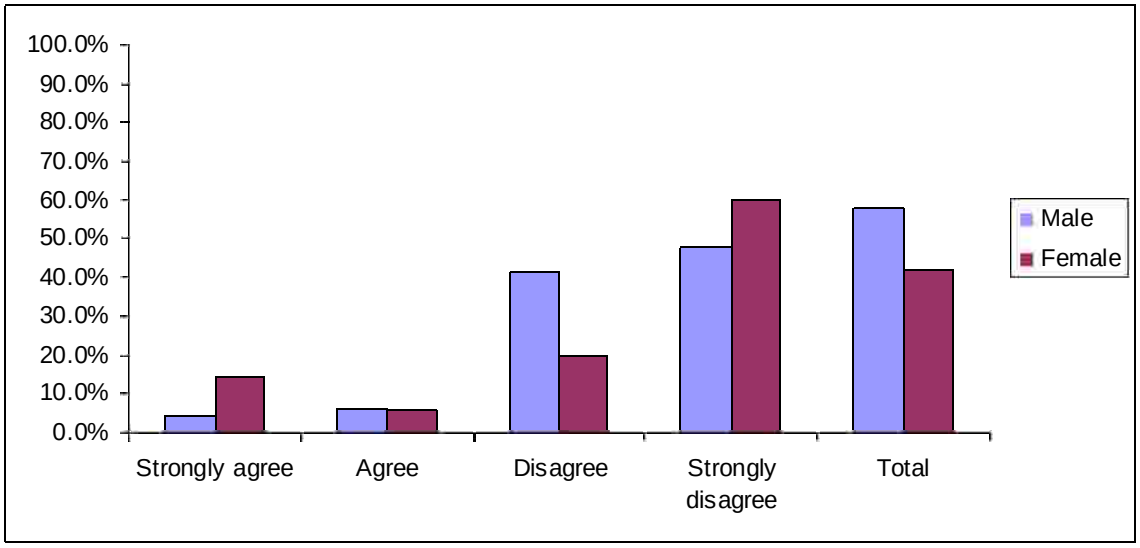
Figure 10: Many people who are infected with HIV and AIDS can still look healthy



Pupils' views on whether it is or not necessary to use a condom if you are really in love with your partner

Pupils were asked to indicate whether it was necessary or not t use a condom when you really love your partner. Their responses are shown in Figure 11 below. The majority of them, 44 (51.4%) "strongly disagreed with the statement; 27 (31.8%) "disagreed", while seven "strongly agreed" and five "agreed" with the statement. Two respondents did not answer this particular question.

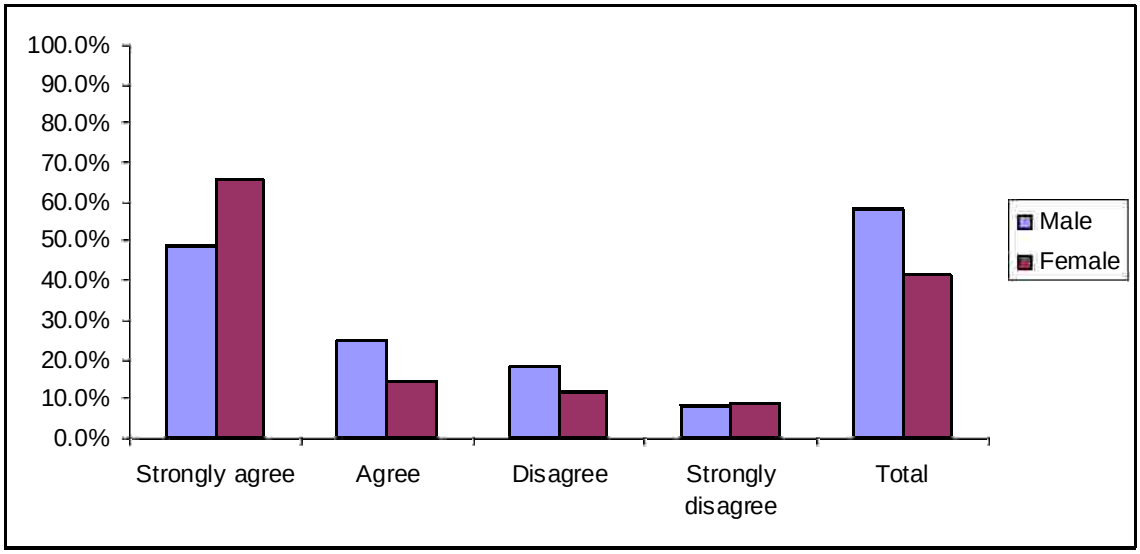
Figure 11: If you are really in love with your partner, it is not necessary to use a condom



Pupils' views on abstinence until one is married

As regards abstinence until one gets married, the majority of them, 47 (55.3%) agreed with the statement; 17 (20.0%) "agreed" while 13 (15.3%) and seven "disagreed" and "strongly disagreed", respectively. One respondent did not answer the question. Figure 12 below shows their responses.

Figure 12: I will make sure that I abstain from sex until I get in a marriage relationship when I finish school



Pupils' views on sources of HIV and AIDS messages

Regarding sources of HIV and AIDS messages, most of the pupils, 28 (32.9%) said they got such messages from books, magazines and posters followed by the school and clinic\hospital. The least source of such messages was the NGOs. The rest of the responses are shown in Table 24 below.

