

**Adolescents Perceptions on Sexuality, HIV and AIDS in Selected Schools of  
Kwekwe District, Zimbabwe**

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**ABSTRACT**

*Conventional AIDS education programs, aimed at young people, but devised and implemented by adults, seem to have limited impact throughout Africa. All too often, such programs consist principally of imparting general information about HIV and AIDS, warning pupils of the dangers of sex before marriage and admonishing them to live according to a set of strict moral or religious precepts with little or no regard to the realities of sexuality as experienced in particular milieus. This study documented the perceptions of in-school adolescents on sex, HIV, and AIDS education programs in schools. In this era, where beneficiary participation is considered key in all development initiatives, it becomes obvious that pupils must be meaningfully involved in the formulation of HIV and AIDS prevention strategies. In this research sex, HIV, and AIDS education programs in schools are discussed within the context of post-structural arguments (Foucault), actor oriented approach (Long), and symbolic interactionism. Qualitative methodology was utilized in the collection and analysis of data because it enabled an in-depth understanding of the 'why' and 'how' of adolescents' perceptions and attitudes. The study unveiled that adolescents are the missing link in school based HIV and AIDS interventions and that unless and until they become the focal point through greater and meaningful participation, current initiatives will continue having minimal impact.*

## **BACKGROUND OF THE STUDY**

This study examines in-school adolescents' perceptions of sexuality, HIV, and AIDS. It is based on a study of three schools in Kwekwe district. The study aimed to assess the perceptions of school-going adolescents in higher secondary classes on HIV and AIDS, their attitudes and beliefs regarding sexuality and their perceptions on the efficacy of the schools response to HIV and AIDS. The study also explores pupils' views on how sexuality, HIV, and AIDS should be managed in schools. The focus of the research is on the subjects' attitudes and perceptions on HIV and AIDS. It is predicated on the view that, in-school adolescents' views are often neglected in HIV and AIDS programming. However, their views are critical to the success of HIV and AIDS initiatives, hence, the need for a study that addresses this gap. The study critiques the ineffectiveness of school-based sex, HIV and AIDS education, which is predominantly overtly moralistic, repressive, and characterized by absence of adolescence input. The moralistic approach has been conservative, yet the study proposes that a libertarian approach could be more effective.

HIV (Human Immunodeficiency Virus) is a retrovirus that infects cells of the human immune system. It is widely accepted that infection with HIV causes AIDS (Acquired Immunodeficiency Syndrome), a disease characterized by the destruction of the immune system ([en.wikipedia.org](http://en.wikipedia.org)). Most sub-Saharan African countries are experiencing generalized epidemics; Pembrey (2006) notes that HIV is spreading throughout the general population, rather than being confined to populations at higher risk, such as commercial sex workers and their clients, men who have sex with men, and injecting drug users. In sub-Saharan Africa, heterosexual transmission is by far the predominant mode of HIV transmission (Pembrey, 2006). At the beginning of the epidemic in sub-Saharan Africa, HIV-infected men vastly outnumbered HIV-infected women; today the situation in most countries is reversed. African women are being infected at an earlier age than men, and the gap in HIV prevalence between men and women continues to grow (Ucsf, 2006). In the countries worst affected by HIV and AIDS, girls and women are infected at higher rates than boys and men - in some age groups, up to five times higher. For example, in Tanzania, the prevalence rate for girls aged 15 to 19 is more than three times higher than for boys, and in Zambia, it is also higher (Ucsf, 2006). Mane and Aggleton (2001) cite UNAIDS 1997 which identifies two main factors contributing to the likelihood of infection: that is individual risk and societal vulnerability. Individual risk of HIV and AIDS infection is influenced by what people know and

understand, what they feel about situations and relationships, and what they do. This has led to the major focus of the HIV and AIDS response being on individual behavior change towards safety: safer sex, safer injecting drug use, safer practices in the health sector, all which are addressed via efforts to increase knowledge, influence attitudes and beliefs. Aggleton (2001) also notes that there are other dynamics involved in the spread of HIV and AIDS like poverty, gender inequality, and economic instability.

Turning to the incidence of HIV and AIDS in Zimbabwe the Ministry of Health and Child Welfare (2005) points out that the first reported case of AIDS in Zimbabwe occurred in 1985. By the end of the 1980s, around 10% of the adult populations were thought to be infected with HIV. This figure rose dramatically in the first half of the 1990s, peaking and stabilizing at 29% between 1995 and 1997 (Ministry of Health and Child Welfare, Zimbabwe 2005). But since then the HIV prevalence is thought to have declined, making Zimbabwe one of the first African nations to witness such a trend (UNAIDS, 2005). The adult prevalence in 2005 was 20.1%, according to Government figures (Preamble, 2006). In Zimbabwe, the prevalence rate has now been reported by the Ministry of Health and Child Welfare to be at 18.1%. However, prevalence, which measures the ongoing level of HIV infection, is not particularly informative without knowing the incidence, or the rate at which new infections are occurring (Aids map, 2006; Pembrey, 2006). A falling prevalence rate may reflect that the number of people dying because of the virus is outnumbering those newly infected with it. Pembrey (2006) warns that although survey results do indeed indicate a fall in Zimbabwe's adult HIV prevalence, caution should be taken when interpreting the data available; it is not yet known whether the trend is a sign of long-term change or merely a temporary movement. Given the large number of homeless and displaced people (due to operation *murambatsvina/restore order*) living in Zimbabwe who are not likely to have been surveyed, the results cannot be taken as wholly representative of the situation (Pembrey, 2006). A rise in the number of people dying from AIDS is thought to have played a role in the decline, as well as an increase in the number of people (HIV positive or otherwise) who have migrated to other countries (Pembrey, 2006).

## **STATEMENT OF THE PROBLEM**

UNESCO (2006) points out that delivery of HIV and AIDS education within schools is a contested area which elicits strong and differing reactions from parents, teachers and school authorities. It is often construed by some parents, teachers, and organizations that HIV and AIDS material that goes beyond the context of biological health in school curricula is tantamount to promoting premature sexual debut. At the same time, parents often prefer the school to provide their children with information on sex and sexuality including HIV and AIDS (UNESCO, 2006). This research's point of departure is that sex education has always been a contested enterprise at which concerns over moral values, knowledge, the nature of childhood and adolescence and pedagogy have often clashed. It is then the purpose of this study to explore in-school adolescents' perceptions on sexuality, HIV and AIDS because it is through understanding their concerns that appropriate interventions can be initiated. We need to establish in-school adolescents' views on how they think sex, HIV, and AIDS education should be managed in schools.

