Attitudes Towards HIV/AIDS: The Voices Of Zimbabwean High School Students

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Abstract
This study sought to find out attitudes of high school students towards HIV/AIDS. A random sample of 80 students, from two conveniently selected schools (40 males, 40 females; age range, 12-19 years) from form one to six, participated in the study. Attitude measures were obtained using Likert type scale. Majority (92%) of the high school students were found to be knowledgeable about HIV/AIDS, however, during the 12 months preceding the survey, 10% of the sample abstained from sexual intercourse, 10% indicated that they engaged in heterosexuality well before age 14, about 20% never used condoms whenever they had sex, about 40% got involved in age-mixing sexual relationships, 25% of the sample had been tested for HIV. It was recommended that the education and the health sectors among others should increase HIV/AIDS education to the high school students.

Key words: attitudes, school, HIV/AIDS, education, students, sex, condom, abstinence.

1. Introduction
Acquired Immune Deficiency Syndrome (AIDS) is a social and health calamity that has affected not Zimbabwe only but the entire world. Zimbabwe is one of the countries in the sub-Saharan Africa which has high HIV/AIDS prevalence rate on the continent. AIDS continues to ravage the Eastern and Southern African regions because new HIV infections continue to happen (UNAIDS, 2012). These African countries now constitute 70% of the new infections globally (UNAIDS, 2011). According to (UNAIDS, 2012) the new infections rates are between 20 and 30 percent of the sexually active population aged 15 to 24 years. High school students constitute the majority of the above mentioned age group. UNESCO (2012) states that globally between 5000 and 6000 young people between 15-24 years are infected every day. This being the case then it stands to reason that students in Lowveld Sugar Plantation Estates high schools of Zimbabwe where the study was conducted are also at a high risk of contracting HIV the virus that causes AIDS because they are within the same age group. Furthermore, there is high HIV prevalence in the Lowveld of Zimbabwe in which the Sugar Plantation Estates are located thereby increasing the infection risk.

2. Background
Zimbabwe youths constitutes about 65% of those who are newly infected (UNAIDS, 2008). Total prevalence among young people (15-24 years) is 5.6% with a higher figure amongst females (7.7%) and a lower figure amongst males (3.6%). Mufuka & Tauya, (2013) reported adult prevalence in 2010 being 15.3% ranking 5th highest in the world. As noted by Mufuka and Tauya (2013), Zimbabwe has one of the highest HIV prevalence rates in the sub-Saharan Africa and the Ministry of Education, took a bold stance in an effort to
curb the spread of HIV / AIDS. It began to offer a school based HIV/AIDS life skills in 1992 (Mufuka & Tauya, 2013). At present HIV/AIDS is a distinctive subject on the school time-table. HIV/AIDS is a compulsory subject in both primary and secondary curricular (UNFPA, 2007). According to UNAIDS the aim of Zimbabwe AIDS Action is to reduce the risk of HIV infection. Karuru (2004) states that the programme aims at developing pupils’ life skills such as problem solving, informed decision making and avoiding risky behaviour. However there is agreement among teachers and pupils that the current approach of infusion and integration of HIV/AIDS topics into the curriculum are not producing desired changes in sexual behaviour (Piet, 2007). This was evidenced by unwanted pregnancies, sexually transmitted infection and love relationships among pupils (Global HIV Prevention Group 2008).

Information from Zimbabwe and other countries in Africa showed that young people are at the greatest risk of HIV infection (UNAIDS, 1999) and yet they have the best chance of reversing trends in behaviour that place them at risk. Keely (2003) argued that the four main areas of focus in order to reduce the HIV prevalence rate are communication, education, health services and social factors.