Table 24: Sources of HIV and AIDS messages

Sources	Frequency
Church	13
Radio, Television	16
NGOs	8
Books/Magazines/Posters	29
Clinic/Hospital	18
School	20
Home	12

4.3 FINDINGS FROM CHURCH ORGANISATIONS

Four churches were involved in this study. These were the Northmead Assemblies of God, the Catholic Church, the United Church of Zambia and the Salvation Army. The researcher had in-depth interviews on HIV and AIDS with some representatives of these churches. Presented are their views regarding various aspects of the study.

Views on the HIV and AIDS Situation in Zambia

Regarding views on the HIV and AIDS situation in Zambia, a co-pastor from the Pentecostal Northmead Assemblies church said:

> *"The situation is pathetic as the number of people infected has increased. Both adults and youths are vulnerable. Though the message is always passed on to them, they tend to turn a blind eye on to the pandemic due to a number of reasons."*

From the Catholic church point of view, a sister had this to say:

> *"The HIV and AIDS situation is increasing. STIs and TB are some of the common diseases through which AIDS manifests itself. Because of people's love for money these problems are the increase.*"

On the same issue regarding the HIV and AIDS situation in Zambia, a Reverend from the United Church of Zambia said:

> *"People know that HIV and AIDS is real but they tend to ignore the messages. Some people think that the only way to get what they want is by having several men or women. For some people thi is done for prestige and for others it is the search for basic needs."*

A Salvation Army captain (church minister) commented that,

> *"In spite of people talking about it, HIV and AIDS is still on the increase. There is a lot of stubbornness in people who would want to try and have sex all the time, in most cases, not even using precautionary measure like condoms."*

Views on Youths' Perceptions towards HIV and AIDS

Concerning youth perceptions towards HIV and AIDS, the Catholic Sister said:

> *"People including youths know that AIDS kills, but some say 'we shall all die' and they do not take the campaign messa seriously."*

A United Church of Zambia Reverend said the following:

> *"Because youths think they are growing up, they would want to experiment everything in life including sex. Some say it is part of growing up. Therefore they, especially boys, would want to have feel of a woman or a man for girls. They say they cann t abstain, but would rather use a condom. But we do not encourage the use of condoms, but abstinence."*

Views on What Influences Youth Perceptions towards HIV and AIDS

Regarding what influenced youth's perceptions towards HIV and AIDS, the co-pastor from the Pentecostal Northmead Assemblies Church said;

> *"Stubbornness is in both adults and youths. Youths wan o try and experience sex, while adults want to satisfy their sexual desires and also think that by doing so then they are 'man-enough.'"*

The Catholic Sister had this to say:

> *"Poverty is the greatest factor. In child-headed homes, children take whatever they come across even high risk activities such as un-safe sex. Others feel it is life to play sex."*

The Reverend from the United Church of Zambia said the following:

> *"New technology such as movies, (though not all) corrupt youths' morals because youths are curious and would want to try everything."*

From the Salvation Army respondent, a captain (Church Minister), bemoaned thus:

> *"There could be one or two strong reasons regarding what influences or should I say what controls this sort of behaviour. For example, because of poverty due to high levels of un-employment in the country, girl-youths are forced to indulge in sex for their survival thereby putting themselves at risk of contracting HIV and AIDS."*

Views on what Government, the Church and Civil Society Organisations are doing to address the HIV and AIDS Situation

On what Government was doing to curb the HIV and AIDS situation in Zambia, a United Church of Zambia Reverend sated that;

> *"What is currently happening should be encouraged, that is, where youths are encouraged to freely discuss HIV and AIDS issues freely among themselves with the help of well trained hers in the area of guidance and counselling. Drama groups at community and institutional levels should be encouraged. In schools HIV and AIDS message carrying pamphlets should be displayed in all classrooms as a reminder to pupils. All school syllabi must incorporate issues of HIV and AIDS."*

The Salvation Army clergyman also said:

> *"Government is trying and the church is equally supplementing Government efforts. For example, our church talks about HIV and AIDS issues every Sunday during the church service. In schools it is important to be providing lectures and literature such as pamphlets on HIV and AIDS."*

4.4 FINDINGS FROM CIVIL SOCIETY ORGANISATIONS

Like the church organisations, two civil society organisation representatives were asked to give their views on the subjects of HIV and AIDS pandemic. Presented below are their views.

Views on the HIV and AIDS Situation in Zambia

From Society for Family Health (SFH), an HIV and AIDS Coordinator said:

> "*Most people are stubborn on HIV and AIDS issues. Youths are the most stubborn and vulnerable because they think it is part of experience when one comes of age. Adults can have sex it a basic need."*

A respondent from the Churches Association of Zambia (CHAZ) was of the view that:

> *"The HIV and AIDS situation in Zambia has reached an alarming stage and, therefore, there is need to combat it before t sweeps away the whole country's population. In Zambia adults and youths have also been hit by this pandemic. This is due to a of reasons."*

Views on Youths' Perceptions of the HIV and AIDS

About youths' perceptions, the Society for Family Health HIV and AIDS coordinator said:

> *"The perception of HIV and AIDS by youths is very worrying as most of them do not even think of going for Voluntary unselling and Testing (VCT) before indulging in sex as long as t satisfy their ego."*

From the Churches Association of Zambia, the respondent said the following:

> *"The perceptions and attitudes of youths towards the HIV and AIDS situation are worrying. The messages are clearly getting to them but because they are stubborn, they would still want to experience and have a feel of what sex is."*

Views on What Influences Youth Perceptions on HIV and AIDS

From Society for Family Health, an HIV and AIDS coordinator thought quietly and later said:

> *"Poverty is one of the causes. Most youths especially girls drop early out of school and they start to have children at an early stage and later they discover that they cannot stand on thei own. This situation makes them touch anything they come across whether deadly or not (e.g. may be forced to indulge in sexual relationships for survival). They need to be empowered by giving them skills. Poverty embraces (welcomes) all forms of abuse in terms of HIV and AIDS."*

From the Churches Association of Zambia, the respondent said:

> *"In Zambia, the main problem is poverty. This drives people to indulge themselves in sexual activities in order to sustain themselves. Girls and women are a very good example in this*

regard. Men and boys also say one can only be called a man by having sex with a lot of girls or women, though some claim it is also a way of satisfying sexual desires."

