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This paper draws upon focus-group discussions collected under the project "Baseline Survey on Young People's Reproductive Health," funded by UNAIDS, Zimbabwe. The research team for this project included, in addition to the first two authors, University of Zimbabwe colleagues Ishmael Magaisa (formerly in the Department of Sociology), Nelia Matinhure (Department of Sociology), Lawrence Tongoona (formerly in the Centre for Population Studies), and Lazarus Zanamwe (Department of Geography).

Abstract

This paper compares the views about abstinence and condom use expressed by young people in Zimbabwe in focus-group discussions with the views underlying national policies and religious and traditional beliefs. Young people's decisions to adopt one or the other of these risk-reduction strategies may not necessarily indicate genuine individual choices, but rather their deference to adults' interests as they understand those interests. Policymakers and traditional and Christian leaders promote abstinence as the exclusive strategy for all young people, whereas nongovernmental organizations and the private sector promote condom use. Evidence from the focus-group discussions indicates that adolescents are aware of this conflict between choice of strategy and sometimes conceal their condom use in order not to disappoint adults. In some cases, their moral conflict gives young people limited choices about reproductive behavior. Clear and open policies regarding condom use and abstinence should be promoted as complementary alternatives. Moreover, adults should reconsider their moralizing concerning young people's sexual activity and support real rather than limited choices with regard to adolescents' reproductive health. In a country where the level of HIV prevalence among sexually active adults is one of highest in the world, and where a large proportion of HIV infections is believed to occur during adolescence, this message carries an urgency that can no longer be ignored.

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In a country where an estimated one in three adults is living with HIV/AIDS (UNAIDS/WHO 2002) and where sexual intercourse frequently takes place between people of widely different ages (Gregson et al. 2002), young people in Zimbabwe are at great risk of acquiring HIV infection. Survey data suggest that a sizable minority of adolescents are sexually active by their late teenage years (CSO and Macro 2000; Marindo et al. 2002). Both sexes are at risk of HIV infection. Young women commonly engage in sex with older men, who, for a variety of reasons, may insist on unprotected sex (Chinake et al. 2002). Some young men have their first sexual encounter with sex workers, and condom use in such encounters often is unreliable (AIDSCAP 1998). Because of the high prevalence rate of HIV in Zimbabwe, any occurrence of sexual intercourse without the use of a condom places a person at risk of infection.

HIV sentinel-surveillance data from women aged 15–19 attending 19 antenatal clinics in 2001 show a prevalence of 20 percent, a decline from the rate of 28 percent recorded in 2000 (MOHCW 2001; Kububa et al. 2002). HIV prevalence rates among 15–19-year-olds in the general population are likely to be lower, however, than those indicated by clinic attendees in the same age groups.[1] Further evidence of sexually transmitted infections among young people in Harare (City Health Department 2001) indicate that some young people are sexually active at least as early as age 13.

Under such hazardous conditions, understanding the strategies that adolescents use to try to avoid acquiring HIV infection is imperative for successful implementation of effective HIV-prevention policies. An appreciation of their social environment is critical for providing a better understanding of how much real control young people have over their own decisionmaking. This paper focuses on the two main strategies promoted for HIV prevention among young people in Zimbabwe: condom use and abstinence.

Young People's Sexual Behavior

In Zimbabwe, as in other countries, collecting accurate and reliable information about young people's sexual behavior is difficult. A major problem with studies of abstinence, for example, is the lack of agreement on a standard definition. The dictionary definition of abstinence includes words like "chastity," "moderation," "refrain from,"

"avoidance," and "celibacy" (Chapman 1977: 990.8–993.1). Clearly, the term is loaded with religious and moral connotations. In Zimbabwean studies, abstinence has been defined as "no sex until marriage," "no sex until one is ready," or "no sex," making cross-study comparisons difficult. To complicate matters, the Ministry of Education, Sports, and Culture in Zimbabwe recognizes "secondary abstinence," defined as the condition of young people who have been sexually active in the past but who have since stopped having sex in order to recover their "secondary virginity."[2]

Furthermore, most studies do not control for whether an abstaining adolescent is currently in a romantic relationship. For abstinence to be practiced, some might argue that an opportunity for sexual activity must occur that a person deliberately chooses not to take. Young people who are not sexually active because they do not have a partner may not be actively abstaining; they may merely lack opportunities for sex. As long as the availability of a partner is not controlled for, the level of abstinence may be overreported. In this paper, abstinence is defined as "not having sexual intercourse until marriage, regardless of whether or not the respondent has a current partner."

Before we present estimates from previous research on young people's sexual behavior, some caveats on data quality should be discussed. The economic and political situation in Zimbabwe during recent years has made conducting fieldwork difficult. Because premarital sex is not condoned socially, it is most likely underreported in surveys (Zaba et al. 2002), particularly by young women. A study among young people in rural Zimbabwe showed poor correlation between biological evidence of sexual experience and questionnaire responses (Cowan et al. 2002). Because reported sexual activity increases substantially between ages 16 and 19, survey samples of this age group should be weighted to control for the underlying age distribution.

