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Full Length Research Paper

Condom use in relation to the HIV/AIDS pandemic among adolescents: the case of some selected schools in Zomba, Malawi

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ABSTRACT

HIV infection among Malawian youth is growing at an unequivocally alarming rate. Recent estimates according to the National AIDS Commission [NAC] (2009) indicate that about 3.6% of youth between the ages of 15 and 24 years are infected with HIV. This high prevalence rate comes against the backdrop that several interventions to curb the incidence of HIV/AIDS among young people have been implemented including the ABC strategy but in vain. The current study explored factors that culminate in disdain to condom usage - the 'C' factor of the ABC strategy - among adolescents in Malawi despite proven efficacy of the device in reducing infections within the age group in other generalized epidemics across the globe. Data were collected through questionnaires and focus group discussions. The respondents were secondary school students drawn from three schools in the Zomba District of southern Malawi aged optimally between 12 and 22. Results indicated that over 65. 5% of the overall respondents refuted to having used the condom in their sexual debuts or otherwise. Reasons for the aversion and disdain ranged from myths, misconceptions, skepticism, apathy, AIDS fatigue, rumors and negative symbolism across the continuum to stigma from service providers in Reproductive health centers which stood out as a major factor curtailing condom use among adolescents. These findings underscore the need for promoting youth friendly Reproductive health services and integrating such services with HIV and AIDS prevention among the youth.

Keywords: Adolescent, sexuality, condom use, preventative device, public health.

INTRODUCTION

Globally HIV and AIDS is among the major adolescent health challenges. HIV infection rates are higher among young people. UNAIDS (2008) acknowledges that half of the new HIV infections occur in young people aged between 15 – 24 and that about 6 000 new infections occur daily among this age category. Available data shows that about 11.8 million HIV infections occur in this same group globally and of these 3.5 million occur in sub – Saharan Africa. Regionally sub – Saharan Africa is hardest hit by the HIV and AIDS pandemic. In 2005, the region with only 10% of the world's population had approximately 64% of all the people living with HIV, 65% of all the new infections in the world and 77% of all the infected women were from sub – Saharan Africa with 76% of these occuring in young people aged 15 – 24. This trend has remained the same for years now. Young people are however considered a window of hope in the fight against HIV/AIDS. A focus on young people especially adolescents is also critical considering the fact that adolescence is a period of sex experimentation for many young people yet they are inexperienced to prevent themselves from HIV. Peer pressure, drug use and abuse, myths and misconceptions, knowledge gaps coupled with inadequate life skills negatively influence

young people's decisions about sex and their sexual behaviours. Malawi Demographic and Health Survey (2004) revealed that only 34% of young people had comprehensive knowledge on HIV prevention.

Malawian youth in contemporary times are growing up at a time when AIDS across the globe is considered to be a treatable disease. Unlike young people in the early days of the pandemic in Malawi, this generation has not witnessed the death of many of their peers from AIDS and many seem unaware of their risk for HIV infection. In recent years, the sense of urgency that hitherto was associated with HIV/AIDS has turned into generalized public and political complacency (Foundation for AIDS Research, 2010). This complacency has culminated in increased rates of new infection among adolescents whose current prevalence rate is 3.6% in Malawi according to recent National AIDS Commission statistics [NAC] (2009). In Malawi, where 35% of the population is aged 12-24, the average age at first intercourse is 14 for both male and female adolescents, but many begin sexual experimentation far earlier. McAuliffe (2005) noted that 66% of secondary school students in a survey he conducted in the same area as the current study were sexually active and most had initiated sexual activity between 10 and 14 years of age. Unprotected sexual debuts are exposing young people at risk of contracting HIV/AIDS. There is a preponderance of HIV/AIDS cases among adolescents aged 15 – 24 in Malawi with females being disproportionately affected (UNAIDS/WHO, 2008). Anatomical, physiological, socio-economic and other socio-cultural factors contribute to young women's heightened vulnerability to contracting HIV/AIDS.