Views on what Government, the Church and Civil Society Organisations are Doing to Address the HIV and AIDS Situation

Asked to mention what the Government and other partners were doing, a lady from Society for Family Health narrated the following:

"Government is doing a lot to sensitise people about the dangers of HIV and AIDS. Posters are everywhere for people to d and see the end result. The church also plays an important role by integrating HIV and AIDS messages in the sermons.

As a civil society movement, we have discovered that youths are sexually active and most of them for sure would want t have sex. And since only a few can abstain, we promote the use o condoms as a preventive measure. We distribute condoms to various institutions including shops where this commodity is s at a minimal price. We do this because AIDS is real and to rotect life, one just needs a condom. You know some youths and adults can be hyperactive after a drinking spree, they would just want to have sex without considering other logistics (safety precautions)."

The Churches Association of Zambia respondent said,

"Government is doing a great job through the media, sc ols and health institutions. The church is also supplementing government efforts by using the pulpit to reach to the people. The civil soc ty as well like Society for Family Health is also reaching the people through distribution of condoms although the church emphasizes abstinence."

What needs to be done to scale up the fight against HIV and AIDS among ouths in high Schools

Concerning the way forward to scale up the fight against the HIV and AIDS, the officer from Society for Family Health said:

> *"Lessons on HIV and AIDS need to be encouraged. Posters for both abstinence and condom use must be displayed so that people choose for themselves. Media houses must air messages n HIV and AIDS even for five minutes evryday. Door to door campaigns must be encouraged and in schools, Anti-AIDS Youth clubs must be formed."*

From the CHAZ's point of view, the respondent said:

> *"Anti AIDS clubs should be introduced and encouraged at school, college and university levels in order for the pupils d students to share ideas and experiences on HIV and AIDS. Workshops at place of work must be encouraged to remind each other n the dangers of HIV and AIDS. And in this regard, eople Living with HIV and AIDS, those willing of course, must be invited to share their experiences."*

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 INTRODUCTION

This chapter discusses the findings of the study which sought to investigate the attitudes of high school pupils' towards church and secular HIV and AIDS interventions strategies on HIV and AIDS. The chapter brings out the themes from the findings under each objective. The following were the objectives of the study: to compare high school pupils' levels of awareness in terms of church and secular HIV and AIDS information; to find out pupils' perceptions regarding HIV and AIDS messages coming from the church and secular institutions; and to identify pupils' conditioning messages responsible for the current behaviour and attitudes towards HIV and AIDS.

5.2 HIGH SCHOOL PUPILS' LEVELS OF AWARENESS IN TERMS OF CH CH AND SECULAR HIV AND AIDS INFORMATION

The study revealed that the majority of the pupils under study were Christians and only a small proportion of them were Muslim. This situation is expected because Zambia is predominantly Christian. This would mean that random sampling reveals more Christians than Muslins.

Before one can speak about whether the church or secular institutions play an important role in the dissemination of information on HIV and AIDS to high school pupils, it is of prime importance for one to find out whether pupils have knowledge about HIV and AIDS. To this effect, pupils were asked to indicate what they thought about HIV and AIDS. The study revealed that more than half the pupils knew the differences between HIV and AIDS. The study further revealed that most of the pupils (71%) came to learn about HIV and AIDS at primary school level of their education, although a few said they heard about it even before they started school.

This finding cannot be taken as a surprise because most of the pupils have seen how devastating the disease has been to their beloved friends, families and the nation as a whole – people dying in large numbers leaving behind widows, widowers, and indeed many orphans.

The above finding is in line with the report by the International Newsletter on HIV and AIDS Prevention and Care Action of 2000 which reported that 'no epidemic in the world attracts as much attention, publication, debate and controversy as HIV and AIDS pandemic'. The study also showed that a substantial number of both male and female pupils said they had a sexual partner, an indication that most of the High School pupils are sexually active.

As regards knowledge of preventive measures, most of the pupils aired the following: abstaining from sex, being faithful to one sexual partner and correct and consistent use of a condom every time one has sex. This finding is in line with that of SHARES (2003) who advocate for the ABC (Abstinence, Being faithful or Condom use) strategy. Other notable strategies for the prevention of HIV and AIDS infection are knowledge of modes of transmission of HIV, coupled with choice and willingness to abstain and/or consistent use of condoms. A survey conducted on 1228 students, aged 16-24 years, from 12 institutions of higher learning, including the University of Zambia (UNZA), showed high levels of awareness and knowledge on the mode of transmission of HIV. Among those who were sexually active, three quarters of the students knew about condoms preventing infection. Despite that, only about a third reported always using condoms. Not only was condom use among the respondents low but use was inconsistent also (SHARES, Ibid). All the above are indications that people are more knowledgeable about how HIV and AIDS are transmitted and the preventive measures.

