



Journal home page: <http://www.journalijiar.com>

INTERNATIONAL JOURNAL
OF INNOVATIVE AND APPLIED RESEARCH

RESEARCH ARTICLE

STIGMAS ASSOCIATED WITH CONDOM USE AMONG ADOLESCENTS OF SCHOOL GOING AGE AND THEIR EFFECT ON PREVENTION OF HIV AND AIDS AMONG STUDENTS IN SMALL CONSERVATIVE COMMUNITIES OF ZIMBABWE.

Farai Chinangure.

*Corresponding Author:-Farai Chinangure.

Abstract:

The main purpose of the study was to examine stigmas associated with condom purchase and use among adolescents of school going age and their effect on prevention of HIV and AIDS among learners in small conservative communities of Zimbabwe. The study adopted the qualitative research design and was informed by the theory of reasoned action, which explains that people rationally weigh the costs and benefits of engaging in action because of beliefs of possible outcomes that prompt them to act in the ways they act. The study found that in small communities where people knew each other, most shops and out lets that were supposed to provide condoms were no longer ordering them because they did not want to be seen as promoting promiscuity and that conservative culture among some adults in the community made it very difficult for adolescents of school going age to access and use condoms. The study further established that purchasing and getting condoms was embarrassing to most adolescents because of social stigmas and labels associated with people who were living with HIV and AIDS. It further established that the adults who were shopkeepers made it difficult for youths of school going age to buy condoms from shops because the shop keepers were judged and interrogated adolescents before selling the condoms to them. The practice was embarrassing and scaring to the youngsters. The study recommended that in closed communities where people knew each other shop keepers were supposed to be young man or ladies who would not scare away youngsters who wanted to buy and use condoms. Furthermore, free condoms should not be put in bottle stores only because bottle stores were places for adults and adolescents who were under 18 years of age were reported to their parents if seen buying condoms. Youth friendly education should be intensified to dispel shyness and lack of confidence to approach and buy condoms from outlets especially among female adolescents. Communities must receive more social education to minimize the use of stigmatizing expressions such as arimubhazi (he is going), arikujucer (putting airtime) statements that scared the youth from accessing condoms. The study also recommended that all professionals working in the industry that focuses on HIV and AIDS prevention should dispel fear associated with HIV and AIDS and help communities realize that HIV and AIDS is just like any other chronic disease that can be managed.

Key Words: -Stigma, Condoms, Stereotype, Anti-Retroviral Therapy, embarrassing, promiscuity and conservative culture

1 INTRODUCTION

The conservative nature of some of the Zimbabwean Communities is a stumbling block towards prevention of HIV and AIDS. This position was reached after observing that most tuck-shop owners avoided ordering and selling condoms because they did not want to be seen as promoting promiscuity and encouraging people to engage in prostitution. Failure by these outlets to make condoms available and easily accessible in these outlets meant that most of the young people were at risk of infection from HIV and AIDS. In addition, accessing and purchasing of condoms was an embarrassing experience in a community that held these sentiments especially to the youth who were of school going age.

2 BACKGROUND TO THE STUDY

Research studies indicate that most population in Sub- Saharan Africa are the youth 5000 new infections on HIV and AIDS happen every week (UNIADS, 2013:1) and that more than 50% of all new HIV and AIDS

infections are among the adolescents between the age of 15 and 24 and yet by making access and purchase of condoms a stigma based issue means most youth were likely to engage in unsafe intercourse without condoms which was the main mode of HIV and AIDS prevention (Bitchong, 2013). Despite the HIV and AIDS education people used social stigmas that acted as stumbling blocks towards prevention (Boonstra, 2011; 3) it is also quite embarrassing to access condoms in a community where one is known. Common sentiments held by the people that imply that whoever is using condoms is living with HIV and AIDS were rampant and scaring even adults from getting exposed on their HIV and AIDS status. The use of stigmatizing expressions such as arimubhazi(those who are departing), ari kujucer (like putting air time in a cell phone), ari pachichirongwa (on the programme), tiriparwendo(on the journey to his death and mwari ndouyako(God I am coming there) referring to people who are on anti-retroviral therapy by the community further scared the youth from accessing condoms.