In addition to greater biological susceptibility, another reason for higher infection levels among young women is their inability to negotiate and lobby for condom use with their male partners as well as their sexual networks commonly consisting of older men, who have had more sexual partners, are more likely to be HIV positive and are less likely to tolerate use of any form of contraception including condoms (UNAIDS/WHO, 2008). The National AIDS Control Programme Strategic Plan as cited by Gulure (2003) predicted that AIDS cases then at 2.1% prevalence rate would double within the next decade and such projection has been proven valid even before the end of the decade with the prevalence rate now tagged at 3.6%.

Young people have been well documented as a special needs group in the field of sexual and reproductive health, not least for their combination of risky sexual behaviours and frequent lack of information and access to Reproductive health services (Bauman and Siegel, 2004). According to Khalokho (2000), their reasons for being unable or unwilling to adopt safe sexual practices exemplified by among others condom use, reflects a socio-economic and cultural environment that motivates them to begin having sex at an early age. Some aspects of this environment are universal in that they are linked to the very nature of adolescence. These include rapid and uneven physical, psychological, and social growth and development and the onset of sexual activity that is often combined with a lack of knowledge and skills with which to make health choices.

Adolescence is often characterized by patterns of thinking in which immediate needs tend to take priority over long –term implications and by the initiation of behaviours that may be perpetrated over a lifetime. This particular poignancy about adolescent attitudes has been documented by Awusabo-Asare (2003). He argues that the pandemic particularly hits the adolescents because risk-taking is for them part of identity creation, particularly in conditions of lengthening adolescence. In South Africa, Varga (2004) claims that many of the young see no reason for caution because they already regard themselves as the corrupted and doomed generation. For adolescents in Malawi, infection with the HIV virus is one of the most concrete and pernicious risks of unprotected sexual intercourse.

The current study apart from focusing on diverse variables antecedent to adolescent susceptibility to contracting HIV exclusively considered aversion to condom use as one major factor perpetrating the wave of new infections within the age group in the Zomba district of southern Malawi. Irrespective of the fact that the efficacy of condoms as a protective device against contracting the HIV virus has been empirically proven the results of the study reflect that over 65.5% of the entire respondent sample who affirmed having indulged in heterosexual vaginal intercourse across all research sites refuted to having used the condom in their sexual debuts – first or otherwise. The major paradox arising from the study however was as to why such was the case despite the fact that the majority of respondents displayed a 100% comprehensive knowledge of transmission and preventive dynamics.

Research Setting

The study was conducted in Zomba a municipality town in southern Malawi. Most of the student respondents who participated in the study come from the same Zomba district with the majority of the populace being Yao in ethnicity. Like any other ethnic grouping the Yao have their own ethnographic and cultural practices among which are *jando* and *msondo* initiation ceremonies. These ceremonies are basically rites of passage geared at preparing adolescent boys and girls for adult roles and responsibilities as well as a smooth transition into adulthood. As was expected most of the respondents had undergone the ceremonial rites, which as portrayed by empirical research instill traditional knowledge that sometimes breeds dissonance within the adolescents and contradict with personal values and AIDS messages that the youth have indoctrinated over time. Although

empirical findings elsewhere (Allen, 2010; NAC, 2009; Reniers, 2005; Anaffi, 1999; Bongaarts and Reining, 1989) demonstrate that some proclivities within the rites of passage such as male circumcision may negate to some extent the transmission of HIV. Although empirical evidence points to a 60% reduced transmission rate when persons are circumcised such information is often misconstrued as portraying absolute immunity and other measures which might complement the strategy like condom use are entirely ignored. The rites of passage promote unprotected sex and condom use is often dissuaded. This attitude together with other cultural ethnographies such as *kusasa fumbi* where initiates are encouraged to experiment with sex after the rituals according to NAC (2009) breed a recipe for the spread of HIV/AIDS among adolescents in the study area. Bearing in mind ethical considerations and the dignity and welfare of respondents, consent and permission were sought to report the findings.