As regards the type of partners the pupils had, the findings of the study revealed that most of the male pupils had a fellow pupil as girl friend while most of the female pupils had a young member of the community as boyfriend. The fact that most girls opted to have young members of the community as boyfriends could partly be attributed to the current economic situation that the country is undergoing. Children need all the essentials for their livelihood but some families cannot afford to give their children all that they need. The end result, especially for the girls, is to have someone who could give them what they need, in this case, young men within their communities. The above scenario leaves children without option but o involve themselves into risky behaviour like unprotected sex leading to infection of HIV and AIDS. The above finding is in conformity with Santrock (2004) who stated that special concern is the high incidence of AIDS in Sub/Saharan Africa. He argued that adolescent girls in many African countries are vulnerable to infection with HIV by adult men. He further indicates that approximately six times as many adolescent girls than boys have AIDS in these countries. However, Kelly (2008), found out that within the religious domain, there are other hurches that do not allow the use of condoms as one of the acceptable mitigation strategies for prevention of the HIV and AIDS pandemic because such a practice is regarded to be sexually immoral which is termed as sin.

The study also revealed that these pupils admitted to had sex before, and most of them said they had sex willingly, meaning that they were not forced to do so by their partners. This is a worrisome situation in that it is not known whether these pupils use HIV and AIDS preventive measures such as using condoms when having sex. If not, then they are at risk of getting infected. The above finding is in line with Kelly (2008) who noted that it must be recognized that the teenage boys and girls who manifest AIDS between 15 and 19 must have become HIV infected at much younger ages. In this regard, the youth who include high school pupils are very vulnerable to HIV and AIDS and its deadly effects.

Interviews with the church also showed that the HIV and AIDS pandemic has become a big source of worry as it is taking away the youths who are the future human resource. A co-pastor from Northmead Pentecostal Assemblies of God church described the HIV and AIDS situation as pathetic as the number of people infected is increasing drastically. Both adults and youths are vulnerable to the epidemic. Although messages are always passed on to them, they tend to turn a

blind eye on to the pandemic due to number of reasons such as AIDS is a disease just like any other disease. A Sister from the Catholic Church also lamented that the HIV and AIDS situation is increasing alarmingly, especially among the youths. STIs and TB are some of the common diseases through which AIDS manifests itself. Because people's love for money these problems are on the increase, she said.

A Reverend from the United Church of Zambia argued that people know that HIV and AIDS are real but they tend to ignore the message. Some people that the only way to get what they want is by having several men or women. For some people this is done for prestige and for others it is the search for basic needs. Because youths think they are growing up, they would want to experiment with everything in life including sex. Some say it is part of growing up, therefore they, especially boys, would want to have a feel of a woman or a man as for the girls. They say they cannot abstain, but would rather use a condom.

Kelly, (2008) adds that Africa's children are especial vulnerable both to the disease and to the impact itself. The pandemic attacks their inherent right to life and erodes the conditions needed for their survival, protection and development. Regarding possibilities of abstaining from sex completely as an intervention strategy, it is interesting to note here that the majority of the pupils (62%) advocated this strategy. However, for those who could not abstain completely, both males and females usually have discussions with their partners on the possibility of using condoms whenever they have sex. Though the use of a condom is considered to be the best preventive method against HIV transmission, it still remains unpopular among young people as revealed by the data in this study. Furthermore knowledge of preventive measures against the HIV and AIDS pandemic is very little among the high school pupils under study. Indeed, education has a key role to play both in the prevention of HIV and AIDS and in mitigating its effects on individuals, families, communities and society, but what is taught how, has a major bearing on the specific target group (Janssen 2005).

On the issue of information received, the study revealed that most of the pupils were of the view that the information was adequate and educative enough although a number of them have never gone for Voluntary Counselling and Testing (VCT). The above finding is in line with Kelly

(2008), who highlights that catholic schools have an obli ion to inform their students on every means of protecting themselves against infections from HIV and other STDs. These means include deferring the experience of sexual intercourse, reducing the number of sexual partners and using condoms. However, prominence should be given to instructions and discussions about abstinence and fidelity, making it clear that these are the only ways for avoiding HIV transmission.

Regarding sources of HIV and AIDS messages, most pupils said they got the HIV and AIDS messages from books/magazines and posters, followed by the school and clinic/hospital. Other major sources of messages on HIV and AIDS include the church, and home. The least source of such messages as reported by the pupils is the NGOs. However, Kelly (2008) emphasises that good-quality sexual health and AIDS education will equip young people with the information which they rarely get from their parents, senior family members, peers or books. This information should go beyond the biological facts to include many aspects of behaviour and ultimately of attitudes and values. Agreeing with this view, Dyk (2001) believes that education and information are fundamental human rights and children and young ople may not be denied the basic information, education and skills that they to protect themselves against HIV and AIDS. This information should not be presented in isolation, but should be integrated in the existing school curriculum in subjects such as biology, science, social studies, mathematics and religious studies. Furthermore, this education should start early enough and should be on going. Therefore considering the devastating effects of the HIV and AIDS pandemic, there is need to employ highly holistic approaches from all stakeholders if the fight against this scourge is to be won successfully.