Knowledge of HIV and AIDS and condom access were important determinants towards prevention(Adih Alexander(1999).Studies in Zimbabwe, Lavelle(1992:56),South Africa Karim,Karimand Prestone-White et al(1992),Kenya Ajay Leah And Miller et al(1992,And Nigeria (Ladipo and Paxman et al(1986) indicated that the main reasons why adolescents failed to use condoms was based on difficulties associated with obtaining them. Youths mostly suffer from self stigmatization and external stigmatization which they receive from the immediate community when they want to access condoms (Dhlamini,2007:1) Young women were unable to discuss use of condoms with their partners (Women Health, 2011:1) Findings from interviews show that girls simply cover their faces and wait for the man to take a decision about their future on whether to use or not to use a condom. Scholars sight psychological and emotional immaturity as inhibitive of decision making as such if condoms are not readily available (Mngadi, 2007:9;Sherman & Louk(1991) found that social stereo types and norms were the key stumbling blocks towards the purchase and use of condoms.

3 THEORITICAL AND CONCEPTUAL FRAMEWORK

The study was informed by the theory of reasoned action adopted from Fishbein and Ajzen(1975),Kambole ,2007:8, Gaston ,1994:1391) the theory explains that people rationally weigh the costs and benefits of engaging in action beliefs of possible outcomes prompt people to act the ways they act. The theory shows that youth find them selves in a dilemma most of the time when it comes to condom purchase and use. Doing what the community wants them to do and buying condoms and facing embarrassments in order to save their own lives. Thus from this theory if youth feel that the community will stigmatize them when they try to get condoms they may not use them.

4 PROBLEM STATEMENT

There is a lot of stigmatization by people who should be providing support to the youth. This study was to check if there has been a marked shift in the way society attached stigmas to people who were living by studying how adolescents who wanted to purchase and use condoms were treated. In tandem with the above MacPhail and Campel (2001) found that dominant social norms were putting lives of youth at risk. This study also singled out stigmas towards use of condoms by adolescents of school going age as a focus of study. Because of the lack of availability which the researchers witnessed in the outlets where the youth should access condoms freely i it was deemed necessary to investigate the stigmas associated with condom use among adolescents of school going age and their effect on prevention of HIV and AIDS among adolescents

5 RESEARCH QUESTIONS

What stigmas are associated with purchase and use of condoms among adolescents of school going age in Zimbabwean conservative Townships?

What effect do the stigmas have on prevention of HIV/AIDS among adolescents of school going age in closed communities where people know each other?

6 METHODOLOGY

The study adopted the qualitative research design. The snowball sampling strategy was adopted. The snowball resulted in the first 20 males and females referred by friends and they were interviewed on the phone and a questionnaire was hand posted and collected from the students who were residing in Rujeko suburb. Returns were just 100 % in-depth interviews over the phone and questionnaires were used to collect data for this study. The instruments ensure adequate triangulation of data and thus validity and

reliability was established (Maree, 2012). To guarantee transferability, consistency and or dependability of the instruments a pilot study was carried out with a Harare suburb Glenview seven where one of the researchers lived .Permission was sought from participants and granted.

7 FINDINGS AND DISCUSSION OF FINDINGS

statements		responses			
		Female	Male	Total	Percentage Response
Is it easy to buy condoms from local shops	A	0	5	5	12,5
	Dis	20	15	35	87,5
People who sell condoms judge you before they sell condoms to you	A	15	10	25	62,5
	Dis	5	10	15	37,5
We are not comfortable using condoms which are provided by ministry of health for free	A	12	16	28	70
	Dis	8	4	12	30
If you buy condoms people think you are promiscuous and was an embarrassing experience for the youth.	A	20	16	36	90
	Dis	0	4	4	10
We discuss condom use with our girl friends or partners	A	20	20	40	100
	Dis	0	0	0	0
Local tuck-shops owners think that selling condoms is promoting prostitution	A	13	18	31	77,5
	Dis	7	2	9	22,5
Adolescents of school going age are not free to buy condoms in local shops	A	20	13	33	82,5
	Dis	0	7	7	17,5
Possession and decision to use a condom is the responsibility of the male partner	A	17	12	29	72,5
	Dis	3	8	11	27,5
If your boy friend sees you with a condom the relationship ends	A	15	15	30	75
	Dis	5	5	10	25
If your girl friend sees you with a condom the relationship ends	A	15	15	30	75
	Dis	5	5	10	25
It is the responsibility of the male partner to decide to use a condom or not	A	15	20	35	87.5
	Dis	5	0	5	12,5

Table 1.1 All(100%) adolescents agreed that were discussed condom use with our girl friends or partners majority (90%) of the youth agreed that people who bought condoms were promiscuous and embarrassing experience for the youth. Many(87,5%) adolescents of school going age are not free to buy condoms in local shops agreed that it is the responsibility of the male partner to decide to use a condom or not.while most(82,5%)acknowledged that it was not easy to buy condoms from local shops where one was known while only 12,5 found it easy. This was acknowledged by62,5% of the youth.

