

PRIMARY SCHOOL ACTION FOR BETTER HEALTH PRE-PROGRAMME INTEGRATED QUALITATIVE & QUANTITATIVE REPORT

EXECUTIVE SUMMARY

Themes that emerged in qualitative analysis provide a basis from which to comment on:

- The potential uptake and implementation of the PSABH programme by schools/communities;
- The apparent barriers to implementation of the PSABH programme.

AIDS awareness

- Young people and adults were aware that AIDS exists.
- Being identified with HIV/AIDS has significant negative social consequences.
- These negative consequences are guarded against by resisting open admission that AIDS exists in one's community, and/or by projecting its existence onto other communities or groups of people and blaming them for the devastation now faced by one's own community.
- The secrecy and invisibility of AIDS in the community create barriers to HIV prevention since:
 - It is difficult to acknowledge that risk exists if AIDS is invisible in the community.
 - If there are negative social consequences to be identified with AIDS, then using a condom or otherwise changing sexual behavior to reduce risk is unlikely since this would identify one with AIDS.

AIDS Risk

- Both teachers and community leaders identified youth as most at risk of contracting HIV/AIDS. This was mainly because they played sex carelessly.
- Young people were aware that unprotected sexual activity put them at risk for contracting HIV; but, they spoke more frequently, and appeared to fear more, getting the disease in other ways (i.e. hospital needles, barber scissors, toothbrushes)
- Youth were, however, able to discuss in detail modes of transmission and prevention.

Community Expectations Regarding Sex

- Communities generally expect young people to abstain from playing sex until marriage.
- Traditional approaches (i.e. grandparents talking to their grandchildren) to conveying community expectations were identified as a thing of the past.
- There is a prohibitive silence on the discussion of sexually related matters.
- Community leaders, teachers, and young people provided numerous reasons for why it was nearly impossible to abide by the expectation of abstinence until marriage (e.g., changing times, extended length of education, modernization).

- Few sanctions were available to enforce community expectations. Those communities that did enforce used physical force to do so (i.e. beating boys and girls found together).

Sexual Scripts

- Dating is common during pre- or early adolescence
- The dating script of necessity involves playing sex; however, sex may also occur haphazardly between two people who are not in a dating relationship.
- There is a scripted sequence of events leading to playing sex:
 - Negotiation is initiated by a girl or boy, though most often a boy; for example, through letter writing or a mediator.
 - Boys give gifts (including money) to girls or their family members to indicate their desire and intention to play sex with them.
 - Gifts are especially important when girls are from poor families, with poverty motivating girls to play sex in order to gain personal and family necessities, including food.
 - Older boys and men are seen as better gift givers since they have access to more resources.
 - A gift delivered (whether or not it is desired or accepted) signifies an obligation to play sex.
 - Despite this obligation, girls must, and do, initially refuse to play sex; however, they clearly recognize their lack of power to enforce this refusal.
 - If a girl persists in her refusal, the boy is expected, and does, force her to play sex.
 - Boys feel compelled to play sex, even to the point of forcing girls, because they themselves feel forced by their biology and by peer and community expectations. In fact, boys impute the same intense biological and social compulsions onto girls and thus feel that girls want and need to play sex for the same reasons they do.

Preventing Sexual Transmission of HIV

- According to adults, the most effective way to prevent transmission of HIV is by abstaining from sexual intercourse.
- Most recognized that youth were sexually active. Some felt that this was cause for prevention measures beyond that of abstention. Others, however, believed abstinence was the only preventive measure.

Abstaining from playing sex

- Abstinence was best, but virtually impossible, as evidenced by the material presented in the sections on Community Expectations and Sexual Scripts.
- A large proportion of youth were not abstaining.

Condom Use

- Community leaders appeared more willing to promote condom use, while teachers less willing to do so.
- All adults struggled with advocating abstinence and condom use at the same time. This produced conflicting messages for young people.

- Contradictory messages left young people confused and uncertain about what to believe and resulted in inconsistent and contradictory answers to questions about condoms and uncertainty about whether or not they should use them.
- Contradictory messages, misinformation, myth, and sexual scripts presented serious barriers to condom use.

Voice of Religion

- Religion and faith were frequently raised in interviews.
- People expected churches to address issues around HIV/AIDS, sexuality and morality. They often referenced church teachings to substantiate their own views on these topics.
- Local churches were involved in addressing HIV/AIDS and sexuality with a primary focus on abstinence. Condom use was addressed but only out of concern about its fallibility.
- For many people, the focus on abstinence had at least some foundation in faith and/or the teachings of the church.
- There was inconsistency between expressions of faith and actions. These inconsistencies are recognized and should not be taken to mean that faith does not influence actions.
- Results suggest that HIV/AIDS prevention be sensitive to and respectful of religious beliefs as they are important elements in the lives of young people and the adults who take responsibility for them.

Sex and AIDS Education in Schools

- Teachers were concerned about their students and wanted to take steps to ensure their protection from HIV/AIDS.
- Teachers were certain however, that they could not successfully carry out HIV/AIDS prevention alone and supported a collaborative effort involving teachers, community members, parents, and religious groups.
- Although teachers held positive attitudes towards HIV/AIDS education they were quick to point out a number of barriers.
 - lack of resources and/or training.
 - concern that students were too young to understand lessons on sex or HIV/AIDS.
 - shy students
 - Warnings against teaching young people about condoms.
- Ultimately, teachers were most comfortable delivering didactic lessons on abstinence.
- Where teachers felt discomfort (i.e. condom use) they tended to convey mixed messages to young people. Young people were aware of these mixed messages and recognized that it stemmed from teacher discomfort (i.e. they don't want to tell us about condoms because they think it will make us play sex).

Quantitative and Qualitative Results in Dialogue

- Quantitative surveys found that the majority of teachers were comfortable teaching about sex. In qualitative interviews teachers expressed considerable discomfort in doing this.
- Quantitative results suggested that knowledge of HIV/AIDS was low for students. Results of qualitative analyses for focus groups found that students were accurately able to describe various routes of transmission and to provide explanations for why HIV may be transmitted in particular ways.
- Students typically responded in an inconsistent manner to a series of survey questions on condoms. Focus group discussions linked these to the contradictory messages that students were receiving regarding condom use and its efficacy in AIDS prevention.
- In surveys students claimed considerable personal and sexual agency. Analyses of community expectations and sexual scripts provide a serious challenge to the existence of sexual agency.
- A sizeable proportion of both male and female survey respondents maintained that they had been forced to play sex. In focus groups it was clear that force included biological, peer or community pressure as well as physical force by a partner. Boys were more likely to have spoken about being forced by physical urges or peers. Girls were more likely to have reported being beaten or physically pushed to play sex or to be placed in situations where they lacked the power to refuse.
- 53% of young people who had played sex reported that they would be virgins when they completed secondary school. In focus group discussions there appeared to be an understanding that once virginity was broken it could not be unbroken. Several potential reasons for the inconsistency in responses were evident from focus group discussions.

Implications

- There is a readiness and desire on the part of teachers and community leaders to engage in active AIDS prevention
- Youth want to know how to protect against AIDS
- There is evidence that there has been some mobilization around AIDS prevention in all communities and schools.
- The barriers to uptake of HIV prevention and actual change in behaviors include:
 - Resistance to owning the problem of AIDS.
 - Presence of sexual scripts that force youth into early, premarital sexual activity.
 - Absence of a community stand on sexuality in the lives of youth that either provides consistent support for abstinence or accepts condoms as a harm reduction strategy.