2.1 Theoretical Framework
This research was informed by the theory of reasoned action. The theory of reasoned action was advanced in the mid 1960 by Bein and Ajzen. It is based on the assumption that human beings are usually quite rational and make systematic use of the information available to them (Giami & Dow, 1996). The theory of reasoned action states that people consider the implications of their actions in given context at a given time before they decide to engage or not to engage in a given behaviour and that most actions of social relevance are under volitional control (Ajzen, 2001). The theory of reasoned action is conceptually similar to the health belief model but adds the construct of behavioural intention as a determinant of health behaviour. The main tenet of the theory of reasoned action is that it specifically focuses on the role of personal intention in determining whether behaviour will occur. In this research the theory of reasoned action is useful in analysing pupils’ attitudes on HIV/AIDS. In this context pupils have the information about the causes and effects of HIV/AIDS but decide to indulge in risk sexual behaviour. What needs to be established is their rationale of doing so. Therefore, the theory of reasoned action can be used to explain why there is lack of balance between the knowledge of HIV/AIDS and the advancement in unsafe sexual behaviour among pupils in the Lowveld Sugar Plantation Estates (LSPE) high schools. This theory of reasoned action is the most plausible in this study because it focuses on behaviour. Fishbein (1975) argues that a person’s intention is a function of two basic determinants namely attitude toward the behaviour and subjective norms i.e. social influence. One of the most important skills young people need to acquire is reasoning, prior to engaging in any actions (Bowtell, 2005; Fishbein & Ajzen, 1975). The basic tenets of reasoned action emphasise the need of power to increase
knowledge to motivate logical sexual behaviour change, which constitutes the crux of most HIV/AIDS education campaigns.

2.2 Unsafe Sexual Behaviour

Although pupils are exposed to different interventions which include HIV/AIDS lessons in schools, they continue to practice unsafe sex, (Kay, 2004). Campbell (2003) found that the environment sets conditions under which youths behave. He argues that different teenagers indulge in unsafe sexual behaviours for different reasons. In Kenya, 56% of the school girls who were involved in sexual activities did so for money and gifts (Ogendana, 2002). Saoke and Mutemi (2007) indicated that 28% of school girls in Nigeria had turned into commercial sex workers. Different circumstances may have pushed different individuals to overlook the dangers of practising unsafe sex. Kay (2004) argues that pupils in commercial farms indulged in unsafe sexual activities because their parents cannot provide for their needs. He further argues that sex is the life style of farm workers because they have little to do after work. Farm workers are characterised by core habitation and marriages which do not last. This has relevance in this study because the population under study dwelt in large commercial farms of the LSPE.

The behaviour of teenagers (Baron & Bryne, 1994) was mostly influenced by their peers. UNAIDS (2009) also found that 21% of teenagers in Namibia indulged in unsafe sexual activities due to the influence of peers. Adolescents are always an experimenting age group (Cardey, 2006). Cardey, (2006) further stated that adolescents get involved in sexual activities because they would want to experiment. The same notion is supported by Van Dyk (2006) who stated that some boys get involved in unsafe sexual activities because they would like to prove their manhood. The study wanted to establish whether the notion is applicable in Lowveld Sugar Plantation Estates high schools and to what extend the pupils got involved because they would want to experiment.

2.3 Attitudes Towards HIV/AIDS Class Lessons

Zimbabwean government (MoESC, 2008) realised that in order to reduce the spread of HIV/AIDS targeting the youths was essential. The Ministry of Education of Zimbabwean government then introduced the teaching of HIV/AIDS in schools because that’s where the majority of the youths are found. Zimbabwe was one of the first countries to take the initiative as early as 1998 (Rice & Atkin, 2001). The sole purpose of introducing HIV/AIDS lessons in schools from primary school level was to make sure that all pupils were aware of the pandemic. This was mainly an intervention strategy aiming at equipping pupils with the basic knowledge and survival skills. Rice (2001) states that the lessons managed to reduce HIV/AIDS prevalence by 24% among secondary students in Tanzania although 35% of the students did not appreciate the importance of the lessons.
However, pupils in many African countries had mixed feelings (Mendoza, 1997) about the lessons. Some pupils argued that the lessons meant nothing more than merely trying to make young people afraid of having sex. The findings by Cargill (2001) revealed that about 21% of secondary pupils in Zambia had negative attitudes about HIV/AIDS lessons. It was therefore imperative to establish the attitudes about the lessons among pupils in Lowveld Sugar Plantation Estates high schools. However, Austin (1995) revealed that 78% of secondary students in Ghana indicated that HIV/AIDS lessons were very effective in enhancing behaviour change among students. The students indicated that lessons enabled them to reduce the number of sexual partners, adopt the use of condoms and even abstaining from unsafe sexual practices.