70% of youth also revealed that they were not comfortable using free condoms provided by the ministry of health for free because they were having a bad smell. They preferred to buy the flavored condoms from shops.it was deemed by the majority (90%) of the youth as an embarrassing experience. This claim was acknowledged by 72, 5% of the youth. 70% of the 75% of the respondents labeled that female as a

prostitute. The majority of the youth admitted that it was the responsibility of the male partner to decide to use the condom. The females were shy especially on the first date. 87% supported this view.

7. 2 FINDINGS FROM INTERVIEWS WITH SHOP OWNERS, BAR LADIES AND GUEST HOUSE OWNERS ON USE OF CONDOMS BY YOUTH

The condoms were not displayed where people could easily see them. In some of the guests houses there were no condoms in the rooms. The guests had to go and ask for condoms from the reception and they felt quite embarrassed by the practice. The sentiments below were raised by the shop owners and guest house workers.

Most of our clients are Christians and putting condoms in the rooms will scare them off and we will lose our business **(Participant 7)**

If visitors want condoms they should come to the reception and ask for them **(Participant 9)**

Some of the tuck shops around were not having condoms. They did not have condoms because they felt if they kept them they would be promoting promiscuity and prostitution. The statements below help to show their sentiments:

We feel that if we order condoms we are encouraging people to be promiscuous especially the young boys and girls who are becoming naughty **(Participant 7)**

7.3 STIGMAS ASSOCIATED WITH PURCHASE AND CONDOM USE AMONG ADOLESCENTS OF SCHOOL GOING AGE AND THEIR EFFECT ON PREVENTION OF HIV AND AIDS AMONG ADOLESCENTS

Most young boys and girls avoided purchasing and accessing condoms due to fear of stigma that was associated with accessing them. The community blamed and laughed at those who were on ARV therapy. They were often embarrassed by revelations to parents and church mates about their possession of condoms. It was rather scary to be known as a user of the condom.

We are often stigmatized. When I went into that bottle store the mother who is selling beer said to me the other day. Asiuri kujucer kani you are buying condoms here everyday (Are you taking ARVS that you buy condoms here every day?). That is why most people are scared because you end up being labeled that you are on ARV treatment and you become a laughing stock in the community **(Participant 7)**.

People behind the counter usually want to know why you are buying condoms. Most of them just make us feel uncomfortable **(Participant 7)**.

If other adults see you buying or collecting condoms they go and tell your parents. It's so embarrassing when your parents discover that you are now sexually active when you are at school **(Participant 7)**.

We belong to the same church and because of that people feel when you go to the same church with them you are a very holy person who cannot use condoms. When they see you asking for condoms they openly say these are hypocrites. They pretend to go to church when they are busy womanizing **(Participant 34)**.

At the clinic it's even worse one of my friends was told to focus on his studies by a nurse who knew that she had been treated of an STI **(Participant 23)**.

The economic situation makes it difficult for parents to give us money to buy good condoms with some flavors. When you use the smelling ones even you mothers can tell when you get home that

you have had sex. There might not be water in the house for you to bath so they say you smell go and wash (Participant 17).

If one was seen buying condoms regularly people would start gossiping that they were juicing or in the bus. If students came across such gossip they felt quite embarrassed and avoided buying condoms locally.

A label is attached to you as a person living with HIV and AIDS. People often point fingers at me when at church (Participant 6).

The interviews with the students revealed that it was not easy to buy condoms at local shops. Once seen the shop keepers would report to your parents and parents would become furious with their children. Purchasing of condoms was also embarrassing to one's parent if they lived in the same locality.

We make use of that man who is selling air time to buy condoms for us. Other wise if you get into the shop the old women their will embarrass you (Participant 7).

We are free to purchase condoms in a chemist in town. Those people are professionals they do not ask you questions (Participant 21).

Some words and sentiments shared by family members or brothers made condom use a shameful experience to the young boys and girls. The other respondents narrated their most embarrassing experiences with condoms in their lives and this made them avoid using them. The following comments were captured from them. Some of the verbal quotes from participants helped to reflect on the finding given above

I sleep with my brother and we share the same blankets .He actually sent me out of our room the first time I used condoms. He said unonhuwa macondom wahura iwe buda panze undogeza. (You were using condoms you prostitute go and bath you are smelling (Participant 56).

Free condoms are having a smell that will tell you parent brother of sister that you have had sex .Its embarrassing (Participant 16).

I went home one day after having sex and usually out tapes are dry. I had no where to wash myself clean. My brother simply said move out of the blanket .Sleep on the floor I know what you have been doing you are smelling condoms (Participant 5)

My friend who was suspected of having stolen a book had his satchel searched. The teachers saw condoms and they said that that is why he failed he was focusing more on girls than his school work. From that day on nobody from our schools carries condoms (Participant 22).