MATERIALS AND METHODS

The study triangulated quantitative and qualitative paradigms to tap on tangible data that would explore as many dimensions as were possible in the focal area yet without pre – empting and militating against future research possibilities in Adolescent sexuality and Reproductive health. A triangulative approach incorporates two or more paradigms, designs or research methods in order to add more meaning to the findings or to diversify the data collection techniques. The other rationale for triangulation was to initiate new kinds of thinking through attention to surprises or paradoxes 'turning ideas around' and providing fresh insights as well as to expand the scope and breath of the proposed study by using diverse methodologies. The respondents who participated in the study were secondary school adolescents, drawn from three schools. The research sites were chosen on the grounds of proximity to the researcher and to carter for the gender disparity. Convenient purposive sampling was applied to select accessible schools. The following schools were isolated:

- Mulunguzi co-educational secondary school.
- Zomba Catholic boys' secondary school.
- St Mary's girls' secondary school.

All the above secondary schools, are conventional secondary schools with Zomba Catholic being a national secondary school for boys within the town periphery enrolling a cross section of students from several districts. Mulunguzi secondary school is more urban oriented with most students being enrolled from primary schools within Zomba and a few from the surrounding rural primary schools. Like Zomba Catholic school, St Mary's girls' school is within the urban milieu enrolling students from several districts. The gender aspect was considered as a criterion for sampling with two of the schools being single sex schools [Zomba Catholic enrolling boys and St Mary's enrolling girls] while Mulunguzi school is co-educational.

The student sample consisted of 180 students that were selected through the systematic random sampling method. Systematic random sampling ensured an equal chance of participation to each member of the population within the study site and thus helped to reduce bias and other extraneous variables that were apt to confound the research process. It also heightened the representativeness of findings to the entire target population of adolescents in Zomba. Respondent students were selected from Forms 3 and 4. Sixty students each were selected from Zomba Catholic and St Mary's schools. From Mulunguzi school, 30 girls and 30 boys were selected. In this way the sample consisted of an equal number of boys and girls.

Various instruments including questionnaires and focus group discussions were used to assess diverse areas concerning condom use and HIV/AIDS dynamics among adolescents. Some questionnaire items were solicited from a standardized Knowledge, Attitude, and Behaviour [KAB] model with others being modified Likert items adopted from the Protection Motivation Model as utilized by Abrahams and Seagal (1994) in a study conducted in the United States. The KAB model in HIV/AIDS research is aimed at soliciting respondents' awareness of transmission dynamics relative to the pandemic as well as their affective ideals. It also aims at soliciting respondents' perceptions of risk and the subsequent intention or non-intention to change behaviour remains within the scope of the model. Protection Motivation Models on the other hand utilize constructs adopted from Health Belief Models with the aim of evaluating respondents' susceptibility to disease regimen.

The focus group discussion was conducted to compliment and consolidate the questionnaire in a bid to foster a triangulative approach. The focus group was triangulated with the questionnaire because the later does not provide a chance to query the why behind the what of a research problem with the former however adding explanation and context to quantitative findings of a study. Providing a rich array of data, the focus group offers insight into perceptions, attitudes and beliefs of subjects as there is an opportunity to hear from participants. Its major strength in the current study was that it helped in soliciting more personalized sentiments in an open and free atmosphere. The discussion focused more on the attitudes that adolescents hold about condom use as well as their perceptions with respect to service provision in Reproductive health centers.

Upon completion of the data collection exercise in all the participating schools, the structured items in the respondents' questionnaire were coded and analyzed

using the Statistical Package for the Social Sciences [SPSS] data entry software. Frequency distributions as well as cross tabulations were conducted and the initial results were checked for consistency before a data file was obtained. The unstructured items were analyzed through thematic and narrative analysis with stories being drawn and generated from the various established themes. To be more precise Focus group data was analyzed through the WEFT Qualitative Data Analysis [QDA] software. More specifically, FGD data was analyzed inductively by preparing the data [transcribing and translating as warranted], reducing the data [reading, bracketing, gleaning, and winnowing text], categorizing [using constant comparative procedures] thematizing the data, and theorizing (Merriam, 1998; Seidman, 1998). Bearing in mind the sensitive nature of the study, sexuality being considered a taboo in the Malawian society, the study had problems in data collection because some respondents were not so keen to offer information. However the rest of the respondents were relatively open on issues of condom use and sexuality possibly due to the current preponderance of information on HIV/AIDS, condom community mobilization as well as social marketing and Sexually Transmitted Infections [STIs] in Malawi.