Another important aspect that should not be overlooked is the need for the key information coming from the various actors in the HIV and AIDS education to be consistently accurate. Any inconsistencies in the key messages will result in the recipients being confused and therefore not knowing what to do. Any unclear information may lead the recipients into doing things that may put them at risk of contracting HIV and AIDS. UNICEF (1993) stated that activities that help

adolescents develop self-esteem and thus make them less likely to engage in risky behaviour also rarely receive adequate attention. In addition, adolescents seem not to have access to counselling or health services that help them deal with sexuality, reproduction and HIV and AIDS. The UN (2004) report further revealed that cases of HIV and AIDS among adolescents due to unsafe sexual relations, lack of appropriate sex education an ignorance of means of protection. Worldwide, less than one in five people at risk of becoming infected with HIV has access to basic prevention services (UNAIDS, 2004).

Sex education empowers even adolescents with disability to enjoy personal sexual fulfilment an to protect themselves from abuse, unplanned pregnancies and HIV and AIDS. It also becomes easier to initiate and continue conversation on sexuality when they discussed openly and routinely among adolescents (Murphy and Young, 2005) but Coleman and Hendry, (1999) argue that even in schools where sex education is taught, adolescents still feel unprepared for the changes of puberty, suggesting that these important topics are not being dealt with in ways that are most useful to them.

However, education has a key role to play both in the of HIV and AIDS and in mitigating its effects on individuals, families, communities and society, but what is taught d how, has a major bearing on the specific target group (Janssen, 2005).

Arising from the views meant to fight the HIV and AIDS pandemic, high school pupils as recipients of the information are likely to be mixed up as to which measures or mitigation strategies are better and more appealing to them. However, from the findings of this study, it appears that most pupils favoured the secular as opposed to the church discourse.

5.3 PUPILS' PERCEPTIONS OF HIV AND AIDS MESSAGES COMING FROM THE CHURCH AND SECULAR INSTITUTIONS

As regards to whether churches could help in the spreading of HIV and AIDS mitigation messages, the study revealed that the majority (83%) of the pupils were of the view that the church could indeed help in this area. In terms of which were most prominent in sensitizing people about the prevalence and dangers of HIV and AIDS, according to this study and because of Zambia being predominantly Christian, it was revealed that the Catholic Church was in the lead followed by the United Church of Zambia and then the African National Church.

On the other hand when pupils were asked to indicate their views on whether Churches were better than NGOs at spreading the HIV and AIDS related messages, the majority of them were of the view that NGOs were better than the Church. Only a small proportion of them were, however, of the view that the Church was better placed than the NGOs. Reasons for such responses varied with those favouring the NGOS citing that NGOs do hold many activities than the Church and that the main purpose of the Church was to preach the gospel and as such was not much concerned with the spreading of the HIV and AIDS related messages. Some pupils also felt that the Church considered talking about sex HIV and AIDS as untraditional. The above finding is in line with that of Babcock (2009) who argued that many adults find it hard to talk about sexuality with young people, especially their own children. They say they are embarrassed and shy especially that culture limits the amount of freedom parents would enjoy when discussing youth sexuality with their children.

Other pupils felt that some churches do not explain the real dangers of pre-marital sex which led to most of its members being ignorant about HIV and AIDS dangers. They also claimed that not all people go to Church; as such these messages do not reach some population of the Zambian people. Bore (2001) also observed that people, including the Church often find it difficult to talk about these subjects especially that issues of sex have a silent voice which need to be amplified.
In the same vein, Wiley (2003) also argued that it is unfortunate that some religions and elements of culture have spread the idea that AIDS is a punishment for sin. Messer (2005) further discloses that instead of viewing HIV and AIDS as a disease like other diseases, too often it is

cited as an outward manifestation of a moral transgression. He further points out that probably no religious group can claim immunity from having contributed, either intentionally or unintentionally, to the stigmatization and discrimination faced by persons living with HIV and AIDS. However, the study also revealed that some pupils favoured the Church and gave reasons such as that many people were more comfortable and relaxed to hear HIV and AIDS related messages from the Church than NGOs and that the Church had a larger audience to which it addressed such messages.

Faith based organisations have in recent years become agents for preventing and mitigating the HIV and AIDS pandemic. The UNAIDS (2005) also acknowledges that churches and Faith-Based Organisations have a key role in the response to HIV and AIDS. In many communities worldwide, this moment is one of a crisis, calling for concerted efforts, commitment and resources. Partnerships of this kind need to be encouraged in this campaign.

As regards whether civic society and NGOs were doing enough in sensitizing people on the prevalence and dangers of HIV and AIDS, the study showed that the majority of the pupils in the study were of the view that these institutions were doing enough to sensitize people on the prevalence and dangers of HIV and AIDS. Among the many organizations involved in sensitizing people, Anti-AIDS clubs were seen to be spearheading this noble cause followed by the Home Based Care and the Young Women Christian Association (YWCA) and Young Men Christian Association (WMCA).

Discussions with the Church leaders revealed that the Church was in support of the efforts being done by the civic society and NGOs. A United church of Zambia Reverend was quick to point out by saying that what was currently happening should be encouraged where youths were encouraged to freely discuss HIV and AIDS issues among themselves with the help of well trained teachers in the area of guidance and counselling. Drama groups at community and institutional levels need be encouraged. In schools HIV and AIDS message carrying pamphlets should be displayed in all classrooms as a reminder to pupils and that all school syllabi must incorporate issues of HIV and AIDS.

The Salvation Army clergyman also indicated that government was trying its level best and that the church was equally supplementing Government efforts. He went on to say that his Church talks about HIV and AIDS issues every Sunday during the church service. In schools it is important to be providing lectures and literature such as pamphlets on HIV and AIDS.