The most widely quoted sources of data on this topic are the questionnaire-based Zimbabwe Demographic and Health Surveys (DHS) conducted in 1988, 1994, and 1999 (CSO and Macro 1989, 1995, and 2000). Under difficult field conditions, the most recent DHS (1999) provided estimates of sexual activity and contraceptive use for adult men and women aged 15 and older. Table 1 compares one estimate of abstinence, the proportion of those aged 15–19 who report never having experienced sexual intercourse, to the same measure collected in two other recent questionnaire-based surveys.

Table 1 Percentage of 15–19-year-olds surveyed who report that they have not experienced sexual intercourse, Zimbabwe, 1997, 1999, and 2002

Study	Sample	Women	Men
Zimbabwe National Family Planning Council (1999)	1997 nationally representative survey of 5,449 people aged 10–24	85	82
	Aged 15–19	918	887
Central Statistical Office and Macro International (2000)	1999 nationally representative survey of 8,516 people aged 15–54	68	71
	Aged 15–19	1,447	713
Marindo et al. (2002)	2002 survey of 1,795 young people aged 12–20 in urban schools	87	72
	Aged 15–19	758	760

Whether the age distributions at ages 15–19 are comparable for the three surveys is unclear because access to all three original data sets is not available. The study by Marindo and her colleagues (2002) is not nationally representative, and the comparatively high estimate of abstinence for women may reflect the fact that the questionnaire was administered in classrooms (where some young women were worried that their teacher would see their responses). The DHS gives a lower estimate of the prevalence of abstinence among 15–19-year-olds compared with that of the ZNFPC survey, but the DHS sample included a large proportion of married people in the 15–19 age category. The surveys clearly demonstrate that a sizable fraction of adolescents aged 15–19 experience sexual intercourse, and that although the precise proportion is unknown, it is probably less than one-half. Estimates of current sexual activity from two of these surveys (CSO and Macro 2000 and Marindo et al. 2002) support this general conclusion.

These estimates do not measure abstinence (as defined for this paper), however, because some of the 15–19-year-olds surveyed experienced sexual intercourse within marriage. The 1999 DHS and previous surveys suggest that early marriage and subsequent childbearing are common in Zimbabwe. Among the DHS sample of women aged 25–49 and men aged 25–54, median age at first marriage is estimated at 19.3 years for women and 24.5 years for men. Similarly, the median age at first birth for women aged 25–49 is 19.9 years. These values are slowly increasing between generations, suggest-

ing that union formation and childbearing are beginning at progressively later ages. During the late teens and early 20s, therefore, many Zimbabwean women will be married and either pregnant or already mothers.

YOUNG PEOPLE'S CONDOM USE

For reasons similar to those discussed above, collecting information about condom use among young unmarried people involves difficulties that influence the quality of information. Data on condom use from the 1999 DHS for 15–19-year-olds who reported having experienced sexual intercourse are presented in Table 2. Condom use is more likely to be reported by men than by women, and by unmarried women than by married women. For those reporting sexual intercourse within the past year, 60 percent of unmarried men and 36 percent of unmarried women reported using a condom at last intercourse. Among married women, however, the equivalent figure is much lower at 7 percent. Questions relating to ever use and current use of condoms should be interpreted with caution, because the respondents were asked whether the condom was used "to delay or avoid becoming pregnant." Respondents viewing their condom use as prophy-

Table 2 Percentage of sexually experienced 15–19-year-olds surveyed who report condom use, Zimbabwe Demographic and Health Survey, 1999

Respondents	Percent	(N)
Unmarried women		
Ever used a condom	29	(129)
Currently using a condom	13	(142)
Used a condom at last intercourse within past year	36	(110)
Married women		
Ever used a condom	24	(285)
Currently using a condom	2	(324)
Used a condom at last intercourse within past year	7	(318)
Unmarried men		
Ever used a condom	63	(202)
Currently using a condom	32	(204)
Used a condom at last intercourse within past year	60	(157)

Notes: "Condom" refers to the male condom only. Figures for married men are not presented because of the small numbers of young men in this age category who were married. Numbers (Ns) within categories differ because some cases are missing, the question about ever use was asked only of respondents who knew about the condom, and the question about use of condom at last intercourse was asked only of respondents reporting sexual intercourse in the past year.

lactic, therefore, may not have responded affirmatively to these questions. Nevertheless, these figures show that about one-fourth of adolescent women and two-thirds of adolescent men report ever using condoms. Much lower proportions reported that they were currently using condoms at the time of the interview.

THE POLICY ENVIRONMENT

Government

Which established government policies in Zimbabwe deal with sexual behavior and risk reduction among young people? The Ministry of Education, Sports, and Culture plays a critical role in defining the policies that guide efforts directed at HIV prevention. The "AIDS Action Plan in Schools" (Ministry of Education and UNICEF 1997) provides the guidelines for all HIV-prevention activities in schools. This policy document is direct in its support for life-skills building and abstinence: "The AIDS Action Plan in Schools favors traditional values and responsible sexual behaviour by promoting morality, abstinence and postponement of sex until marriage" (p. 21).