The study by Baron (1994) also produced similar results in that 67% of the students in Tanzania agreed that lessons in HIV/AIDS had gone a long way in moulding their sexual behaviour. On another note UNAIDS (2006) states that the effectiveness of HIV/AIDS lessons in most schools in Africa was hindered by various factors which include lack of reading materials, lack of qualified personnel to teach the subject and failure by teachers to walk the talk, to be good role models in the society. On a different note, (Airhihenbuwa, 1995) argues that HIV/AIDS lessons and open discussion forums managed to reduce the HIV prevalence by 36% in Uganda and this was the highest reduction in the spread of the epidemic among youths since the discovery of the disease in the early 1980s. It was therefore of paramount importance in this research to find out if HIV/AIDS lessons were of any help in the fight against the spread of the epidemic among high school pupils.

### 2.4 Condom Use

Condom use is the commonest method of preventing the spread of HIV infections. Condoms have been popular everywhere in Africa. Green (2006) found that although AIDS awareness was reasonably high in Uganda in 1993 and although millions of condoms had been distributed, only 3% of Ugandan men were regularly using condoms. Taylor (1990) similarly found that although people of Rwanda were well informed about AIDS and had modified their sexual behaviour on the basis of their perceptions, none of the people in his study were using condoms. Condom use remained a serious problem in many parts of Africa. Resistance to condom use in South Africa (Swanepoel & Hoeken 2008) had nothing to do with ignorance but with a very specific social and cultural dimension of South African sexuality. It was therefore imperative to find out the perceptions of condom use of pupils in Lowveld Sugar Plantation Estates high schools. Again the research sought to establish whether condom use is the most appropriate way of preventing the spread of HIV/AIDS among pupils. Condom use is a solution and protection measure for those who cannot abstain from unsafe sexual activities. Condom use usually met resistance (Van Dyk 2008).
2.5 Abstinence

The surest way of preventing HIV/AIDS infection is abstinence. However, this phenomenon is very difficult to accomplish. Abstinence is very difficult among adolescents (Hass, 1981) due to physiological needs. He argues that there are two alternatives either to satisfy the sexual demands or to suppress them. However, suppressing is very difficult and only a few can manage. Sixty three (63%) of students in Nigeria could not abstain from sexual activities (O’Keef, 2002). It was therefore ideal to find out the perception of abstinence among pupils in Lowveld Sugar Plantation Estates high schools. Abstinence has proved to be extremely difficult for today’s generation because girls are now getting pregnant as early as at twelve years of age. This factor needed to be closely examined because it is one of the basic ways through which the spread of the epidemic could and can be controlled and failure to observe it may result in a catastrophe. Cultural beliefs, values and norms would be examined to find out how they contribute to managing abstinence. O’Keef (2002) established that it was the role of the society to foster abstinence among its young people. This study wanted to establish whether the farming community made of people from different backgrounds could have common cultural values and norms which could encourage abstinence. Also factors that militated against abstinence needed to be explored and established.

2.6 Visiting Voluntary, Counselling And Testing Centers In Zimbabwe

Many people live without knowing their HIV status. Voluntary testing and counselling centres were initiated to enable all people rich and poor to access the facility at any convenient time. The most interesting thing is that the centres give free services but people are unwilling to visit them (Piet, 2007). There are various reasons why people are unwilling to get tested for HIV. Van Dyk (2006) states that 78% of the people in South Africa refuse to be tested because of fear of discrimination and stigmatisation. Jackson (2003) also echoes the same sentiments by stating that many people are afraid of getting tested because they think that the nurses and other health professional would publish their HIV status and that will tarnish their social images. Hass (2001) states that the majority of men do not want to get tested while the majority of their female counterparts about 87% are willing. Different reasons for resisting would be explored. According to Rice (2001) knowing one’s status enhances behaviour change.