One mother who works in a shop told my mother that I had been in their shop buying condoms.My mother was very furious with me that day. She thought I wasn't focusing on my studies anymore (Participant 56).

The community members knew each other and were good at judging and attaching stigma. It was not easy for young people to get condoms in local shopping centers even if they were cheap. Gender stereotypes were still very dominant. The males were still having the power to decide on the use of the condom or not during sex. Females were afraid of coming up front to decide for fear of being seen as prostitutes.

One day someone had his pain stolen from her bag. The teachers decided to do body search. There were two learners one was female and the other was male who were found with condoms in their bags. From that day the girl was being sexually harassed by both teachers and students .They called her hure (prostitute) and the boy is called a mhombwe(male prostitute) and this is done openly by his peers (Participant 15).

when he failed his mathematics test the teacher spoke openly before the class and said vana Rode tinozive zvinokufoirisai mava varume vakuru imi.chiendai mundoroora musatinetse.(Rode you are an adult now you do not deserve to be at school go and marry and leave us in peace. Since that day we avoid even touching condoms. They are a source of embarrassment when discovered (Participant 16).

Gender based violence was common based on knowledge of peoples status on the fact that they were seen buying condoms. At the level of peer the students were verbally abusing and stigmatizing each other.

Our male counter parts do not respect the girl who was found with condoms in her bag .The boys tease her and sometimes go to her and ask for sex (Participant 11).

The boy who had his tablets for ARVS was labeled also. Some times when he makes mistakes people say he is no longer normal because he ispositive (ari mubhazi) he is going to die soon (Participant 46).

8 DISCUSSIONS OF THE FINDINGS.

It was observed that the youth of school going age were still found access to condoms they preferred difficult. Condoms which could be preferable were only accessible in adult outlets where under 18 years were not allowed into. The finding was in tandem with earlier studies which also found that that the main reasons why adolescents failed to use condoms was difficulty in obtaining them(Lavelle,1992:56;South Africa Karim,Karim & Prestone-White et al,1992;Ajay Leah & Miller Etal,1992;(Ladipo & Paxman et al,1986) The reason why most of the youth found buying and accessing condoms not easy is because there were judged by those who were selling the condoms or by people who saw them buying. Statements that idzidzavakuitaka (this one is already having sex) discouraged youth from being open about getting condoms .they were forced by shyness to just have sex without condoms if they had an opportunity.This finding is in line with what Mngadi, 2007:9 Sherman and Louk, (1991)found that social stereo types and norms were the key stumbling blocks towards the purchase and use of condoms.

The study also found that male dominance was inhibiting freedom of young women to decide on the use of a condom. Ismael (2006), Chinangure & Mutekwe (2014) also found that it was the responsibility of the man to decide on the use of the condom. Male dominance was an issue that affected use of condoms by young adolescents. There was still a need to emancipate women from male dominance on matters of sex.

The study also found that it was taboo for women who were even positive to walk into a shop and ask for condoms. There were stereotypes and beliefs that those who used condoms were prostitutes or were living with HIV and AIDS. If known to the local community upon passing by the local shops where men were drinking outside they will openly and verbally abuse the women. This finding is in tandem with what was established by Francis(2007) society still labeled and punished prostitutes hence anything associated with behaviour of prostitutes was avoided at all costs. This attitude affected use of condoms.

The study also found that young female adolescents who found their boyfriends with condoms ended up relationships with their partners because they felt boyfriends were regarded them as prostitutes. This social stigma about condom use was also found to be a stumbling block towards prevention of HIV and AIDS. This finding gives credence to findings by Chinangure & Mutekwe, 2014 that society labeled women who talked openly about sex as prostitutes and therefore affected attitudes towards purchase and use of condoms. It was agreeable for the male partner to carry a condom and not the female partner there was enough debate on accessing and use of condoms by the youth.