Although its encouragement of skills building is commendable, the policy promotes abstinence as the exclusive risk-reduction strategy for preventing the spread of HIV/AIDS. 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 infection. No public or religious schools in Zimbabwe provide students with condoms on school premises.

The Ministry of Health and Child Welfare's *Reproductive Health Guidelines and Policy* (1998) states that the Ministry aims to address issues related to adolescent sexuality by developing youth-friendly services. This policy identifies abstinence rather than condom use as a risk-reduction strategy among young unmarried people. A similar message is evident in the *National Youth Policy* (1999) of the Ministry of Youth, Gender, and Employment Creation. In both of these documents, what is striking is not the advocacy for abstinence per se, but rather the absence of any promotion of condom use as an alternative and complementary strategy for HIV prevention. As in other government policy documents, the unwillingness to accept that sex occurs among young unmarried people and that they need effective protection is clear.

The National Population Policy (Government of Zimbabwe 1998), developed with support from UNFPA, provides general guidelines for promoting adolescents' reproductive health through attitudinal change, creation of gender equity, and removal of obstacles. Although this policy includes abstinence as part of responsible sexual behavior for young people, condom use is not mentioned. No practical details are provided about how to meet the goals of promoting sexual health; the burden for defining responsible sexual behavior among young people is left to health-care service providers. The National AIDS Policy (National AIDS Coordination Programme 1999) aims to coordinate all AIDS-prevention and reproductive and sexual health activities in Zimbabwe. This policy emphasizes abstinence among young people as the sole strategy for HIV prevention. The policy is moralistic in tone and advocates long-term abstinent relationships among young people. This advice may sound irrelevant to young people who are sexually active and who recognize the need to protect themselves (National AIDS Council 2000; Runganga 2000).

Religion

Christianity is the main religion in Zimbabwe; 80 percent of the population reported that they are Christian in the 1992 census (CSO 1994). Most of the country's Christians identify themselves as Roman Catholics, but evangelical denominations (mostly Pentecostal and Apostolic faiths) have grown in popularity (US State Department 2002). Given the importance of Christianity and the high level of church attendance in Zimbabwe, the influence of churches in people's lives cannot be understated. Most churches support government policies promoting abstinence among young people. In 1997, Christian churches in Zimbabwe formed a coalition body called the Head of Denominations AIDS Committee, whose mandate was to ensure that the churches' ideas were included in relevant government policies. This committee criticized the reliance on condoms in HIV prevention and, without citing references, quoted statistics on high condom breakage rates and leakage of particles of HIV (Africa News Network 1997). The only strategy for HIV prevention among young people, according to the committee, is abstinence from sex. A study of young married couples in a rural community showed that their general assumption was that condoms allow transmission of the virus. Re-

spondents reported that this information often originated from church leaders (Marindo and Tongoona 2001).

The director of the Jesuit AIDS Project indicated that abstinence among young unmarried people was the only foolproof solution to the problem of HIV/AIDS transmission. In addition, he urged the media to promote positive moral and traditional values and to ensure that condom advertisements be balanced with messages about sexual morality as defined by the church (Africa News Network 1997). According to the doctrines of most Christian churches in Zimbabwe, premarital sex is sinful, and abstinence until marriage is the most desirable moral state. The churches also criticize condom use as encouraging immorality among young people. In a country where many young people are being infected with HIV, the reluctance of churches to speak about condom use to prevent infection limits young people's options.

Traditional Culture and Family

To understand the deliberate disparagement of the condom, we must appreciate that traditional Zimbabwean culture does not condone premarital sex. With the exception of the Ndebele people, who traditionally encouraged or accepted premarital childbearing (Runganga 2000), most other ethnic groups, including the majority Shona, considered virginity among young unmarried females as precious, and cultural controls existed to prevent premarital sex (Gelfand 1979). The practice of paying brideprice for a wife is linked to the idea of a girl's purity before marriage.[3] The old cultural support for virginity still influences policymakers today. In eastern Zimbabwe in June 2002, older women examined a group of young women to test their virginity status. The younger women were honored in a ceremony televised nationally, and they were given certificates in tribute to their status as "warriors against AIDS" (Mkwanza 2001). Virginity and sexual abstinence until marriage are also supported by "True Love Waits" clubs, which are becoming popular in Zimbabwe; they are sponsored by American Christian evangelists (Lifeway Christian Resources 2002).