2.7 HIV/AIDS Education

Prevention HIV infection among pupils is of paramount importance in stemming the AIDS epidemic (Kelly, 2002). It is generally accepted therefore that schools have a key role in promoting attitudes and imparting knowledge and skills that will encourage pupils to behave in ways that will minimise the risk of HIV infection. Again it was established whether there is a correlation between HIV/AIDS knowledge and behaviour change for the reduction of the spread of HIV. There is broad agreement among teachers and pupils
that the current approach of infusion and integration of HIV/AIDS topics into the curriculum is met producing desired changes in sexual behaviour (Global HIV Prevention group 2008).

Secondary school pupils are relatively knowledgeable about causes and effects of the epidemic (Gudyanga, Gore, & Wadesango, 2013). However, this does not translate into lower risk sexual behaviour. It is expected that when one has knowledge of HIV/AIDS the accompanying behaviours would be logical. This has relevance in that there is need to find out why pupils do not show safe behaviours to prevent the spread of HIV/AIDS.

Research worldwide shows that sexual and reproductive health education is most effective when it is taught before children become sexually active (Van Dyk 2008). This has relevance to this study because it will be established whether AIDS lessons and other interventions are producing desired results. It is therefore against this background that we sought to find out the attitudes of Lowveld Sugar Plantation Estates high school students towards HIV/AIDS.

3. Method

Survey method was the main design used. The population comprised high school students in the Lowveld Region of Zimbabwe in general and in the Sugar Plantation Estates in particular. The selected schools lie close to the borders of Zimbabwe, Mozambique and South Africa, on a portion of the country colloquially known as “Tsotsi” area. In the local language “tsotsi” refers to a person who cannot be trusted or relied upon or a hooligan. It is alleged that some people in this area have 3 different National Identity Registration Cards. They claim to belong to Zimbabwe, if they want benefits from Zimbabwean government. They may also claim to be South African or Mozambicans for some specific reason best known to them. It is alleged that such people own 3 homes one in each of the three borders. The place studied is the confluence of Sabi River and Limpopo forming a bigYlike structure bordering 3 countries. Two schools were purposely selected because of their accessibility. Five pupils per form per school were selected from Form 1 to 4. Another forty (40) students were selected from forms 5 and 6 (mature students), 10 per form per school making an overall of eighty (80 respondents, 40 boys, 40 girls) age range (12-19 years). Respondents consented to participate in the study. They were informed about confidentiality, privacy, anonymity and the fact that they could withdraw from the study at any time if they wanted. They were informed that the study was for academic purposes only hence their honest responses were encouraged (Babbie, 2010).

Self designed questionnaire on attitude measures about HIV/AIDS were made and administered to the 80 respondents. The instrument was revised by other academics to guard against invalidity and unreliability
(Rust & Golombok, 1989). Because of the nature and sensitivity of the questions around the topic, we avoided use of interviews which could have complimented the other instrument (Fox, 1969). However, the use of the questionnaires as data collecting tools was justified on the grounds that they minimised apprehensions. Items measured the student’s sexual activities for a period of 12 months before the survey.

4. Results

4.1 Knowledge Of HIV / AIDS Amongst LSPE High School Students

HIV related knowledge was measured using a few items in the questionnaire. We asked students to respond on items relating to facts and what they believed about the transmission of HIV. Results showed that students had knowledge of HIV prevention (93 percent girls, 95 percent boys). On source of knowledge about HIV, an equal proportion of boys and girls (93) agreed that media was the main source of their HIV educational knowledge, both print and electronic. It was surprising to observe that schools were rated second as source of their knowledge by both girls and boys.