The study focuses on sixth formers because if interventions may be implemented at this level pupils may be equipped with necessary knowledge and life skills when they enter the community to deal with the epidemic. Focus on this group is important because adolescents are so vulnerable because of their physical, psychological, and social attributes, which make them particularly vulnerable to HIV and STI's. Adolescents often are not able to comprehend fully the extent of their exposure to risk. Societies often compound young people's risk by making it difficult for them to learn about HIV, AIDS, and reproductive health. Moreover, many youth are socially inexperienced and dependent on others. Peer pressure easily influences them, often in ways that increase their risk.

## **OBJECTIVES OF THE STUDY**

The study aimed to assess the perceptions of school-going adolescents in higher secondary classes on HIV, AIDS, their attitudes and beliefs regarding sexuality, and their perceptions on the efficacy of the education system response to HIV and AIDS.

### **Specific Objectives**

- 1) Examine whether pupils perceive HIV and AIDS as a problem/threat to them
- 2) Investigate pupils' perceptions on sexuality
- 3) Identify selected schools responses to HIV and AIDS
- 4) Examine the perceptions of pupils on the effectiveness of the selected schools responses to educational needs of HIV and AIDS

### **RESEARCH METHODOLOGY**

The research utilized a variety of methods, including focus group discussions, anonymous card writing, and in-depth interviews. Methodological triangulation/pluralism helped to 'home in' on a better understanding of a phenomenon by approaching it from several angles. In order to appreciate the immediate context in which school based sexuality and HIV and AIDS education is carried, informal talks with some teachers at selected schools were held seeking their perspective on teaching of these issues. Focus group discussions were held with students to stimulate respondents and give them courage to speak. It was also used as ground truthing for information collected from interviews and questionnaires. Anonymous card writing at the end of focus group discussions were used in an attempt to counter for group phenomena, where other research participants did not feel comfortable. Non-directive interviews were also used. Non-directive interviews were used to offset the weaknesses of focus group discussion. These interviews allowed verification of some major issues which rose in focus group discussions and further probing how pupils viewed current HIV and AIDS programs and how they thought they should be managed. Nondirective Interviews were also used with key informants in establishing the schools responses to HIV and AIDS. Interviews were also held with key informants who were school administrators, ministry of education officials, and organization who where into HIV and AIDS advocacy, such as MASO and ZIMPATH. This enabled the research to explore how the ministry and its partners have responded to HIV and AIDS issues in schools. In-depth interviews with students were also utilized to gather information form individual student and collected data on sexual behavior.

## **THE CONCEPTUAL FRAMEWORK**

Understanding adolescent's sexuality is central to the formulation of appropriate programs in the fight against HIV and AIDS, since in Zimbabwe over 90% of infections are through penetrative sex. Adolescence can be conceptualized as the period of transition from childhood to adulthood, describing both the development to sexual maturity and to psychological and relative economic independence. The World Health Organization (WHO) uses the 10-19 year age range to define adolescence, with further divisions for early adolescence: 10-14 years, and late adolescence: 15-19 years (Lamm, 2006). This category also covers age-groups that are considered as legal minors (below 16 years) in Zimbabwe and are considered as incapable of making choices in sexual relations. However, it also encompasses those that are legally adults (above 18 years). These overlaps also complicate attempts to tackle the issue of their sexual practices. For the purpose of this study, the WHO's conceptualization of adolescence will be adopted. However, statistics pertaining to this particular group on HIV and AIDS are hard to come by, as there are overlaps with other groups, in some cases adolescents are covered under the category of children that is those below 18 years, whilst in some instances there are under the category of youths the 15-24 age groups.

In discussing adolescents' sexuality, it is important to note that sexuality is a contested enterprise. McFadden (1992) argues that HIV and AIDS, which is largely a consequence of sexual activity, have sparked off changes in the sexual sphere. Society has been forced to try and reconceptualise sexuality. Society has been forced to examine how sexuality is constructed and played out, in both the public and private areas of life. McFadden (1992) argues that the problem of AIDS has not only confronted our societies with an unknown virus, it has begun to unravel some of the myths and mystifications surrounding sex and sexuality at a general level, as well as at the more specific levels of female sexuality, adult sexuality/adolescent sexuality, and it is forcing us to deal with the issues in conceptual, practical, and ultimately very essential terms of human survival.

Hoffman and Futterman (1996) have commented that many adults have difficulty in acknowledging adolescents as sexual beings, and therefore, adolescent sexuality is viewed as something which must be controlled and restrained. Aggleton & Warwick (1997) note that one of the most important reasons why young people are denied adequate access to information, sexual health services, and protective resources

(such as condoms) derives from the stereotypical and often contradictory ways in which they are viewed. It is popularly believed, for example, by custodians of “Zimbabwean culture”, parents, and schools that all young people are risk-taking pleasure seekers who live only for the present. This tends not only to homogenize and pathologize our understanding of young people and their needs, it encourages us to view young people as possessing a series of "deficits" (in knowledge, attitudes and skills) which need to be remedied by adults and the interventions they make (Aggleton & Warwick, 1997). These stereotypes have also informed much HIV-related research and practice with young people. Warwick and Aggleton (1990), for example, have described the central images to be found in the literature on young people and AIDS. These images include the "unknowledgeable or ill informed adolescent", the "high-risk adolescent", the "adolescent who is unduly conforming to peer pressures", and the "tragic but innocent adolescent" who inadvertently becomes infected by HIV and AIDS.

The “traditional Zimbabwean culture” does not condone premarital sex (Marindo *et al*, 2003; Gelfand, 1973; Mutswairo *et al*, 1996). The Zimbabwe Human Development Report (ZHDR, 2003) notes that traditional ethnic groups in Zimbabwe had institutions that catered for sex education, however these were lost as a result of social re-engineering during the colonial period. Most ethnic groups considered virginity among unmarried females, as precious and cultural controls existed to prevent premarital sex. Niehaus (2000) points out that colonial education adopted a repressive puritan stance towards adolescent sexuality. Teachers perceived sex as the apex of all transgressions and as very contagious form of subversion (*ibid*). Teachers regarded the prohibition of adolescent sex as entirely possible. They sought to exorcise sex from school by enforcing elaborate rules about clothing, appearance, and appropriate conduct of boys and girls (*ibid*). This has influenced responses to the epidemic, for example, in all government policy documents (Government of Zimbabwe 2005, 1998) there is an unwillingness to accept that sex occurs among unmarried people. However, Marindo *et al* (2003) note that surveys conducted in the past by the Demographic Health Survey (DHS), Central Statistical Office (CSO), and Zimbabwe National Family Planning Council (ZNFPC) demonstrate that a sizable fraction of adolescents aged 15-19 years are sexually active although the precise proportion is unknown.