The family plays an important role in determining the amount of power and decisionmaking that young people have in relation to their sexual behavior. Ancestor worship ties individuals to the family in various ways that involve a person's present,

past, and future (Bourdillon 1987). In a study of how a family controls children in Zimbabwean culture, Reynolds (1991) describes the way ancestral spirits are used to tie children to a family and thwart individual decisionmaking.[4] Most families encourage virginity among their daughters to avoid the embarrassment of premarital pregnancy. If a premarital conception occurs, the couple may be forced by their two families to marry quickly. An alternative option is for the man's family to pay the woman's family "damages," that is, money to compensate for the man's harmful behavior. Such payment ensures that the man's family is not held financially or socially responsible for the child born out of wedlock. Among all ethnic groups in Zimbabwe, however, children are viewed as belonging to the father's family. Families try whenever possible to ensure that all children belonging to the same blood line are reared in their father's family, where ancestral spirits can protect them. A child reared in another family is not protected, and the spirits may even cause suffering or damage to the father (for example, infertility) or to the absent child.

The Media

Through the Ministry of Information and Publicity, the Zimbabwean government aims to control the content of print media, television, and radio. Recent legislation requires broadcasters to carry 75 percent local content (Government of Zimbabwe 2001), and financial restraints prevent international content from being purchased for local broadcast. The Ministry of Education, Sports, and Culture works in conjunction with the Ministry of Information 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 unmarried people not attending school.

Population Services International (PSI), backed by USAID and other non-Zimbabwean government aid agencies, provides almost all of the condom-promotion announcements in the media. PSI is a social marketing agent for the Protector Plus Condom, the leading brand. Using non-Zimbabwean young people as actors, recent PSI condom-promotion advertisements are candid and open in acknowledging premarital sex. Churches, parents, and people in the streets have ridiculed and criticized these advertisements, however, for promoting sexual immorality and prostitution among young

Figure 1 Zimbabwean newspaper editorial cartoon on social marketing of condoms

people (for example, see *Daily News* 2002). Figure 1 shows an editorial cartoon on this theme from the *Daily News*, the leading independent daily newspaper.

During the 2002 Football World Cup, PSI sponsored the frequent airing of television advertisements promoting condom use and abstinence that featured international musicians, including Shaggy and Destiny's Child. These public-service announcements were part of the international "Artists Against AIDS Worldwide" initiative (Africa Alive! Youth AIDS 2002). While using role models popular with Zimbabwean young people, these commercials were no longer aired once the World Cup games ended. This ad campaign was interpreted by some as being forced on a captive audience whose real interest was in football, and it was seen as an external effort and, therefore, not a priority for Zimbabweans.

Clearly, a conflict is apparent in how condom use and abstinence are promoted in government and civic environments in Zimbabwe. These opposing strategies are part of an ideological battle in which morality, religion, cultural identity, and Western influences all play a role.

Study Objectives

Parents, religious leaders, and local and international reproductive health experts are involved in the debate about condom use versus abstinence. The debate is presented here from the point of view of young people by analyzing transcripts of focus-group discussions held with adolescents. The following questions are addressed: (1) What do young people think about condoms and abstinence as strategies for reducing the risk of HIV infection? (2) What strategies are young people using, and why? (3) Does a condom–abstinence dilemma exist among young people? and (4) Whose agenda is being fulfilled by the two risk-reduction strategies?

Methodology

Data were collected in 2001–02 as part of a baseline survey (Marindo et al. 2002) to help evaluate a three-phase project launched by UNAIDS and the Government of Zimbabwe directed at delayed and safer-sex initiation among young people in urban areas. Three types of data were collected from young people aged 14–20 years: 36 focus-group discussions with out-of-school adolescents, 42 in-depth interviews with young sex workers, and 1,795 self-administered questionnaires from adolescents in school. This study uses only the 36 focus-group discussions held in three of Zimbabwe's largest cities: Bulawayo, Harare, and Masvingo. Clearly, the inclusion of young people from rural areas might yield other perspectives.

The target population was young people aged 14–20 who were not currently enrolled in school. In urban areas, this group consists of children who had failed O-level examinations (usually taken at around age 16) or A-levels (usually taken at around age 18 years) and who were unable or unwilling to retake the examinations. According to the 1999 Zimbabwe DHS, 40 percent of boys and 51 percent of girls aged 13–18 in urban areas were not enrolled in secondary school. Young people were recruited for the

focus groups from different socioeconomic classes, as reflected in their urban locations, defined as low-density suburb (indicating high socioeconomic status), medium-density suburb, and high-density suburb. Groups were stratified by sex, socioeconomic class, and city. Focus-group discussions were held with those in each stratum: (two groups x two sexes x three socioeconomic classes x three cities = 36 focus groups). Participants were recruited in various ways: through organizations working with young people, by snowballing (that is, asking participants to recruit others), and with direct approaches.

Each focus group contained about ten young people, a moderator, and an observer. A total of 362 young people participated in the groups. Almost equal numbers of males (51 percent) and females (49 percent) took part. Participants ranged in age from 14 to 20, with an average age of 17 years. None of the participants was married or had ever been married, and none had children.

A focus-group question sequence was constructed and then pretested among people of different socioeconomic classes in one city. In the focus-group discussions, emphasis was placed on group interaction. Agreement, disagreement, challenges, and interjections can force respondents to clarify, justify, reexamine, and sometimes retract their stated views. Because respondents report both to group members and to the researchers, valuable information on group norms and cultural beliefs can be obtained. Some participants may feel pressure, however, to give socially desirable, profound, or humorous responses.

