

Youths and HIV/AIDS prevention in Zimbabwe Keeping the window of hope open

Zimbabwe recorded a decrease in HIV prevalence from 24,6 percent to 20,1 percent, and there is evidence to conclude that the decline was partly due to lower rates of new infections among young people. However, the access to comprehensive information on HIV prevention may be hampered by church institutions that preach abstinence. In order to be successful, youth must be empowered to take the lead in HIV prevention campaigns.

*By Farai P. Mahaso**

There were 6.2 million young people living with HIV/AIDS (ages 15-24) in sub-Saharan Africa by the end of 2003. Almost half of new infections of HIV are found in young people between the ages of 14 to 25, but the vast majority of young people have no access to information and services needed to protect themselves from HIV/AIDS. ** AIDS kills 3000 Zimbabweans every week. Prevention interventions targeting young people can help stop the AIDS epidemic: an epidemiological review showed that the decline in national HIV rates in Zimbabwe was partly due to lower rates of new infections among young people.

This is a very encouraging development which I can correlate with my own observations amongst youth. There is increased risk awareness amongst youths. Young people tend to go for voluntary testing: At one particular testing centre in Chiredzi I was told that 75 percent of their clients were young people some of school going age. For many young men it is no longer cool to sleep around, and your peers expect you to use a condom. These are new positive trends that need to be strengthened.

It is important to involve young people in the design and implementation of youth programs for them to be successful. Special emphasis in youth HIV prevention programs should be given to the girl child who is most affected by the HIV pandemic: Four out of five new infections in the 15-24 year old age group in Zimbabwe are among girls, some due to sexual abuse by HIV positive older men and women.

The current political and economic crisis has driven most Zimbabweans into absolute poverty. If the issue of poverty is not addressed we might soon witness an upward trend of HIV infections again.

How did I become involved in HIV and AIDS work?

My mother was the first person to publicly declare her HIV positive status in Zimbabwe in 1989. We, as her children, were treated as social outcasts and suffered a lot from stigma and discrimination. In 1998 my mother passed away, two days later I attended the 12th World AIDS Conference in Geneva under the theme "Youth Force for Change". After the Geneva experience I went back to my school, which is a mission school in a rural environment, and formed an Anti-AIDS Club.

I had managed to overcome stigma, and after my Geneva experience I had suddenly become a role model for other young people at school. The teachers and head of school together with the mission community supported this initiative. We could talk about how HIV/AIDS is transmitted and how as young people we could protect

ourselves and other students not in the anti-AIDS group from HIV/AIDS. We raised money among the group and produced a newsletter we distributed to other students. Other students were welcome to contribute articles in the newsletter. We were given time to present poems, role plays during assembly time once every week. We also formed a drama group. The school authorities allowed us to perform to other students. Our club became one of the popular groups at Gokomere High school. We excluded the issue of condoms since it was a Catholic school. However, during informal, not supervised discussions we would talk about the condom, its limitations and benefits, but we always encouraged each other to abstain from sex since it is the safest method of HIV prevention though not easy to everybody. Seven years since I left my high school, the group still exists.

In 1999 I enrolled at Solusi University that is run by the Seventh Day Adventist Church. There I identified a lecturer who was passionate about HIV and AIDS issues. With her support I managed to recruit other students into what we later called the University Peer Education Program. We applied for funding and were successful. The university authorities got involved when we received the grant because there was media coverage, which was good for the University. Other students got involved and we offered informal counselling, organised sports tournaments, HIV/AIDS Video shows, invited speakers from the National AIDS Control program and some from local AIDS service organisations. 2002 World AIDS Day for the District facilitated the formation of Anti-AIDS clubs in schools near the University, which were successful.

I got the nickname "AIDS" because of my passion for informing others about HIV/AIDS. However, along the way we could not manage to implement our program as freely as we wanted. The school authorities started to block some of our meetings. They wanted someone to monitor us and also ensure that we were in line with their doctrine of abstinence although many of us did not belong to their church. Youths became demotivated and the program could not carry on for two semesters despite the fact that we had resources for it. We tried to revive it, but obstacles were always put in our way. We tried to use people from outside, but the authorities became even more suspicious. Peer educators were eager to do their work and there were visible issues that needed our attention. Some university students were getting pregnant which clearly showed that there was sex going on. The school authorities would give a blind eye to these problems.

Leaders not just of tomorrow, but also of today

From the Catholic Church experience youths are given a certain amount of freedom to perform their activities through various youth organisations but the church insists on adult mentors who monitor these youths as well as assigning a priest or nun to oversee all activities and ensure that church doctrine is followed.

A catholic youth organisation called Young Christian Students (YCS) tries to equip youths with leadership skills aimed at making them agents of development and positive behaviour change. This is done through their *see – judge – act* methodology that challenges youths to critically look at life situations, come out with solutions, act and then review progress.