RESULTS AND DISCUSSION

The results of the study indicate that 65.5% of the entire respondent sample who affirmed to having indulged in heterosexual intercourse across all research sites refuted having used the condom in their sexual debuts, whether first or otherwise. This was the case irrespective of the remarkably overall higher rating on knowledge concerning HIV/AIDS transmission and preventative dynamics [over 95%]. These findings concur with those documented by empirical research (Varga, 2004; UNAIDS/WHO, 2004; Ruto, 2000; Khaloko, 2000, Roth and Fujita, 2000; Caldwell, 1992) that perceptions of risk and high knowledge about HIV/AIDS do not necessarily translate into risk –reduction or behaviour change. In other words there is a pronounced misfit between knowledge of HIV transmission and preventative dynamics and subsequent sexual behavioural dynamics exemplified in part by condom use. The findings are also consistent with those posited by the Malawi Demographic Health Survey (DHS, 2011) that apart from multiple and concurrent partnerships being the most important driver of the epidemic in Malawi; 27% of young men and 8% of young women report having sex with a non-marital, non-cohabiting partner coupled with less than 50% condom use. Research conducted through the Malawi Diffusion and Ideational Change Project (Watkins, 2008) showed that the strict ABC prevention prescriptions – abstinence before marriage, fidelity thereafter, and if these are considered unacceptable, consistent condom use – are mildly tolerated and stringently challenged among young people. According to the current study when respondents were queried why they find it difficult to adhere to the ABC prescriptions - faithfulness which is considered relatively difficult among the young people is said to be replaced by modified compromises; a reduction in the number of partners and especially deliberate and careful attention to their selection. On condom use responds reportedly considered the preventative device far less attractive than either fidelity or its modifications in that conundrum. The finding is also consistent with that of NAC (2009) that while current studies show that HIV and AIDS awareness is high among young people and the general population at large [over 90%], there is very little evidence of behaviour change as measured by; reduction in the number of sexual partners, abstinence, HIV Testing and Counseling [HTC], seeking treatment for sexually transmitted infections, and correct and consistent condom use (Biological and Behavioural Surveillance Survey, 2006). Research however documents that strategies of behavioural change among the youth that focus exclusively on the two measures of most interest to the prevention community – condom use and fidelity [faithfulness] and/or abstinence – bias examinations of behaviour change downward by ignoring other potentially effective ways of limiting the epidemic (Coates, 2008).

As a follow up to the question on whether they used a condom in their last sexual debut first or otherwise in which 65.5% refuted having used one the researcher further queried as to why there was some aversion towards condom use among the respondent adolescents. Several factors were posited concerning this apparent disdain towards the protective device. First, there was the issue of myths surrounding the condom. These myths according to the respondents include the facts that one cannot enjoy sex to its climax if a condom is used; that condoms have some tiny pores through which the HIV virus can pass; that condoms cause itching and rashes; that condoms can cause cancer and that if a condom bursts and gets stuck in the vagina, this may culminate in uterus infection. These findings tally with those by Caldwell (2001) that there are strong feelings against condom use among Africans in general. The argument is that it has almost become de rigueur to ascribe this disdain to prejudice. Chibatamoto and Marangwanda (2000) as cited in Caldwell (2001) referencing intervention and advocacy groups rather than anthropological researchers, summarize that:

> ‘Some People have a negative view of condoms because of personal experiences with them, but more often the problem is bad reputation, false rumors and myths.’