A member of staff from Family health was also in agreement that government was doing a lot to sensitise people on the dangers of HIV and AIDS. Posters are being put every where for people to read. She further went on to say that the church also plays an important role as HIV and AIDS messages are integrated in the preaching plans. As a civil society movement, they have discovered that youths are sexually active and most of them for sure would want to have sex. And since only a few can abstain, they promote the use of condoms as a preventive measure.

Another testimony of the good works that the government is doing in the area of sensitizing and spreading HIV and AIDS related messages is from the Churches Association of Zambia staff who was of the opinion that the Government is doing a great job through the media, schools and health institutions, and that the Church is also supplementing government efforts by using the pulpit to reach to the people. The civil society is also reaching the people through distribution of condoms although the church emphasizes abstinence. The government on the other hand has continued publishing materials on HIV and AIDS through the relevant publishing houses and disseminating such information through the electronic print media with a view of reaching the masses.

However, despite the above efforts, HIV and AIDS still remains a major problem to the nation. In view of this, an officer from Society for Family Health felt that in order to scale up the fight against the HIV and AIDS, it was imperative that lessons on HIV and AIDS are encouraged both in and outside school and that posters for both abstinence and condom use must be displayed publicly so that people can choose for themselves the method of prevention. Media houses must also air messages on HIV and AIDS and that door to door campaigns must be encouraged. A member of staff at CHAZ also pointed out that Anti AIDS clubs should be introduced and encouraged at school, college and university levels in order for the pupils and students to share ideas and experiences on HIV and AIDS. Workshops on the transmission and prevention of HIV

and AIDS in schools must be encouraged to remind each other on the dangers of HIV and AIDS at which if possible People Living with HIV and AIDS should be invited to share their experiences with the audience.

5.4 PUPILS' CONDITIONING MASSAGES RESPONSIBLE FOR THE CURRENT BEHAVIOUR AND ATTITUDES TOWARDS HIV AND AIDS

Most People know that HIV and AIDS is real. Both youths and adults are vulnerable to HIV and AIDS. Although messages are always passed on to them, they tend to turn a blind eye to the pandemic due to number of reasons; poverty and love for money; some think that the only way to get what they want is by having several men or women. For some people this is done for prestige while for others it is the search for basic needs." There is also a lot of stubbornness in people who would want to try and have sex all the time in most cases not using precautionary measures – like a condom."

Regarding conditioning messages responsible for the current youth behaviour and attitude towards HIV and AIDS, findings from discussions with the church and civil society organisations revealed the following:

Stubbornness

A co-pastor from the Pentecostal Northmead Assemblies Church indicated that stubbornness which is in both adults and youths as regards HIV and AIDS messages was among the factors responsible for such behaviour and attitudes. Youths want to try and experience sex while adults, on the other hand, want to satisfy their sexual desires, especially the male folk who think by so doing then they are 'men enough'.

Poverty

A Catholic Sister revealed that poverty was among the greatest contributing factor, especially in child-headed homes where they (youths) in most cases tend to take whatever they come across even high risky activities such as un-safe sex. Some youths on the other hand feel that it is life to play sex. From the Salvation Army, a church minister (captain) was also of the view that poverty

was a major contributing factor for the attitudes and behaviour of youths towards HIV and AIDS. He said because of poverty due to un-employment, girl-youths are forced to indulge in sex which later endangers their lives.

The coordinator from Society for Family Health also attributed poverty to the current behaviour and attitudes youths have towards HIV and AIDS. He contended that as most youths, especially girls, drop early out of school and start to have children at an early stage and later discover that they cannot stand on their own, they are forced to try to 'touch' anything they come across whether deadly or not. Poverty embraces all forms of abuse in terms of HIV and AIDS. In order to avert this situation, it is imperative to empower the youths by giving them life skills. A member of staff from the Churches Association of Zambia also was in agreement that the main problem is poverty. He lamented that poverty drives youths to indulge themselves in sexual activities in order to sustain themselves. He went on to say that girl youths are a very good example in this regard. Boy youths, however, have a tendency of saying "one can only be called a man by having sex with a lot of girls or women", though some claim it is also a way of satisfying sexual desires.

Inquisitiveness

A Reverend from the United Church of Zambia pointed out that new technology such as movies, (though not all) corrupts youths' morals because youths are curious and would want to try everything.

The bulk of HIV and AIDS infections in Africa are sex related. Research has established that in part this can be attributed to the inability to deal with matters pertaining to sex and sexuality at the family level because such matters are taboo and are not discussed openly with children (Zambia Nurses Association, 2001). The danger is that most of the information provided outside the family and church rarely has a moral component.

Families are the custodian of a society's cultural values. At the same time it is a well known fact that cultural practices increase vulnerability to HIV and AIDS. Such practices are deliberately targeted by HIV and AIDS education so that they are discouraged. Some examples these

include genital mutilation, unhygienic form of circumcision, arranged marriages and gender discrimination.

From the above sentiments it is clear that the current behaviour and attitudes pupils have towards HIV and AIDS is mostly as a result of poverty. In this regard there is urgent need for the government to look for possible ways of fighting poverty and, through other stakeholders find ways of empowering the youths with life skills. This seems to be the only viable way to help combat the HIV and AIDS pandemic. As more youths get into meaningful activities there surely is no reason why they should indulge themselves into dangerous activities that may lead them to contract the HIV and AIDS. Also targeting adult men through open discussions could be another probable solution t o the problem of HIV and AIDS.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

This chapter concludes the study and also makes some recommendations based on the findings of the study.