Local languages were used, and the discussions were tape-recorded. The interviews were later translated into English, and data were organized using a summary sheet for each focus group. Identification and definition of categories and the examination of relationships between categories comprised the first part of the analysis procedure. Each transcript was accompanied by interpretive notes and supported by summary sheets. Although summary sheets gave an indication of the content across groups, the complete transcript of each group's discussion gives a better understanding of its development and dynamics. Reading enabled the identification, construction, and description of themes based upon relevant data from all transcripts. Quotations from the discussions are used below to illustrate and illuminate the findings being discussed.

RESULTS

Abstinence

All groups, regardless of the socioeconomic status or sex of the participants, supported abstinence as the primary and first-choice strategy for HIV risk-reduction. This support was expressed at the personal level and as a strategy that other young people should use. Because support for abstinence was so strong, the moderators encouraged respondents to explain why they considered it to be the best strategy. Individuals of both sexes justified abstinence from a Christian perspective by citing the immorality of engaging in premarital sex. In the following excerpts, a group of young women from a high-density suburb of Bulawayo discuss the importance of control, sacrifice, and purity in the Christian faith:

> *Moderator: So why do you think abstaining from sex until marriage is a good thing?*
>
> Respondent: The Bible teaches us about control and the importance of purity. I think if you are a real Christian, that's what you do.
>
> R: For Christians, which most of us are, sex before marriage is wrong. You can prevent pregnancy, but the fact that you have had sex before you are married is a sin, because the Bible clearly states that we should abstain from sex before marriage. God will know; there are no secrets . . .
>
> R: It's really sinning, knowing that you are doing something wrong. Surely one can do without sex. There is nothing wrong with sacrifice.
>
> *M: So what happens if you can't abstain? What do you do?*
>
> R: I would say prayer. Talk to your pastor, he will be able to help.
>
> R: I think when you start saying, "Can't," it's the devil speaking. The Bible says anything is possible.

Interpretations of what is appropriate behavior for young people in the Christian faith were uniform across lines of sex and socioeconomic status. Almost all respon-

dents stated that they were Christians, and referred to the Bible as guiding them in their behavior.

The second main explanation that participants gave for supporting abstinence was the importance of maintaining virginity before marriage. For female participants, being virgins at marriage represented their cleanliness and purity, ensuring that they would receive respect from their husbands. In the male groups, however, some debate occurred concerning the importance of their being virgins at marriage. Three male respondents from a low-density suburb of Harare explained their attitudes about abstinence:

> R: I think abstaining is a good thing because at least you would be a virgin when you get married. That way you bring something special to your wife.
>
> R: Aah, do you think women like virgins? For me, I abstain because I don't want to die from the disease.
>
> R: Well, I think abstinence is good, guys, for whatever reason. But if one can find a virgin these days, one would be lucky. My parents would be very happy if I married a virgin.

The last respondent mentions his parents, and parental influence was discussed further in other groups. Do parents encourage abstinence among young people, and how do young people interpret these parental messages? The group participants reported that their mothers were particularly concerned and that they expressed their interest in having their children, both male and female, abstain from sex before marriage. Both males and females indicated that their mothers talked to them about abstaining and about curbing sexual interests. A group of girls from a medium-density suburb of Bulawayo spoke of how their fathers advised and pushed them to be abstinent:

> *M: Are you saying that parents are the ones advising you to abstain?*
>
> R: Actually, my father is quite open, and he says that we should try to control our sexual behavior and not embarrass the family. He says, "Look, a boy who is raised right and respects our culture will not force you into

having sex. If he does that, he does not love you. He wants to sleep with you, then leave you."

R: My father says the same thing, that it's important for a girl to be virgin when she is married. That way, the man who marries her will respect both her and her family. My mother, however, just gets mad and screams about the importance of abstinence.

The second respondent explained her father's views with reference to "respect for the family." As discussed above, a young woman's behavior has implications not only for her as an individual, but also for her family: Behavior viewed as inappropriate or immoral brings disrespect and shame on the family. Respondents felt that for sons, parents were more concerned about avoiding an unplanned pregnancy than preserving a son's virginity until marriage. For legal, social, and religious reasons, abortion is unlikely to be considered in such a situation (Centre for Reproductive Law and Policy 2002).[5] An unplanned pregnancy, therefore, would result in a forced marriage or in onerous financial responsibilities for the new father's family.

Support for abstinence was often explained with reference to maintaining the traditional values of Zimbabwean culture. The harmful influence on traditional culture from Western (particularly British and American) sources was a popular concept politically and socially when this research was being conducted. Although respondents cited some positive aspects of Western influences, traditional culture was felt to encourage appropriate and moral behavior for young people. In these excerpts, two young men from a high-density suburb of Harare discuss this clash of cultures:

M: Do your parents tell you to abstain from sex?

R: I am quite close to my father, so we talk about sex. He has told me openly that he will not tolerate my making a girl pregnant or my ending up with a disease. He says, "Joe, you can control yourself. One day at the right time you will find a girl to marry and have all the sex you want."