Research by Save the Children UK (2002) showed that, girls are dropping out of school due to teenage pregnancies. For example, five girls dropped out of school at Siansyundu secondary school (Binga) in 2001 and three from Sutton secondary school (Mutorashanga) in the same year. All of the dropouts were

due to teenage pregnancies. We, thus, need to understand in-school adolescents' perceptions on sexuality, HIV, and AIDS in order for appropriate initiatives to be implemented. Evidence from Southern Africa, including Zimbabwe, shows that adolescents become sexually active in their early teens or even earlier. Save the Children UK (2002) in its operational research on children and youths reproductive and sexual health in Binga, Nyaminyami, and Mutorashanga reports that children and youth engage in high-risk sexual behavior, such as premarital sex, unprotected sex, and sex for money, sexual relationships between young girls and older male partners. The report also notes that parents have no time and there is no enabling environment to teach children about sex and sexuality issues in the home.

In Zimbabwe, the Ministry of Education Sport and Culture's responses are guided by the National AIDS Policy of 1999, which aims to coordinate all AIDS prevention, reproductive, and sexual health activities. The policy emphasizes abstinence among young people as the sole strategy for HIV prevention. The policy is moralistic in tone and advocates long-term abstinence among young people. The Ministry of Education Sports and Culture plays a critical role in defining policies that guide efforts directed at dealing with the AIDS pandemic. The AIDS Action Plan in schools (Government of Zimbabwe and UNICEF, 1997) provides the guidelines for all HIV prevention activities in schools. The plan promotes abstinence as the exclusive risk-reduction strategy for preventing the spread of HIV. Marindo *et al* (2003) point out that an underlying theme in the policy is a reluctance to acknowledge that some young people are sexually active and, therefore, may choose to use condoms to prevent HIV. The ministry does not have its own HIV and AIDS policy but is guided by the national HIV and AIDS policy. However, HIV and AIDS are part of the ministry's curriculum. There is a HIV, AIDS, and life skills education in primary school syllabus: grade 4-7; whilst the syllabus for secondary schools is nearing completion. There is also the Basic Education Assistance Module (BEAM) that is there to assist vulnerable children, especially orphaned children and those from poor families with school fees.

The ministry has entered into partnership with other organizations in trying to deal with the pandemic. The ministry works in partnership with Non Governmental Organizations (NGOs), like United Nations Children's Fund (UNICEF), United Nations Education, Scientific and Cultural Organization (UNESCO), The Zimbabwe Participatory HIV and AIDS Prevention and Awareness Teacher Training (ZIMPATH), Midlands AIDS Support Organization (MASO), and others. One similar partnership is that



involving the ministry, UNESCO, and ZIMPATH under which primary school teachers are being trained. The program is a five-year in-service life skills education and gender training for all primary school teachers. UNICEF's representative to Zimbabwe pointed out that the program was meant to assist teachers to be more effective facilitators of life skills learning, promote children's ability to say "NO", prevent and detect child abuse, know how to seek action, and to counsel children in need of care and support. According to a ministry official, all secondary schools are supposed to have HIV and AIDS teachers, whilst all primary school teachers are supposed to receive training in these issues.

Marindo *et al* (2003) note that the Ministry of Education Sport and Culture works in conjunction with the Ministry of Information and Publicity to provide limited television and radio programs concerning HIV, AIDS, and sexual health. Mirroring the education policy, these programs promote abstinence as the sole strategy for all young people. Besides the Ministry of Education Sport and Culture, the Ministry of Health and Child Welfare is also a stakeholder in this fight through its Reproductive Health Guidelines and Policy of 1998. The policy aims to address issues related to adolescent sexuality by developing youth friendly services. Just like other government policy documents, there is an unwillingness to accept that sex occurs among unmarried people. The old cultural support for "virginity" and abstinence still influences policymakers. The views of the adolescents themselves, though integral to the success of behaviour change programs, are often neglected, hence the need for a study that addresses this gap.

It is essential that the Ministry of Education Sports and Culture, which will guide the response to HIV and AIDS, develop a comprehensive strategy. Responding decisively to the threat posed by HIV and AIDS raises fundamental questions about the overall role of schools. The role of school is extremely important in the fight against AIDS. Across the world, schools play a major role in shaping the attitudes, opinions and, perhaps most importantly, the behavior of young people. Today's generation of school children have been born into a world where the AIDS pandemic is a harsh, unavoidable reality, a situation that their time at school can help them to prepare for (avert.org2006). With a capacity to reach large numbers of young people with information that can save their lives, basic school education can have such a powerful preventive effect that it has been described as a 'social vaccine'.

It is clear that there is need to deconstruct the conventional HIV and AIDS initiatives which do not put adolescents at the center as these are less effective in dealing with the pandemic. Adolescents need to be meaningfully involved in programs formulation so that appropriate programs can be developed for their benefit. There is need to demystify the assumption that adolescents are neither having sex nor thinking about sexuality. Initiatives must be based upon accurate, well-informed understanding of the concerns, fears, desires and pleasures of adolescents who are the ultimate beneficiaries of these programs. Adolescents are not cultural dupes but are actively adopting and negotiating positions made available to them by longstanding cultural discourses. This study will explore how school children perceive sexuality, HIV, AIDS and school initiatives, which have been put in place to deal with the pandemic.

## **RESEARCH FINDINGS**

### **Perceptions of HIV and AIDS**

The majority of the participants (77%) displayed above modest knowledge of HIV and AIDS; about 20% were not very conversant with HIV and AIDS, whilst 3% questioned the existence of HIV/AIDS. Some of the students highlighted causal transmission very well whilst others highlighted how the impacts of HIV and AIDS have been crosscutting. Many participants (62%) expressed anxieties /concern about contracting HIV whilst some (38%) could not imagine themselves contracting HIV. Pupils do not consider themselves to be at risk, while others said in FGDs that if they were to become infected, other people would be responsible not themselves. Some pupils thought that a healthy looking person cannot have HIV. Adolescents' subject people to visual aids testing (VAT) even in their choice of partners. About 7% of the girls viewed HIV as a threat more on the girls' side than boys because they perceived themselves as weaker than boys and having lesser control. HIV and AIDS were also generally constructed as a moral problem, with some respondents blaming its spread on prostitutes, or on girls/women constructed as prostitutes. Sugar daddy relationships along with prostitution were blamed as the most common cause of HIV and AIDS by interviewees.