Another related finding warranting some attention relative to the designing of intervention programmes among adolescents is the issue pertaining the reliability

of the protective device. That 95.5% of the sampled respondents in the current study affirmed that condoms may not be 100% effective in protecting one against HIV/AIDS is a fatal implication for any programme geared at stemming the pandemic based on condom social marketing and mobilization campaigns. Compounded by myths, misconceptions, apathy and rumors; it is apparent that even if a steady supply could be guaranteed, cultural stigma against the condom hitherto associated with prostitution and promiscuity, is particularly strong among African cultures in general. The association of condoms with less sexual gratification is evident in the exponential affirmation by one respondent in the focus group discussions that, 'condoms reduce sexual pleasure'. The statement tallies with McPhail and Campbell (2009) where statements akin to the misgivings are highlighted:
'One does not take a shower in a coat' or 'One does not eat a sweet with the wrapper' or 'Using a condom is like bathing with your socks on'. (Mwamwenda, 2002; Foster and Furley, 2005).
Gulure (2003) also concurs with the idea of ascribing myths to condom use. He contends that different actions would be expedited if such myths reign supreme among adolescents:

- First, that those using condoms would stop using them since condoms would not be seen to protect them from HIV infection.
- Second, that those students who have never used a condom would see no need to start using them.
- Third, that those who may have used condoms would live in fear of having indulged themselves in unsafe sex.

Such fatalistic attitudes and cognition unequivocally breed a recipe for risky sexual endeavors and a statement in the current research that, 'since a condom is not 100% effective one could rather do without it' might lend credence to such resignation in mindset. It is worthy pointing out however that, if condoms are regularly, correctly and consistently used, they largely negate all other risk factors. The paradox needless to say is that while condom use is one of the cheapest and most effective HIV/AIDS interventions, building an effective condom programme means overcoming enormous logistic, cultural and biological barriers. Respondents in the current study also highlighted the fact that aversion to condom conformity among adolescent males can also be attributed to the association of condoms with multiple partners and prostitution. Requesting for condom usage therefore in any affair other than prostitution can be interpreted as evidence that one has acquired HIV or is unfaithful or thinks the partner is involved in other sexual liaisons. These findings are concomitant with Ngugi (2003) that demanding condom use in anything but the most commercial relationship is regarded as an admission either of risky behaviour elsewhere or of knowing one is seropositive. Further girls cannot provide the condom since such action would suggest to the boy an unwillingness for intimacy and a suspicion of promiscuity even though the scale of costs and benefits of condom use weigh more to the detriment of the girl being not only the subsequent victim of HIV-infection but also pregnancy. Unprotected sex is also construed as a sign of young love, and accordingly boys as well as girls find it difficult to negotiate safer sex. Anticipated pleasure loss together with other factors perpetrating disdain towards the condom may therefore not be associated with adaptive cognition (Abrahams and Seagal, 1994).

Studies also document as the current study unraveled that many adolescents do not know where to get condoms or are apprehensive of approaching service providers due to stigma and discriminatory mindsets thereof (Awusabo–Asare, 2003). Further respondents revealed that they do not seek such services because of among other reasons; inconvenient schedules and location, lack of privacy and confidentiality, judgmental attitudes of service providers, and sometimes unaffordable fees. It is perhaps not surprising therefore that there are particularly low levels of health promoting or seeking behaviours among youth with related difficulty accessing contraception and condoms. Bearing in mind that there are proposals to integrate traditional Family planning and Reproductive health services with HIV [and STI] prevention the negative externalities unveiled herewith pose further complications to the new interventions. However it is worthy pointing out that Reproductive health coverage encompassing condom provision services may be strengthened by integration with HIV prevention programmes. In essence, the notion that one can protect oneself against both HIV/STIs and pregnancy ['dual protection'] may increase the attractiveness of condoms and other risk prevention methods even among the young adolescents.

CONCLUSION

The current study has aptly unraveled one major misfit often imbuing HIV prevention interventions that knowledge does not necessarily translate into behavioural change. With respect to the gist of the current study, condom conformity among adolescents has been shown to be affected by such factors as myths, misconceptions, apathy, skepticism, rumors as well as variables associated with stigma and discriminatory attitudes of service providers in Reproductive health centers. It is rather unfortunate to note that even though empirical evidence seems to validate the efficacy of such a preventative device the youth are yet to embrace it without ambivalent mindsets. The dilemma still remains however that adolescents are engaging in unprotected sexual debuts yet efficacious measures and interventions to salvage them from contracting the HIV virus are yet elusive. The findings documented in the current study will have policy implications that will help policy makers and

key stake holders, gatekeepers and other players in formulating policies that like integration of services will improve safe sexual behavioural attitudes among young people in Malawi.

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