R: I grew up in a family with Zimbabwean culture. To abstain is part of our culture, our identity. We don't have to pretend to be American. We should be proud of who we are.

Condom Use

Given the expressed popularity for abstinence as a risk-reduction strategy, discussion of condom use in the groups required some prompting and probing from moderators. The groups of girls were less interested in discussing condoms, whereas male groups discussed the difficulties of being open about condom use, because they knew that their parents did not approve of their having sex. On being asked whether their parents advised them about condom use, some young people were astonished. Most felt that their parents did not object to condoms per se, but rather that they disapproved of premarital sex and its potential consequences—unplanned pregnancy and sexually transmitted infections. Young people from a low-density suburb of Harare were asked:

M: Let's suppose your father or mother gave you a packet of condoms. How would you react to that?

R: What? You must be joking. Not my old man. He doesn't want me to have sex. Forget it. I can't even imagine that happening. If I have condoms, I hide them from him.

R: I tell you, my old man can be tough. One minute he will be joking, asking me about my girlfriend, the next he will be very nasty telling me to control myself. He is very traditional.

R: My mother says that she does not support condoms because they encourage promiscuity. So her giving condoms to her 17-year-old son? No way.

Only one boy mentioned that his father sometimes gave him condoms. As discussed in the following excerpts, however, this openness from parents about condom use can cause suspicion and confusion. Young men from a low-density suburb of

Masvingo voiced their suspicions that a father who was generous about giving his son condoms might be using them himself for extramarital sexual activity:

> *M: Would you feel comfortable if your dad gave you condoms?*
>
> R: My old man was like, "Jimmy, here, take some of these rubbers." I felt totally embarrassed.
>
> R: The thing is, where did your old man get the rubbers? Is he using them with someone else, cheating on your mom?
>
> R: Hey, guys, I think you are being childish. This is not about your dad. It's about you, and he is trying to help. But I guess if my dad gave me condoms, I would assume he is sleeping around somewhere, and I don't think I could handle that.

Participants generally agreed that parents did not usually discuss condom use with their children. Parents were viewed as having unchangeable opinions about how young people should behave sexually, and parental responsibility required that they should instruct their children accordingly. No debate or exchange of ideas should take place, but rather parents should convey the simple message, "Abstain, abstain, and abstain."

What kind of information did the respondents receive in school about condom use or abstinence? Although the focus-group discussions included participants not currently enrolled, all had attended various levels of secondary school before completing school or dropping out. Below, female respondents from a low-density suburb of Masvingo discussed their reproductive health education. What they were taught clearly emphasizes abstinence and disparages condom use:

> R: In our school, we had one lecture per week that was supposed to be on AIDS. I remember that we spent most of the time making jokes about sex organs, and the teacher seemed concerned only about abstinence all the time.

R: Yeah, but in ours what was funny was that some girls in the class were pregnant, some were known to be sexually active, yet the teacher kept on about abstinence. We thought it was funny.

R: One girl asked about condoms, and the teacher was very angry. She said they were dirty and that only prostitutes used them.

In the following excerpts, participants from a high-density suburb discussed how teachers are viewed as constrained by their curriculum, and suggest that any unwanted initiative or deviation is punished severely:

R: It was like this young teacher we had. He used to bring condoms to show us in class. Show us how they were used and all that. . . .

R: Yes, and then he got fired. The headmaster said he was smoking ganja [marijuana], and we all thought, "Yeah, right, we know this is about condoms."

R: I think it wasn't the headmaster's fault. You know, it was probably the regional officer from the Ministry, the big boss.

As did their elders, Zimbabwean adolescents reported negative attitudes toward condoms. Female respondents were openly concerned about condom safety and breakage and believed that access to condoms promoted premarital sex and promiscuity. Young women from a high-density suburb of Harare expressed such views:

M: We have talked about the importance of abstaining from sex until marriage, but some of you have indicated that this is very difficult to follow, yet none of us here has suggested using condoms to prevent HIV infection. Why is that?

R: Well, I really think that young people should not use condoms; doing that just promotes having sex because you feel protected.

R: Yes, you see, premarital sex is a sin.

M: Are you saying that you would not advise a friend to use a condom to protect herself, even if you knew she was having sex?

R: Why would she have sex before she is married? Unless she has plans to become a prostitute; then, of course, she can use a condom.

R: Nobody says condoms are bad, but really condoms are not safe. They can break easily, and you can become pregnant or get AIDS.

One respondent clearly associated women's condom use with prostitution, a belief common among young people and adults. This belief can be a formidable barrier for a young woman wishing to use a condom with a partner. Male respondents, however, discussed condom use in a reluctant, less serious, and even jocular manner. Young men from a low-density suburb of Bulawayo spoke of misconceptions and told rumors and jokes, perhaps indicating their reluctance, lack of interest, or embarrassment about discussing condoms:

M: What about condoms? Do you not consider them as a way of preventing HIV infection?