### **Pupil's perceptions on Sexuality and sources of information**

The majority of the boys (84%) who participated were of the view that youths of their age were having sex and nothing was wrong with that. About 74% of the pupils (boys and girls) agreed that people of their age were sexually active and viewed abstinence as less practical. One respondent said that sex was

inevitable, whilst abstinence is just a textbook solution because very few pupils of their age were abstaining. Only a few (26% boys and girls) said that abstinence was imperative and the only acceptable behavior for school children. Some boys (63%) identified themselves as hypersexual and boasted of numerous partners. This was viewed as normal and acceptable, with some girls seemingly accepting that. Whilst few girls openly expressed themselves as sexually active, however the majority strongly presented themselves as “good” as opposed to sexual. Virginity was viewed by the majority of the boys as an unfashionable concept with no merit the talk about. However, after being probed further some indicated that they would prefer marrying a virgin. About 40% of the girls who participated viewed virginity as important whilst some (60%) exhibited contrary views as they felt that emphasizing virginity was no longer essential. Some converged on the notion that there was no need to be a virgin as one would lose it. One respondent pointed out that there was no need for one to maintain her virginity whilst others are enjoying. A few female participants were concerned about societal expectations on female purity whilst not exerting the same conditions on boys.

Since pupils acknowledged that they were having sex, they were asked what led them to have sex. Both female and male participants reported that curiosity drove pupils to have sex. Both boys and girls contend that the media, for example pornographic material and romantic novels, influenced them. Peer pressure was also identified as leading factor in influencing pupils to have sex. Some participants pointed out that sex was not boring like other alternatives such as abstinence and masturbation. Others argued that the main objective of these early relationships was sex. Alternatives to sex besides abstinence such as masturbation were regarded as immoral. Masturbation, which some had suggested in the event that one fails to abstain, was met with some disapproval from others. One respondent argued that chunks can never be a substitute for meat (masturbation cannot be an adequate substitute to sex). Boys openly pointed out that they needed to practice so that they will be able to satisfy their future partners. Others noted that girls seduced them whilst others pointed out the need to impregnate a beautiful girl (for boys, impregnating a beautiful girl was seen as a sign of victory). Boys also argued that they were tired of masturbation and wanted to experience the real thing. Boys also believed that all girls want romance and in the act of fulfilling this they may fail to control themselves. Girls reported that some of them are forced to engage in sexual acts because of material needs that they stand to gain after sleeping with men. Benefits ranged from food, clothes and money. Some girls pointed out that they engaged in sexual acts to secure their relationships as sex was regarded as an integral component of a

serious relationship. Usually these relationships were with older men. Some girls reported that they had transactional sex. Some argued that poverty drove them to have sex. “Desperate situations call for desperate measures, its better to have sex than to die of hunger”.

Asked whether those engaging in sexual acts were using protection (condoms), an irresolute yes was given yet after being probed further some boys indicated that in most cases protection was not used. This was because, for boys their partners would have for long resisted their sexual advances hence when they get the opportunity they will not think about condoms as their partner may change their mind. Girls who in most cases fell in love with older partners could not assert their resolute position on condom use. This is probably because they do not control the sexual act.

Pupils were also asked to describe their relationship with parents, teachers, peers and love partners with regards to discussing sexuality, HIV and AIDS. Parents were considered as a relatively unlikely source of information on sexual and reproductive health issues. The bulk (82%) of participants pointed out that it was not possible for them to discuss about sex, HIV and AIDS with their parents. Some argued that it was a taboo whilst others pointed out that if they introduced these issues they would be viewed negatively and as mischievous. Others feared triggering their parents’ anger if they introduced the subject. Some noted that they actually knew more information about HIV and AIDS than their parents. However others (18%) noted that it was possible for them to discuss these issues but principally it was on HIV and AIDS than on sex. Many pointed out that they only receive lessons on negative effects of sex such as unwanted pregnancy, STIs and HIV. Rather than there being discussions usually these turned to become lessons, one participant summed the issue by saying that “The family setup is bureaucratic and undemocratic, with parents always imposing their views on children”

However other respondents said they openly discuss HIV and AIDS with their parents. These parents were mostly those who were peer counselors at their workplace who are already involved in HIV and AIDS work. Some parents were reported leaving it to the media to teach their children about the pandemic. Some are reported to advise their children to watch and listen to HIV and AIDS programs on national media. However this approach was criticized because children could not seek clarifications from these sources. Parents were also criticized by pupils for letting the media take the role of raising their children especially through African movies. These movies were criticized for being silent on HIV

and AIDS issues. The educational background of parents was also a determining factor. Parents were however mainly accused of not opening up and creating a conducive environment for discussing these issues. Pupils felt that they could probably tap on their parents' experiences so that they could be better equipped to deal with these issues.

Unlike parents' teachers were regarded as a better source of HIV and AIDS information, however discussing about sexuality was considered as less likely. Teachers were trusted lieutenants in imparting HIV and AIDS information but concerns were raised about their "text book approach" which emphasized abstinence yet some pupils are known to be sexually active. However factors of age and sex of teacher were also considered by pupils in deciding who to approach. Young teachers of the same sex with pupils were likely to be approached by pupils for help. However some pupils highlighted the need for continuous training and retraining of teachers on these issues to make teachers compliant with new information rather than have information, which students will get from the old literature. However discussions about sex with teachers were widely regarded as impossible as pupils felt that they were not guaranteed of confidentiality and anonymity. Pupils opted to get information from other students on sex rather than teachers. Participants feared that teachers would discuss them with fellow teachers.

With peers, discussions on sex were reported to be very prominent as compared to HIV and AIDS matters. Discussions centered on the positives of sex and sexual experiences of adolescents/pupils. However there were differences between boys and girls in bragging about having sex with boys (63%) mainly boasting about their sexual exploits. However, a few girls (23%) were also reported to brag about having sex. Discussions on sex were reported to rarely focus on its negatives. Participants reported that they only talked about HIV and AIDS when someone known to them would have died or will be ill from AIDS related illnesses. It was rare for peers to discuss about HIV and AIDS.