6.2 CONCLUSION

This study has shown that majority of the adolescents aware of how people get infected with HIV and possible ways of preventing the infection. Among the noted common possible ways of getting the HIV and AIDS infection are having unprotected sex, sharing unsterilized equipment and Mother to Child Transmission while the most common way of preventing the infection is by abstinence and condom use. Pupils are also aware that people who are HIV positive and those with AIDS did not willingly do so and should not be stigmatised or discriminated by the society. In the same vein they claim that pupils with HIV and AIDS should not be sent away from hool but should be shown love and respect they deserve.

The study also showed that the measures students taken by students to safeguard oneself from the dangers of HIV and AIDS is by abstaining while others felt that having a good c pany would reduce the chances of infection. Condom use was regarded as the last resort.

The study showed that teenage boys and girls become HIV infected at a much younger age, suggesting the need for the community, church and other interested parties to map out strategies that would help alleviate the situation through provision of accurate information to pupils in order to curb the scourge of the HIV and AIDS among the youths.

It is also clear from the findings of the study that the behaviour currently exhibited by the pupils towards HIV and AIDS is mostly as a result of poverty. This state of affair can only be improved if the government itself and other interested parties in the fight against HIV and AIDS in the country looked for possible ways of fighting poverty, educating the youths on the dangers of HIV and AIDS, and empowering the youths with life skills.

The study also showed that the current pupils' attitudes and behaviour towards sexual education and information is to a greater extent externally influenced. This leads to early pregnancies and unprotected sex among school going children. The most common reasons given for this situation were to conform to existing peer social norms. In view of this, therefore, psycho-social life-skills should be an integral part of sexual education programmes as it will equip youths with skills to withstand peer pressure thereby attaining positive attitudes towards HIV and AIDS and health related issues.

The study showed that the safest thing to do, therefore, is just to ensure that education provided to these children is "safe". Otherwise there are so many myths in the HIV and AIDS spectrum that may easily distort the true picture. However, it is of great importance to acknowledge that being honest, openness and confessing our complicity is a first step in the process of becoming effective change agents combating stigma and discrimination surrounding the HIV and AIDS pandemic.

In terms of information provision to the pupils by the Church and secular organisations, the study revealed that such messages mostly come from the secular organisations, very little if any comes from the Church. Most pupils follow the secular discourse as it provides a wider coverage on issues of HIV and AIDS through the many channels of communication available. The church on the other hand is only restricted to those that go to It should be noted here that not everyone goes to church; as such this mode of knowledge dissemination is limited to church members and not the majority non-church members.

Messages from the church in most cases portray issues of identifying people with HIV and AIDS to immoral activities. This type of message delivery alienates most of the youths and makes it

difficult for them to comprehend it. Community is also another factor in the way these youths perceive messages on HIV and AIDS. It is common that talks on HIV and AIDS in remote rural parts of the country is still considered to be a taboo, especially when it comes to having discussions on sexual related matters with the elderly of the society. However, the opposite might be for the urban communities as they are exposed to so much information through the radios, television and posters that are stuck nearly everywhere in town and in the communities itself.

6.3 RECOMMENDATIONS

Based on the findings of the study, the following are recommended:

- The Church and secular organizations should ensure that messages on HIV and AIDS related issues should be made available to the pupils at an early age so that they grow knowing what to do.

- Key information coming from the various actors in the HIV AND AIDS education should be consistent and accurate because any inconsistencies will result in the recipients being confused and therefore not knowing what to do.

- Homes should become part of the many institutions charged with provision of information on HIV and AIDS through holding workshops for parents who will in turns disseminate this information to their children if the battle against HIV and AIDS is to be won.

- Churches should work closely with the local, regional and international communities in information dissemination on issues related to HIV and AIDS in order to curb issues of stigma and discrimination.

- The Church should incorporate HIV and AIDS related courses into their curriculum at their respective theological colleges so that graduates from these institutions will have the capacity to teach on the subject in their various churches.

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APPENDICES

APPENDIX 1: PUPILS QUESTIONNAIRE

Dear Respondent,
The purpose of approaching you is to seek your valuable in-put in this study on 'A Comparative Study of High School Pupils' Attitudes towards Church nd Secular Intervention Strategies on HIV and AIDS'. This exercise is purely for academic purposes and the information gathered will be confidential and all participants including you wil remain anonymous. Please feel free to answer questions as honestly as possible, as your responses are very important.
Thank you for accepting to complete this questionnaire.
Yours faithfully,

Beatrice Chirwa (Researcher)

Please do not write your name. Give your answers by ticking in the brackets [ ] or writing in the appropriate spaces provided for each of the following questions.