R: Well, condoms are really not safe. I have heard people give the argument that condoms work overseas, but . . .

R: Maybe our virus is stronger.

R: I heard condoms are made in China, and most are a small size so they burst.

R: I heard that condoms are wet inside as if they have something inside; perhaps it's the HIV virus. Who knows?

R: I think we have to go back to our culture, abstain, and respect ourselves, rather than following what we see on TV. Sex and condoms: It's just not Zimbabwean.

As the last respondent explained, the promotion of condoms through the media was not always viewed positively. In the following excerpt, two male respondents from a low-density suburb of Harare discussed how a condom advertisement showing young men and women talking about a planned weekend of sex is morally dubious:

> R: I think condoms are everywhere on TV. All you need to do is switch on and you see girls proudly talking about condoms and sex for the weekend. I have never seen a nice-looking girl on TV saying, "My boyfriend and I have agreed to abstain until marriage."
>
> R: Yes, Care contraceptive, the male condom, even Shabba Ranks and Destiny's Child are all advertising condoms.[6]

The Dilemma of Abstinence versus Condom Use

Overall, respondents' preference for abstinence over condom use as a risk-reduction strategy for protection against HIV/AIDS mirrored the support for abstinence enunciated in government policy, religious pronouncements, traditional Zimbabwean culture, and other sources of influence. This support, however, was not without problems, because young people had to understand and interpret conflicting views about sexual behavior, marriage, and risk-reduction strategies. Two female respondents from a low-density suburb of Masvingo spoke of this conflict, and concluded that abstinence is the best strategy:

> *M: But what about use of the condom and abstinence: Which do you think is best?*
>
> R: Abstinence is not practical, guys. Very few men can abstain. But I am not saying I support condom use. That has to be an individual decision. So with prayer and guidance, I would say abstain.
>
> R: I will say abstinence. I don't want to disappoint my country, church, parents, and my family. We are the parents of tomorrow, so we should have strong values.

In the discussions, participants voiced their difficulties about putting appropriate behavior into practice. Male respondents were more likely to acknowledge that in practice, the strategy of abstinence sometimes fails, and young people find themselves in sexual encounters. The difficulty, however, lies in being able to use condoms without feeling that doing so is wrong. Respondents from Bulawayo seemed more prepared than those from the other two cities to acknowledge that some young people are sexually active and that condom use is, therefore, sensible for those people. These male respondents from a high-density suburb of Harare questioned whether adults had the right to lecture young people on appropriate sexual behavior when indicators of immoral sexual activity among adults are evident everywhere:

> R: My problem is like, okay, so young people should abstain, but everybody else, including married people, are having sex with other people. There is this girl aged about 16 who was made pregnant by a well-known married rich man in this suburb.
>
> R: Yeah, scandals everywhere, even with church ministers. You feel like, "Hey, am I the only one left out of the fun?"
>
> R: My old man says, "It's your life; if you want to follow these old people who are dying soon anyway, do it. If I were you, I would abstain." But then I see him in the bar with sisters of the night and I think, "What?"

Young women discussed how their parents influence their decisions about sexual behavior and spoke of their own confusion resulting from conflicting messages received from external sources, including the mass media. Girls also reported feeling pressured by boyfriends who theorized about the benefits of abstinence but still asked for sex. They mentioned that the use of attractive models to advertise condoms created conflict. Young women aspire to appear attractive, cool, and sophisticated, but the apparent behavior of the role models in commercials is at odds with how young women are expected to behave.

Female respondents from a high-density suburb of Masvingo remarked that young people's sexual activity must be hidden and discrete. They use deceit and deception to

ensure that friends and family remain unaware of their behavior. This deception is thought to protect the people they are close to from disappointment and disapproval:

> R: I think what I don't like is people discussing condom use and abstinence. Of course one sometimes lies. If I have sex with my boyfriend and we use a condom, I might never say anything about it.
>
> R: I agree about all that, but sometimes lying is better than the truth. I don't want to disappoint people I care about, so I will pretend.

Young men argued, however, that sometimes they lied not to protect loved ones but to fit in with male peers and adopt a group identity. Males from a low-density suburb of Harare felt that there was too much interference in their lives, and one way to have more control was through lying and pretense:

> R: I think many young men would lie to their parents, to their friends, even to older siblings. Sometimes our lives are too open; everyone says young people are like this, or are doing this.
>
> R: I agree. I think I will find out what all my friends are saying. If they are abstaining, I will also say I am abstaining. I will just lie; it's my business anyway.
>
> R: Aah, speak for yourself. For me, I will tell the truth and shame the devil!
>
> R: Gentlemen, let's tell the truth here. How many of us are virgins in this group? See, nobody wants to say anything. Young people lie about their sexual behavior all the time.

Similar reasons for deception were voiced in the female groups. Girls from a medium-density suburb of Bulawayo explained that they are unlikely to admit to engaging in what they feel is immoral behavior to their female peers, especially if that behavior is forced or unplanned:

R: A girl at our church claimed she was a virgin, but then she died of AIDS. It shows that she was lying about herself.