HIV and AIDS were issues that were reported not to feature in discussions between girlfriend and boyfriend. It was believed that talking about this might lead to one being denied the opportunity to have sex, as sexual advances will be resisted. Either partner who raised the issue was likely to be viewed with suspicion. However, discussions on sex were reported to be there but focus was only on the pleasure. Only a few participants noted that they would suggest Voluntary Counseling and Testing (VCT) if their relationship was to progress.

Pupils were also asked on what they thought about opposite sex friendship. Whilst the participants admitted the possibility of boys and girls developing friendship, however the majority (78%) hinted that genuine friendship, was widely unlikely as either or both will be having hidden agendas. Some respondents noted that theoretically it was possible to talk of friends of the opposite sex however some were quick to note that there would be a motive behind. Some female respondents presented themselves as more comfortable with friends of the opposite sex than with friends of the same sex as boys were viewed as being capable of keeping secrets and not snatching your boyfriend. Asked about what they want from such relationships a significant number indicated that it was fun and they shared different ideas. However for some boys it was viewed as a way of building one's status at school whilst others concurred that it was a launching pad for love relationships. Girls could not disagree much with the views espoused by boys with some admitting that they would be having crushes on some of the boys who they will befriend. However some respondents (22%) distanced themselves from the aforementioned as they noted that their friendship with the opposite sex was based on genuine concerns and similar backgrounds. At one school participants were concerned that some school administrators did not allow them to socialize with the opposite sex.

Asked whether it was possible for girls to ask boys out, female participants were divided on the issue with some saying it was possible and acceptable whilst others passionately opposed that view. One participant said that girls should take the initiative and propose boys (this received a loud round of applause). Some girls concurred that they should break the barriers and ask boys out arguing that girls from the old school were the ones who cannot ask boys out. Some girls pointed out that some boys might be shy yet they are in love. However another section of the girls were strongly against this, some claimed that only girls of slack moral could ask boys out. One participant said that, "We can never ask boys out, asking them is pathetic, it's stupid, it degrades us we must have pride and not be desperate". Another girl pointed out that it was unethical for girls to ask boys out and noted that girls would rather act so that boys would see them.

Asked whether schools should tolerate love affairs, the majority if not all participants were of the opinion that school authorities should not be hard and fast on those having affairs; reasons for that was the need to interact. For some boys not having a girlfriend demeaned their social standing at school and

a sign of cowardice. It was fashionable for one to have a partner at school. However, a few respondents thought that affairs should be heavily censored at school as this might lead pupils into sexual acts. One respondent who advocated tolerance argued that there is need for one to prepare for the future. Some respondents noted that defiance of the laws of nature is very much the same as defiance of life itself hence affairs should be tolerated.

Asked about decision making in these relationships the majority of the boys felt that they are the one's who make decisions, however, girls felt that they all contributed in decision making. Some girls pointed out that before marriage girls make decisions. However others felt that in most cases it was the girl who made decisions in these affairs as this would be used as a mechanism to test whether the boyfriend really loved the girl. One girl noted that you have to pin down your men and he should do what you want.

“If you don't like my way you hit the highway”.

Asked on what their views were on virginity, all groups identified abstinence as the primary and first choice strategy of avoiding HIV/AIDS. Abstinence was regarded because of Christianity's influence. For girl's abstinence was important because of the need to maintain virginity. Being virgins meant cleanliness and purity, which would lead to gaining respect from husband in marriage. Some pupils displayed confusion on risk reduction strategies. Whilst peer counselors, teachers and parents insisted on abstinence, the media focused on protection (condom use).

### **Selected Schools Responses and Pupils Perceptions of These Responses**

Students felt that the schools responses to HIV and AIDS education was far from convincing, as it was a conservative approach ('the text book style'). Students felt that their schools should do more. At one of the schools no program was running, education for living lessons have stopped, there is no HIV and AIDS teacher. The peer education program has not taken good shape, as it is believed that some school authorities felt that the program had bad influence on their students. Conflicts between members of staff and administrators have been identified as impediments to the peer education program and only a few peer educators were trained but the program has not had full backing.

At another school there is no HIV and AIDS teacher but there are two clubs, which operate in fits and start. One of the clubs was heavily criticized as it focused only on girls leaving out the boy child.

Complaints were raised from both girls and boys about this setup as it was felt that every student had the right to information. The other club only becomes alive when there are workshops to be attended. There are also guidance and counseling sessions held weekly. Very few pupils said they attend because of the boring nature in which these sessions are carried out. Teachers were accused of imposing discussion topics and considering pupils as empty vessels. Teachers were also pointed out to be embarrassed when discussing sex related issues and they were also not well conversant with some technical issues on HIV and AIDS.

Of the three schools, the only school which had decent running programs acknowledged the role played by the programs. At this school, there is an HIV and AIDS teacher, there are posters, which were displayed around the school and the school administrators were said to be fully behind HIV and AIDS interventions. However, the respondents complained about the monotony and the AIDS fatigue which had developed. Concerns were raised on unvaried textbook approach to sexuality and HIV/AIDS. Teachers were viewed as shy in discussing sexuality issues and that in most cases the classes ended up being lectures rather than discussions. Pupils also did not trust their teachers on confidential sexual issues as they felt that they could become staff room talk on teatime.

Most groups argued that HIV, AIDS and sex education at school tended to ‘beat around the bush’ and was not explicit enough. Pupils pointed out the reluctance of educators to be specific about safer sex techniques such as condom use. School based initiatives often tended to downplay the nature of adolescent sexuality, preferring to pretend that pupils were not sexually active. Some teachers and administrators were pointed out to be moralistic and judgmental and did not have personal experiences in the area (example not revealed for fear of revealing the school).

### **Pupils Perceptions on Management of Sex, HIV, and AIDS Education in Schools**

Participants were of the view that schools should make HIV and AIDS lessons more of discussions rather than horror. HIV and AIDS lessons should be delivered in away that do not scare adolescents. This was said because students complained that teachers were in most cases scaring them whenever they delivered information pertaining to the pandemic.