4.2 Age At First Sexual Intercourse Among LSPE High School Students

Early exposition to sex is indicative of high risk early pregnancies for girls and contraction of HIV / STIs for both boys and girls. About 22% of girls and 33% of boys who already had engaged in sex before reported that they had their first sexual act before the age of 14. A high figure of about 8 girls / boys in every 10 (83%) had their first sex before they turned 18. Therefore the majority of the students in our sample engaged in sexual activity before they turned 18. Related to the first sexual activity in their lives was the question whether a condom was used or not by the boys and girls during their first encounter. Results showed that 1 in 10 girls (13%) and about 2 in every 10 boys (18%) used a condom during their first sexual encounter.

4.3 Attitude Towards Abstinence And Condom Use

ABC (abstinence, being faithful, and condom use) is an international accepted method of HIV prevention. This method is very critical especially to the youth. Some 10% of girls and 8% of boys are saying they are abstaining. For those not abstaining, they were asked to state the reasons which were summarised in figure 1. If one abstains, 10% of the respondents said one is a coward, 60% of respondents said one is responsible.
Condom use among boys and girls play an important role in the prevention of HIV transmission and unwanted pregnancies. Results indicated that 75% of the girls and 90% of the boys knew a place to obtain condoms. Condoms were introduced as a measure of reducing the spread of HIV/AIDS (Maloney 2005). Kaupeni (2004) argues that when abstinence proves formidable, condom use comes in as another alternative. This is done in a bid to reduce the number of people who are dying of the disease. Condom use was included in this research to find out about its effectiveness as a prevention strategy. Use of condoms is a behaviour change strategy which can reduce the spread of HIV /AIDS among pupils when abstinence and being faithful fails. Pupil’s responses are shown in figure 4.

**Figure 1: Reasons attached to abstinence**

**Figure 4: Pupils’ responses to condom use by sex**
More males (47%) always used condoms and more females (21%) than males (15%) never used condoms.

4.4 Why Sex And Not Abstinence Among LSPE High School Pupils

For the boys and girls who had indulged in sex before, they were asked the question why they indulged in sexual intercourse. Figure 2 shows four reasons voiced by students as to why they got involved in sex during the 12 months preceding the survey. Poverty was highest, (33%), followed by peer pressure (32%), sex for enjoyment (25%) came third in the rank and finally 10% of the students having been raped by close relatives.

4.5 Age - Mixing In Sexual Relationships

To study differences in age of sexual partners (the so – called cross generational sexual partners) girls who had sex in the 12 months preceding the survey were asked the age of all their partners. In the event they didn’t know their partners exact age, they were asked to approximate the age, whether older or younger than they were. If older, they were to indicate whether the partner was 10 or more years older. Results showed that about 4 in every 10 girls (38%) and 13% of the boys had sex with a partner who was 10 or more years older than they. Age mixing in sexual relationships is more common among girls than boys.

Among boys and girls who had sexual intercourse in the past year before survey, 53% of girls had multiple partners compared to 28% of boys. Having multiple sexual partners is more likely among girls than boys. Information on the mean number of sexual partners in the life times of girls and boys who have ever had sexual intercourse showed that girls had 2.5 times more sexual partners in their lives than boys in the year preceding survey (5 partners to 2 partners). Interestingly, older girls and boys were more likely to have more sexual partners than younger ones.

4.6 Attitude Towards HIV Tests Among LSPE High School Students

Knowledge of an individual’s own HIV status can motivate him or her to practice safer sexual behaviour thereafter, to avoid transmitting the virus to others. In order to determine the prevalence of testing among the LSPE high school students, respondents were asked if they knew where to get HIV testing centre and whether they had been tested for HIV. It was found out that the respondents knew where to go for HIV testing (90% girls, 88% boys). It was interesting to note that although almost everybody knew where to get tested, only one in four girls had been tested (25%) and one in every three boys (35%) had been tested for HIV in the 12 months preceding the survey. Testing was more likely to be for those boys and girls who had indulged in sex before.
4.7 Attitudes Towards Class Lessons By Respondents

The students in the sample were asked whether the class lessons on HIV/AIDS were helping them to have more knowledge about the subject. The majority of the boys (92%) and girls (80%) agreed to the effectiveness of the lessons.