SCHOOL: ……

1. What is your gender? 1. Male [ ] 2.Female [ ]

2. What is your age? 10 to 15years [ ] 16 to 20 years [ ] 21 years and above [ ]

3. What is your grade? 10 [ ] 11 [ ] 12 [ ]

4. What is the nature/type of your school? 1. Single sex for boys [ ] 2. Single sex for girls [ ] 3.Co-education [ ]

5. a) What is your religion? 1. Christianity [ ] 2.Muslim [ ] 3. Other [ ]

b) You may name the church: ……

6. Do you find your church/religion influential in sex behavior?

1. Yes [ ] 2. No [ ]

7. How regular does your church hold discussions for the youths about HIV and AIDS?

1. Very regular	2.Regular	3.Quite regular	4. Not regular	5.Not sure
[ ]	[ ]	[ ]	[ ]	[ ]

8. When did you first hear about HIV and AIDS?

1. Never	2.Before starting school	3.At primary level	4.At junior level	5. At senior level
[ ]	[ ]	[ ]	[ ]	[ ]

9. Do you feel you know enough about HIV and AIDS? 1. Yes [ ] 2.No [ ] 3. Not sure [ ]
10. Do you have a boy friend/ girl friend? 1. Yes [ ] 2.No [ ]

11. If you have a boy/girl friend, what kind is he/she?
1. Fellow pupil [ ] 2. Young member of the community [ ]
3. Older member of the community [ ]

12. Have you ever had sexual intercourse before? 1. Yes [ ] 2.No [ ]

13. Have you ever been forced to have sex? 1. Yes [ ] 2.No [ ]

14. Is it possible for you to abstain from sex completely? 1. Yes [ ] 2.No [ ]

15. Do you discuss condom use with your friend(s) or sex partner(s)? 1. Yes [ ] 2.No [ ]

16. How do you find such discussions?

1. Very helpful	2. Helpful	3. Quite helpful	4. Not helpful	5. Do not know
[ ]	[ ]	[ ]	[ ]	[ ]

17. Does the information about HIV and AIDS you educative enough? 1. Yes [ ] 2.No [ ]

18. How regular do you hear about this information?

1. Never	2. Once per day	3.Once per week	4.At least once per month	5.At once per year
[ ]	[ ]	[ ]	[ ]	[ ]

19. Where do these HIV and AIDS messages come from? (Choose as many responses as possible)

1. Church [ ]
2. School [ ]
3. Home [ ]
4. Radio/ Television [ ]
5. Non-Governmental Organisations [ ]
6.Books/magazines/posters [ ]
7 .Clinic/ hospital [ ]
8.Other [ ] (specify)……

20. Have you ever gone for VCT? 1. Yes [ ] 2. No [ ]

21. If your answer to Q.20 is no, would you consider going there one day? 1. Yes [ ] 2. No [ ]

22. Would you encourage a friend to go for VCT?
....
.....
23. (a) Do you think churches can help in the spreading of HIV and AIDS mitigation messages ?
1. Yes [ ] 2. No [ ]

(b) Name a church or churches which you have heard of as being prominent in sensitizing people about the prevalence and dangers of the HIV and AIDS pandemic.
……
……
……
24. (a) Do you think churches are better at spreading HIV AIDS related messages than other organisations such as government and Non-Governmental Organisations? 1. Yes [ ] 2. No [ ]

(b) Give a reason for your answer in Q.25.

……
……
……
……

25. Do you think civil society organisations/Non-Governmental Organisations are doing enough in sensitizing people about the prevalence and dangers of the HIV and AIDS pandemic?

1. Yes [ ] 2.No [ ]

b) Name civil society organisations/ Non-Governmental Organisations that you think have been instrumental in sensitising people about the prevalence and dangers of the HIV and AIDS pandemic.

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……
……
……

26. What is the difference between HIV and AIDS?

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27. Mention possible ways through which a person can get HIV.

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28. Mention possible ways of preventing HIV infection.

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……
……

29. As a responsible youth, what are do you do to safe guard yourself from the dangers of the HIV and AIDS pandemic?

……
……
……

To what extent do you agree with these statements? For questions 46 to 60, tick in the appropriate box under Strongly agree, Agree, Disagree and Strongly disagree.

No	Statement	1.Strongly agree	2.Agree	3.Disagree	4.Strongly disagree
30	People who get HIV and AIDS get what they deserve				
31	If my relative has HIV and AIDS, I would ask him/her to move out my bedroom				
32	Pupils who have HIV and AIDS must not be allowed to be at this school				
33	I am not personally at risk of contracting HIV				
34	I would not feel comfortable using the same toilet with someone who has HIV and AIDS				
35	I am ready to care and support relatives and friends with HIV and AIDS				
36	Many people who are infected with HIV and AIDS can still look healthy				
37	If you are really in love with your partner, it is not necessary to use a condom				
38	I will make sure that I abstain from sex until I get in a marriage relationship when I finish school				

Thank you very much for taking part in this research. We strongly value your contribution.

APPENDIX 2

UN STRUCTURED INTERVIEW GUIDE FOR CHURCH ORGANISATION RESPONDENTS AND CIVIL SOCIETY ORGANISATIONS RESPONDENTS

A: OBJECTIVES

1. To collect information on the churches' and civil societies' position on HIV and AIDS mitigation strategies particularly on the youth.
2. To collect information on the impact of the HIV and AIDS messages given to the youths by these organisations.

B: PROCEEDINGS

- Self introductions
- Explain the objectives of the discussion
- Explain the procedure
- Get verbal, written and recording consent
- Start up and end the interview

C: GENERAL QUESTIONS

1. What is your observation and description regarding the HIV and AIDS situation in Zambia among the adults and youths?
2. How would you describe youths' attitudes towards the HIV and AIDS?
3. What do you think are the main reasons which influence such kind of attitudes?
4. Do you think the government, the church and civil society organisations are doing enough to address the HIV and AIDS situation? Cite lots of examples to justify your answer?
5. What else needs to be done in order to scale up the fi inst the HIV and AIDS among the youths in high schools?

Thank you very much for your participation in this study