Participants reported that schools should create an enabling environment that allows open discussion of HIV and AIDS *visa-a-vis* sexuality and reproduction issues, which in the past have been considered too sensitive. Schools were called upon to accept reality that pupils were sexually active and offer practical solutions rather than denying pupils information on how to protect themselves. Teachers when teaching sex education should not ignore the benefits of sex.

Participants felt that schools should incorporate *edutainment* in delivering HIV and AIDS information. Arts should be creatively incorporated in these issues. Some respondents were of the opinion that schools should make use of opinion makers at school to disseminate information on HIV and AIDS. Celebrities/role models should also be invited to address pupils. Concerns were raised over the boring nature of HIV and AIDS lessons, which need to be revamped. Respondents also called for improvement in teaching methods by making use of new technology in the teaching of HIV and AIDS issues.

Schools were also called upon to make HIV and AIDS more social rather get into technical issues of genetics, strains, and CD4 count. Technical jargon which confused pupils should be limited whilst culturally-appropriate curricula be applied. Pupils also called for the need for practical cases when talking about HIV and AIDS. Some pupils called for field tours where they could see patients suffering from AIDS related illness. Others said that their schools should invite HIV positive activists to talk to them. Others felt that schools could do more by screening documentaries on the epidemic. Schools were also asked to form partnerships with social and medical experts who can talk to them about the epidemic. Participants also called for schools to hold workshops with other schools. This platform will be used to share ideas on life skills and the way forward. Pupils also felt that there should be fundraising shows to assist pupils orphaned by HIV and AIDS.

Asked on what they thought about condom distribution in schools, all admitted that pupils were engaging in sexual activities but only a few thought the idea of distributing them was dignified. For the majority (83%) distributing condoms was not acceptable as this was seen as authorization for students to have sex. Giving them condoms would imply that there was a safer way of doing it so this will encourage the even innocent ones to start having sex yet they would not have thought about it. One respondent said that, Absence of condoms from schools was regarded as a check on sexual activities. One respondent said that condoms should not be sold but should only be accessible at health institutions

and this may curb their use, which gives sense of false security for students. Others raised concerns on who should be given condoms at school and the distribution mechanism. One highlighted the contradictions that are there in HIV and AIDS information for example advice from peer educators on total abstinence whilst condom adverts emphasize protection. Many of the students said schools should try to suppress sexuality. One respondent summed the resistance to condom distribution by saying that

“If you give students condoms you would have given them a passport as well as a visa for them to have sex”

Some (17%) proposed that schools should start distributing condoms. They pointed out that a number of pupils were already sexually active hence there should have access to condoms. Others noted that administrators should accept reality that pupils are engaging in sexual acts and that it is a right for them to have protection. Pupils should not be denied an opportunity to protect themselves. Others even pointed out that borders did not have access to shops, clinics and youth centers which are outlets for condom distribution because they would be at school hence schools would have done a noble gesture if they distribute condoms.

## **DISCUSSION OF FINDINGS**

### **Distorted Sense of Invulnerability**

Focus Group Discussions and non-directive interviews showed that most adolescents know about the nature and mode of transmission of HIV and AIDS and how it can be prevented. This can be attributed to the role of the media, which was cited as the major source of information. Even though adolescents appreciate the risks of HIV in general some adolescents believe that they are invulnerable themselves. This reflects the distorted sense of invulnerability to HIV that many young people have. Some pupils did not consider themselves at risk but chose to point to other groups in society such as prostitutes, sugar daddies and soccer players. The risks of HIV may be particularly hard for adolescents to grasp; this is because a person's risky behavior does not have immediate apparent repercussions due to HIV's long incubation period. Adolescents compromise their behavior that may prevent HIV because of the fear of loss of relationship, loss of trust and peer acceptance. In some cases girls engage in competition for eligible men and this may force some girls who face the threat of being displaced by other girlfriends to

engage in unprotected sexual intercourse to enhance their chances in marriage. Moreover adolescents maybe unaware of what constitute risky sexual behavior.

Sex is also a variant of exploratory behavior. However, it is common for adolescents to deny their own sexuality, hence for many sexual intercourse is sporadic, unexpected and unplanned. Due to unplanned nature of sexual intercourse it is particularly difficult for adolescents to prepare in order to protect themselves against pregnancy, STIs and HIV. Adolescents are anxious about sex, even young people who know how to protect themselves from HIV often lack the social skills to do so. Anxiety and apprehension often prevent young people from using condoms because condom use requires their sex partner's awareness and cooperation. Many adolescents are afraid to ask their partner's sexual history for fear that they may endanger the relationship. Insistence on condom use by one partner was noted to make the other partner suspicious and then have reason to accuse them of not being faithful. Risk assessment as regards contracting HIV is low by the adolescent's interviewed.

### **The Antithesis of Open Sexuality Discussions**

Goffman's concept of stigma explains why pupils did not discuss sexuality with parents and teachers'. Pupils felt that teachers would discuss them during teatime and they would be vindicated for having expressed themselves. There was fear of possible ricocheting effect by pupils, that if they openly expressed their sexual drives to teachers they would be used as examples and humiliated in front of everyone. They feared that failure to perform academically would be linked to their sexual escapades. Clearly the complexity of teacher /student relationship with its particular power relations and accepted modes of behaviour provides a problematic context in which to raise issues of sexuality. This is because the education tends to take place in contrived and too public setting. This setting does not provide anonymity, pupils amongst themselves fear disclosing their naivety and novice in sexual issues. Pupils were also not keen to discuss sexuality issues with their parents and teachers because of the need to portray a good image. Discussing these issues was associated with loose morals and those pupils who brought up these issues were likely to be stigmatized.