For the 10% of the girls who claimed ineffectiveness of the lessons, they alleged that some teachers did not concentrate on the life skills but took advantage of these lessons to discuss “love affair issues.”

5. Discussion And Conclusions

The study focused on attitudes of Zimbabwean Lowveld Sugar Plantation Estates high school students towards HIV/AIDS. Eighty (80) respondents participated in the study by completing a questionnaire which had items measuring attitudes towards HIV/AIDS. It was encouraging to note that almost all students had some good and correct knowledge about the topic. The majority of the respondents in our sample, of the girls (75%) and of the boys (90%) knew where to obtain condoms. However knowledge of the subject and where to obtain condoms didn’t make the respondents become sexually more responsible people, because within the 12 months prior to the study, it was observed that 2 in every 10 girls had sex without using condoms all the time they had sex (frequency not measured), and almost the same figure for boys, 2 in every 10 behaved equally so.

Furthermore 4 girls in every 10 had sex with males 10 or more years older than themselves, and 5 in every 10 girls had multiple sex partners. The careless behaviour of the students studied raised a cause for concern. Van Dyk (2008) also noted that there was resistance in using condoms in South African students. UNAIDS (2008) revealed that more girls preferred using condoms for preventing pregnancies however in this study, more males (47%) are using condoms than females (45%).
The respondents cited poverty as the major cause for indulging in sex (33%) whereas an equal number (32%) do so for personal enjoyment and another almost equal number (25%) do it as a result of pressure from peers. The students who don’t indulge in sex are considered cowards and are laughed at by peers. Parents are being called upon to act responsibly within Lowveld Sugar Plantation Estates. They should be positive role models.

Sex with older partners implies that the youth gain some favours from the sugar daddies and mummies. Such immoral decadence is denounced in the strongest possible terms. Churches, Non-Governmental Organisations should rise against such immorality and brutalities caused through rapping of minors (10% cases reported).

Peer pressure is also one of the reasons why the students participate in sexual activities. The findings concur that pupils got involved in sexual activities (Calisto, 2009) for different reasons. It is further argued that pupils get involved in sexual activities (Kelly, 2002) for physiological needs and other factors that are beyond their control. Some 6% of the girls indicated that they get their fees from sexual activities. This is confirmed (UNICEF, 2011) that 24% of school girls had turned into commercial sex workers.

Three in every four girls and 2 in every 3 boys were not tested for HIV within the 12 months before the survey despite the knowledge that they had engaged in sexual intercourse, whether using condoms or not. The respondents were afraid (UNAIDS, 2008) of being stigmatized. Fear of stigmatization keeps many people away from getting tested. Stigma could be devastating as people feel rejected by the society. It may lead people to commit suicides. Communities must be taught to accept the HIV/AIDS infected. Some of the LSPE high school students engaged in their first sexual intercourse in life, at around 14 years of age. Reasons are not clear however, the health personnel and educationists are encouraged to instil life skills into school pupils to enable them to abstain from early sexual activities since they risk unwanted early pregnancies or contraction of HIV or SITs. Victims of early pregnancies signify dropping out of school.

It is encouraging to observe that the majority of respondents voiced that class lessons on HIV/AIDS were effective (92% of the boys, 80% of the girls). There should be a continued big push in schools, both primary and secondary, to increase HIV/ AIDS awareness and what it takes for students to stay free from contracting HIV infections. However since respondents voiced that media was their main source of knowledge, it is encouraging that it should seek to introduce new other methods of publicising HIV information.
Schools, NGOs, Workers Unions, Women’s clubs, churches and other civic organisations within Lowveld Sugar Plantation Estates, should unite, to further disseminate HIV information within the Estates. It is imperative that there is need to publicise HIV/AIDS education at the grassroots level, starting from the home into schools. It is further recommended that peer education should be further strengthened. Further research is required on a wider framework on HIV/AIDS intervention strategies among pupils.

6. References


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