This way young people are given a chance to be leaders not just of tomorrow, but also of today. Given the room young people can lead themselves and even give a example of good leadership to their elders. It becomes imperative, therefore, to give room to young people so that they may be able to spearhead HIV/AIDS programs that they can call their own. It is important to let them see that they are at the greatest risk so that they can make their own judgement of the situation decide on their own solutions and take concrete steps to act on them. Given a chance to see, judge and act youths can contribute immensely to the fight against HIV/AIDS.

The role of Batanai

Batanai is a self-help organisation of people living with HIV/AIDS in Masvingo Province in Zimbabwe and works with HIV/AIDS Support Groups in order to lessen the burden of the affected and infected through psycho-social support and by promoting positive living. The groups are involved in advocacy work in order to lessen stigma and marginalisation. Batanai was founded by my late mother Auxillia Chimusoro and was the first group of this kind in Masvingo. It gave birth to many more groups so that today there are several hundreds of them, the majority in a very rural environment. Batanai also operates as an AIDS Service Organisation with which I am involved.

The achievements after ten years of this support group movement? The lifespan of the infected has clearly increased despite the fact that most people have no access to ARVs and the general state of health has improved despite the collapsing health system. Acceptance of people with AIDS and assistance to AIDS orphans in the communities has increased. Infected and affected people can rely on mutual assistance and solidarity.

“What about us youths?”

Whenever Batanai went around communities we were approached by youths who would say “What about us? We also want to do something about HIV/AIDS.” At the end Batanai decided to embark on a youth programme. Our objective is to empower youth by equipping them with survival skills that they can impart to other youths. We train Trainers of Trainers in leadership and communication skills and provide them with knowledge about HIV/AIDS so that they can talk to other youths and to the community. We realised that youth need to be empowered in order to assume responsibility for themselves. In this approach we were encouraged by YET (Youth Empowerment and Transformation) - a Programme sponsored by three Swiss organisations, namely FEPA (Fonds für Entwicklung und Partnerschaft in Afrika), HEKS (Hilfswerk der Evangelischen Kirchen Schweiz) and BMI (Bethlehem Mission Immensee) - to which Batanai belongs.

For cultural reasons it is difficult for youths to talk about issues of sexuality openly. Providing information about sexuality is seen by many adults as instigating youth to having sex. Yet it is important that youths may raise their questions, fears, anxieties. We believe that given the social space peer groups will allow youth to open up and assume responsibility for their lives. In fact, our experience shows that this is the case.

Pentecostal churches are attracting an ever increasing number of young people in Zimbabwe. These churches refuse to address HIV/AIDS issues and preach abstinence. This attitude of denial is very dangerous and a big challenge to organisations like Batanai. It means that youths are confronted with conflicting messages. We believe that our methodology *see – judge – act* can help them to find their own solutions.

Adolescent girls and boys are faced with different situations when growing up. In order to be successful with our prevention campaigns we need to understand their situation and to address them separately. We make sure that we get an equal number of girls to our workshops and that as many girls as boys become leaders. Given the high ratio of the infection rate of young girls (80 percent) we need to address the vulnerability of this particular group.

Another sad development in Zimbabwe is the destruction of the moral and social fibre due to globalisation, poverty, death of parents and guardians and many other factors. This scenario leaves young people with no strong values to guide them in life and turning many of them into criminals, social misfits, prostitutes, drunkards etc. We believe that we can encourage them to understand the situation they find themselves in and help them to take control of their own lives.

Some lessons and recommendations:

- Elders tend to dominate and always tell youths what to do.
- It is vital to create an environment where youths feel free to operate without interference from elders.
- Given a chance youth can be good leaders.
- It is important to empower youths with leadership skills and then allow them to lead themselves with minimum supervision from elders.
- Often young people are not aware of their rights, this is especially true for girls.
- It is important to let young people know their rights and empower them with lobbying and advocacy skills.
- The political and economic situation needs to be addressed in order to find solutions that address the needs of young people.
- The church is moralistic and silent on sexuality, HIV and AIDS. This has promoted stigma and discrimination.
- The church promotes abstinence and discourages condom use; yet many youths are engaging in unsafe sexual behaviour.
- Youths need more say, meaningful involvement and empowerment.
- Mainstream HIV/AIDS in sermons, at funerals and in pastoral counselling.
- To encourage discussion on HIV/AIDS and gender amongst youth.
- Church to network with AIDS Service Organisations and resource providers.
- Improve communication between parents and their children.
- Increase self-efficacy and self-esteem among adolescents.
- Provide support for adolescents to delay their first sexual encounter.
- Provide support for sexually active adolescents to access and use condoms and contraception correctly.
- To encourage Voluntary Counselling and Testing (VCT) among young people.
- Youth programs tend to collapse when their leaders leave to seek employment or to get married.
- Traditional roles (Aunties and Uncles) to educate youth on sexuality have collapsed (are collapsing).

Youth are our window of hope. Sadly many times we elders want to keep this window shut in a sense of insecurity thereby destroying our only hope. Yet by opening this window we will be giving ourselves some hope and ensuring our future. Let us therefore open our window of hope and keep it open all the time.

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Note

**Children: The Missing Face of AIDS. UNICEF and UNAIDS press kit of 25 October 2005, available at www.unicef.org/uniteforchildren/