Direct communication between adolescents and their parents is minimal in the subjects of sexuality. Adolescents are unaware of their parent's beliefs and attitudes about sex-related issues. In most cases special attempts are made by both children and parents to keep their sexual expressions hidden from

each other. Foucault, (1976) reminds us that the sex of children and adolescents has become since the eighteenth century, an important area of contention around which innumerable institutional devices and discursive strategies have been deployed (Foucault, 1976). Children have been deprived of a way of speaking about sex. Most of the adolescents interviewed maintained that parents and adults in general do not discuss sex and other reproductive issues with them, or provide them with information to empower them to make informed decisions and protect themselves from pregnancies, STIs or HIV infection. This is probably because children's sexuality has been reduced to silence, not only does it not exist, but has no right to exist. Foucault (1976) reminds us that everyone, knows for example that children had no sex, which is why they are forbidden to talk about it, why one closes one's eyes and stops one's ears whenever they hear about sex. Many adolescents are at risk because no one, including parents, educators, counselors, health care workers or the media has taught them about it. Adolescents have only limited opportunities to learn about the virus. Some adults still think that sex education encourages sexual experimentation. Consequently, programs and campaigns often are limited in what they can discuss. Unfortunately, traditional ways of educating the young about sex have diminished or disappeared altogether. This is because in Zimbabwe and much of sub-Saharan Africa Christian missionaries discouraged initiation rites that defined the rite of passage from youths to adulthood. Opportunities for telling young people about sex were lost. The social bonds and traditions that used to shape young peoples behavior and help them make the transition to adulthood have weakened in the face of urbanization, new attitudes towards sexuality and the break down of the extended family. According to "Zimbabwean culture" children are supposed to be close to adults, designed to advise them on life, usually their aunts and uncles. However, due to disruption and fragmentation of the family institution, such relations are becoming less accessible and available. The break down of the traditional extended family and the roles of its different members has left a vacuum, especially in the sex education of girls and boys

### **Sex, HIV, and AIDS Education as Regulatory and Normalizing Strategies**

Foucault helps us to understand that sex education may be viewed as strategy for the construction of normal and responsible sexuality, a means of regulating and normalizing young people in encouraging them to take up forms of sexuality that are deemed acceptable. The findings show that in-school sex, HIV and AIDS education was predominantly overtly moralistic and repressive. This is also reflected even in official government policy documents. Whilst adolescents expressed a desire for more openness

teachers are inhibited by the set curriculum and avoid clashing with parents. For example an administrator at another school was mentioned to be conservative and had censored peer education programs. There are overt and less apparent regulations and assumptions on the expression of sexuality, which are aimed at ‘desexualizing’ adolescence for example at all schools there, were strict dress codes and proper conduct of behaving which is not ‘sexual’.

There is need to appreciate that sexuality is a social-political arena constantly reshaped through cultural, economic, familial and political relations, all of which are conditioned through prevailing social organizations of gender, race and class relationships at given points in time (Weeks, 1988). Even though people like to think of sexuality as a private matter, social institutions (the family, church, schools) direct and control sexuality. Childhood and adolescent socialization in most African communities do not embrace the pleasurable aspects of sex. However, there are double standards, which celebrate men’s sexual exploits whilst women are supposed to be asexual. Girls are told that sex is only good in marriage, that a woman should not have sex with any other man except the husband, one should not deny the husband his right to sexual intolerance and most importantly one should preserve one’s virginity and look forward to bearing many children for the husband. For example some forms of sexual expression are seen and treated as more legitimate than others as one respondent pointed out the emphasis of female virginity in society. Foucault (1976) points out that individual (pupils) as subjects (actors) in society are bearers and outcomes of power relations. However, other girls’ openly express themselves as sexual and this is consistent with Foucault’s conceptualizations. For Foucault, as the “apparatus of sexuality” is nothing more than an aggregation of social relations “its deployment does not operate in symmetrical fashion with respect to the social classes and consequently it does not produce the same effect in them”. The elaboration of sexual difference can be seen as crucial to the oppression of women, with sexuality not merely reflecting but being a fundamental to the construction and maintenance of the power relations between girls and boys. Weeks (1986:38) points out that patterns of female sexuality are inescapably a product of the historically rooted power of men to define and categorize what is necessary and desirable. However, it will be too simplistic and naïve to see this power definition as either monolithic or unchallenged. Consistent with Foucault’s assertion that dominant discourse does not always produce the same effect, the contradictory definitions have as often provided the opportunity for women and girls to define their own needs and desires. The research has shown that acceptable spaces for self definition have expanded respectable forms of unmarried and non-procreative

heterosexual activity, boys and girls engaging in sex for pleasure whilst girls also claimed that they can ask boys out. It is imperative that we embrace Weeks (1986) analysis that the 'invention of sexuality' was not a single event, now lost in a distant past. It is a continuing process in which we are simultaneously acted upon and actors, objects of change and its subjects.

Long (2002), in the interface analysis enables us to comprehend how 'dominant' sexuality discourses are endorsed, transformed or challenged. The dominant sexuality discourse is replete with reifications that assume the existence of certain social traits and cultural constructions of sexuality. Long (2002) reminds us that such discourse serve to promote particular political, cultural and moral standpoints. This dominant discourse is used to promote abstinence. However, some actors /pupils choose to reject the dominant discourse by deploying and defending countervailing discourses that offer alternatives. Adolescent sexual behavior contrary to the dominant discourse is at times permissive. While the Ministry of Education and parents may emphasize abstinence and purity, this may not be well received by school children. Whilst various initiatives have emphasized abstinence, some of the girls and boys interviewed insisted on abstinence as an ideal rather than a practical reality. There is need however to be cognizant that although abstinence can be presented as a desirable alternative in any sex education program such a program should also prepare adolescents to make informed decisions to protect themselves against pregnancy and STIs and become aware of potential consequences of sexual activity. Invoking Long reminds us that we should not assume that adolescents reduce/limit their perceptions of reality and its problems simply to those defined for them by adults and schools. The ministry's interventions should be an ongoing, socially constructed and negotiated process, not simply the execution of an already specified plan or framework for action with expected outcomes. It is evident that its responses have not taken cognizance of pupils' agency. There is need to counterpoise the voices, experiences and practices of all relevant actors.

### **Theater as an Organizing Metaphor for Social Life**

Goffman (1973)'s concept of "face work" clearly explains why some girls disapproved the notion of asking boys out. Most girls were unwilling to take a risk and deliberately spoil their sexual aspirations. Girls were unwilling to spoil their identity. In this setup, girls were hesitant to ignore gender expectations and risk spoiling their feminine identity. Instead some girls opted to flirt. The purpose of flirting is to communicate their interests so that if the boy turns down the move she will not lose face.

Girls probably found it difficult to take the initiative because of socialization. Social structural variables affect adolescents' self-conceptions, sexual attitudes and sexual behaviour. However, significant from the study is the recognition by girls that they are as sexually interested in boys as boys are in them and that their failure to propose to boys does not reflect the fact that they have a lower sex drive than boys. There was pressure on girls to identify as 'good' by constructing themselves as not overly sexual. However, one of the findings of this study is how difficult it seems to be for many boys and girls to develop friendships. This was probably because of the assumption that if boys and girls mix much they are assumed to be having sexual relationships.