R: Maybe, but sometimes she couldn't tell. Perhaps she was being forced. Sometimes it's easier to pretend it didn't happen.

R: Yah, those are special cases, but I think in most cases girls lie to each other. Sort of like, "I don't want to be the only one. . . ."

R: I think these days most girls say they are virgins even if they are not. It's more in fashion than saying you are using condoms.

Discussion and Conclusions

The young people's views collected in the focus-group discussions were expressed before a group of their peers and the researchers. Clearly, these views may not match either the views they express in private or their behavior. The discussions involved only males and females aged 14–20; evidence from other research suggests that the views of young adults aged 20–24 years, for example, have changed as they gain greater experience of romantic and sexual relationships.[7] Because partnerships between young women and older men are common, the views of this older group would be useful.

Judging from the focus-group discussions described here, young people's responses appear to be complex reactions to various pressures, coalescing into decisions about which strategy is best for them. Generally, sexual abstinence was supported as the most desirable approach for reducing HIV risk. Condom use was unpopular with the young people surveyed, partly because of their perceptions of how church leaders, their traditional culture, and their parents view the method. All the attitudes expressed appear to favor abstinence over condom use as the preferred risk-reduction strategy for young people. Adolescents report having misgivings about condoms' effectiveness and about possible breakages that pose the risk of an unwanted pregnancy or sexually transmitted infections.

Whose agenda does abstinence fulfill? Evidence from the focus-group respondents suggests that adults, parents, and church leaders and members all promote absti-

nence. The respondents perceived that adults promote abstinence as a way of ensuring that young people marry while they are still pure, thereby showing respect to ancestral spirits and preserving traditional Zimbabwean culture.

Because data collection took place during the 2002 World Cup football competition, with its prominent condom advertising on television, it is not surprising that some respondents felt that the condom was overadvertised and inappropriately promoted. Adult influence seemed to be reflected in participants' belief that condom promotion expressed an externally imposed agenda.

Clearly, abstinence and condom use do not exist in Zimbabwe as complementary strategies available to young people. Obviously, conflict results because abstinence can be difficult to practice. Yet adolescents appear reluctant to accept condom use as an alternative to abstinence. They resort instead to secrecy and lies concerning their behavior. Their most common motivation for lying appeared to be a desire to conform to group norms and maintain a group identity, but their desire not to disappoint their parents by admitting to inappropriate behavior was also apparent.

HIV infection is widespread among young Zimbabweans, suggesting that they engage frequently in unprotected sex. HIV prevalence is a clear sign of the failure of the risk-reduction strategy of abstinence among adolescents. A clear need exists to encourage parents, policymakers, church leaders, and reproductive health experts to accept that many young people are sexually active. Guilt and denial about premarital sexual activity cannot support healthy reproductive decisionmaking among adolescents. Government policies pertaining to the sexual and reproductive health of young people should be revisited so that responsible sexual behavior includes both abstinence and condom use. Policy changes can furnish a platform from which health providers can offer more effective reproductive health services for adolescents. Young people are clearly influenced by the significant adults in their lives who create an atmosphere that can be either enabling or disabling in terms of decisionmaking about reproductive health. Because young people are often not free to make their own decisions about HIV prevention, some ways of reaching parents to involve them in the discussion of this issue must be explored.

NOTES

1 A nationally representative HIV sero-prevalence survey was conducted in 2002 by the Zimbabwe National Family Planning Council, Harare, and the Centers for Disease Control in Atlanta. HIV prevalence rates from this survey have not been published and were not available to the authors.

2 A senior officer at the Ministry explained the concept of secondary virginity to the authors during an interview in April 2002. Although this term does not appear in the Ministry's AIDS policy, subsequent interviews with school guidance counselors showed that they understood the term and used it in their AIDS-education classes.

3 For example, if a husband found that his new bride was not a virgin on their wedding night, he would send a new blanket with a big hole in the middle to his mother-in-law. The aim of the blanket was to embarrass the bride's family and symbolize that the bride had a serious flaw. Brideprice money would not necessarily be refunded, but the bride's family would lose the respect of the groom's family.

4 The title of Reynolds's book—*Dance, Civet Cat*—refers to a Shona saying that translates as "Dance, dance civet cat all you want; just remember you cannot go anywhere because I am holding your tail." The ancestors are the most effective way of holding children's "tails" to make sure they always come back to the family.

5 For example, traditional belief states that the soul of an aborted fetus will continue to haunt the woman as a malicious spirit. If the woman marries, the aborted spirit might prevent her from having any children.

6 The Care contraceptive is a female condom, and the musicians mentioned are part of the "Artists Against AIDS Worldwide" initiative discussed above.

7 Two of the authors (Marindo and Casterline) are currently analyzing 60 in-depth interviews conducted with young adults in Zimbabwe. These interviews collected

details about romantic and sexual relationships and investigated the effect of the risk of acquiring HIV on young people's partnership formation, types of relationships and their dissolution, and their risk-reduction strategies.

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