Sexual activity among adolescents was perceived by the participants to be highly prevalent. Symbolic interactionist's concept of sexual socialization entails the development of identities and self-evaluations in the context of intimate and reciprocal interaction. The concept of sexual scripting enables us to understand adolescent sexual behavior. There is a sexual script among adolescents, which is a permissive and influencing pupil to have sex. The desire to behave in socially normative fashion is strong among adolescents. For adolescents, particularly boys, sexual activity may be normative and abstinence non- normative. Most young people are keenly sensitive to peer pressure/opinion and this is the reason why most respondents cited peer pressure as leading them to have sex. Especially among older adolescents' perceptions of what peers think, often have greater influence on sexual and other risk taking behavior than the opinion of parents and other adults. Sexual activity and virginity appear to be acceptable for girls. Whilst other girls did not feel pressure to engage in sex, other girls suggested that having sex might be perceived as necessary to be socially acceptable. Other girls were concerned that by not having sex they would be perceived as deviant. Sex was indicated as an integral part of a serious relationship.

There is an inadequate understanding of the structures and processes influencing sexuality and sexual behavior. Issues of sexual behavior have been considered too private and not a matter to be discussed. The complex and changing social and economic contexts and how they interact with sexual conducts need to be addressed. The actor/adolescents have not been understood as those openly exhibiting sexuality have been considered as deviant. This has rendered abstinence campaigns less successful as adolescents think that sex is inevitable whilst policy makers priorities abstinence. Long (2002) notes that agency implies a certain knowledgeability, whereby experiences and desires are reflexively accorded

meanings and purposes, and the capability to command relevant skills and engage in particular organizing practices. Adolescents have been left out in programs that are supposed to benefit them and this may derail anticipated progress in the fight against the epidemic.

The majority noted that parents did not usually discuss sex and condom use with their children. Condoms were not discussed because pupils perceived their parents as disapproving premarital sex and its potential consequences. Children's behavior has many implications not only for the individual but also for the family as a whole. Behavior, which is viewed as inappropriate, was viewed as bringing shame and disrespect on the family. Long (2002) reminds us that people's perceptions of the actions and agency of others shape their own behavior. Maybe parents are also not comfortable in discussing condom use with children because of the fear that their children may think that they are being encouraged to have premarital sex or that their parents are having extra-marital affairs where they are using those condoms. Parent to child communication about sex is often difficult. Parents and children alike are embarrassed to talk about sex and avoid the topic. Adolescents said that communication with parents was often one sided, with parents mainly warning about the dangers of sex. Parents traditionally did not discuss sex with their children; instead grandparents, aunts and uncles played this role. But with the disintegration of traditional set up many parents are now left with the challenge to talk to their children about HIV and AIDS as well as sex. Pupils could also not raise the issue because of fear of disappointing their parents. Long (2002) points out that all actors operate mostly implicitly rather than explicitly with beliefs about agency that is, they articulate notions about relevant acting units and the kinds of knowledge ability and capability they have vis-à-vis other social entities. Foucault reminds us that there is a policing of statements and rules, which screen out some words. There developed control over enunciations of where and when it was possible to talk about sex, in which circumstances, among which speakers and within which social relationship. This explains why it is difficult for children to talk about sex to their parents and teachers. Foucault (1976:18) attests that areas were thus established, if not off utter silence, at least tact and discretion: between parents and children, teachers and pupils, masters and servants.

Long (2002) reminds us that social action is never an individual ego-centered pursuit .It takes place within networks of relations, is shaped by both routine and explorative organizing practices and is bonded by certain social conventions, values and power relations. This explains why some participants



supported abstinence as the primary and first choice strategy for HIV risk reduction. Support was justified by Christian guidelines and socio-cultural conventions. Appropriate Christian behavior encouraged chastity and purity; the majority of the participants were Christians. However, this is not to say that they followed the doctrine. Parents were also cited as exerting influence by emphasizing abstinence of their children. Traditional culture does not also condone premarital sex. However, even though social conventions, values and power relations promote abstinence and virginity, adolescents have also engaged in sexual acts as an exploratory behaviour. Boys associated sex with conquering and consuming girls. The assumption here is that sex is not just a natural act, but an important way through which young men believe they are asserting themselves in relation to girls.

We must appreciate that sexuality is something which society produces in complex ways. It is a result of diverse social practices that give meaning to human activities, of social definitions and self-definitions, of struggles between those who have power to define and regulate and those who resist. Weeks (1986:25) points out that sexuality is not given, it is a product of negotiation, struggle and human agency. It will be folly for one to regard the history of sexuality as simply history of control, but it is also a history of opposition and resistance to moral codes. Responses to HIV and AIDS have had little impact because adolescents have in their own right resisted some hegemonic prescriptions of abstinence.

There are 'sexual scripts' which lay down parameters within which individual choices are available. Scripts specify like blue prints, 'the who's, what's, when's, where's, and whys' for given types of activity (Weeks, 1986). Traditional Christian scripts of sexual behaviour rely on certain assumptions about human nature, that it is unregenerate or corrupt, that the division of sexes was preordained, that sexual activity is only justified by reproduction or love. These beliefs are laid down in a set of statements, biblical interpretations, commentaries, canon laws and, sermons. They are generalized through language of certitude and morality, which divides sinners from, saved the moral from the immoral. These meanings are embodied in institutions such as churches and religious schools, which work to reinforce beliefs and behaviour. Individuals are shaped and shape themselves in relationships to such preexisting sets of meaning which seek to regulate and control their behavior

## CONCLUSION

Most schools had adopted various interventions strategies which are overtly moralistic to try and educate pupils about HIV and Aids and some of the interventions include peer education, guidance and counseling, life skills education, and even introducing HIV and AIDS in their curriculum. However, the study showed that contrary to what official policy documents purport and idealize, adolescents engage in high-risk sexual behavior. This behaviour tore asunder the various HIV and AIDS initiatives, which have been designed for adolescents without understanding their views and identities. It also brings to the fore that there is no enabling environment to teach adolescents about sex and sexuality issues in the home and at school. The study argues persuasively for HIV, AIDS prevention, and life skills education to be much more acceptable to adolescents. Greater and meaningful participation of adolescents in programming is critical in order to address sexuality, HIV, and AIDS. Adolescents should not only be included in HIV and AIDS strategies, but also become their central focus. This can only be achieved if we understand their perceptions on HIV, AIDS, and sexual behavior.

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