The study however found that among mature students discussion about use of condoms was prevalent. All of them acknowledged that they discussed condom use with their peers. The majority of the youth revealed that the decision to use condoms in most of the cases was the responsibility of the man. Shockingly though, most females of the school going age felt shy to ask about whether the boy used a

condom or not but covered their faces until the act was over. Makina and Kanyenze (2010) picked on the power of dialogue which was lacking and needed to be promoted early in sexual relationships. Kang'ethe and Mafa(2014) held on to the need to educate the mind through open dialogue. The men who scared young adults from buying condoms were usually found seated next to a bottle store and those who worked in the bottle store felt relieved sharing news about young adults who came looking for condoms. Young boys would send the man who was selling air time or those repairing shoes to buy condoms for them. Those who bought condoms still shared the news. Although condoms were a life line for people living with HIV and AIDs their purchase and use was made very difficult by societal sentiments that continued to victimize condom users as promiscuous. Buying of condoms from the local shops was a sign that the person was promiscuous and people were often judged. This finding also gives credence to findings by Frances (2007) who found that the position to label people was strengthened by the fact that our society still felt prostitution was still an offence punishable by law and yet it was supposed to be a recognized profession that was to be treated as a human rights issue Knowledge level was very high but the situation on the ground was different because the youth feared to be judged and were forced not use condoms because of limited access

The community members knew each other and were good at judging and attaching stigmas on people who were seen buying condoms it was not easy for young people to get condoms in local shopping centres even if they were cheap.

The males were still having the power to decide on the use of the condom or not during sex. Females were afraid of coming up front to decide for fear of being seen as prostitutes. This is in tandem with findings by Chinangure & Mutekwe(2014) that knowledge level was very high but the situation on the ground was different because the youth feared to be judged and were forced not use condoms because of limited access.

CONCLUSIONS

The study concluded that youth found buying and accessing condoms not easy because the adult world judged them and they were also trying to avoid stigmas associated with condom use. Statements such as idzi dzava kurova bhora (this one is already having sex) apa irimpamuti(this one is careless) and idzi dziri kujucier(this one is on therapy) discouraged youth from being open about getting condoms and created unnecessary fear inhibiting access and use of condoms by adolescents. The society was still not opening minded about commercial sex work and prostitutes were treated as criminals. The scenario stifled the debate around effective method to prevent the further spreading of HIV and AIDS

RECOMMENDATIONS

During aids week inspiring stories can be used by celebrities who are key role models of our youths to champion openness about use and accessing condoms. The society should be more accepting and tolerant to commercial sex workers who are driven by poverty to survive through selling their bodies. Social education to address commercial sex should target not only women but males as well because they are the direct beneficiaries of sex from women. What should be encouraged though is openness about preventive strategies.

In closed communities till operators should be young men or ladies who would not scare away adolescents who might want to purchase condoms. There is a need for workshops to prepare shop owners and sales people in shops accommodate and allow young people to access condoms freely without imposing their own perceptions on them.

Manufacturers of condoms should station their merchandisers or sales people in big shops so that condom sales are promoted just like any other products.

There is a holier than thou culture among church patrons who seem to be promoting stigma against people living with HIV and AIDS. The society should understand that there are people living with HIV and AIDS out there who need to be supported not to be stigmatized hence those living with the virus should

be seen just seen and treated like people who suffer from any chronic illness. Stigmatizing people living with HIV and AIDS is against our efforts to curb the spread of HIV /AIDS

Free condoms should not be put in bottles because bottle stores are places for adults and the under 18 have no access. Public toilets even at church buildings can be a place where youth can access them.

It is recommended that the people who collect ARVS should also be given a package of condoms to take along with them .Leaving condoms in the clinic and collecting them elsewhere would expose them to a lot of stigma.

Low status of women makes them vulnerable because they do not demand the use of condoms. Communities must receive social education so that it would accept change in HIV and AIDS prevention. This will minimize the use of stigmatizing expressions such as ari mubhazi, ari kujucer, exposure because the use of such stigmatizing expressions will scare the youth from accessing condoms.

Youth friendly education should be intensified to dispel shyness and lack of confidence to approach and buy condoms from outlets

References

Abdool Karim ,S.S., Abdool Karim ,Q,& Preston-White E,(1992) Reasons for lack of condom use among high schools students.

South Africa Med J 1992;82:107-9

Ajayi, A.A., Leah T.M.&Miller, J.(1991) Adolescent sexuality and fertility in Kenya: A survey of knowledge, perceptions, and practices. Stud Fam Plann 1991;22:205-16

Ajzen, I., &Fishbein, M. (1980). Understanding Attitudes and Predicting Social Behaviour. Englewood Cliffs, NJ: Prentice-Hall

Boonstra. H.D. (2007) Young People Need Help in Preventing Pregnancy and HIV; How Will the World Respond? Guttmacher Policy Review. Volume 10 (3)

Boonstra,H.D.(2011) Advancing Sexuality Education in Developing Countries: Evidence and Implications. Guttmacher Policy Review. Volume 14 (3)

Campbell, M.J. (2006) Teaching non-parametric statistics to students in health sciences. From: http://www.ime.usp.br/~abe/ICOTS9/Proceedings/PDFs/InvitedPaters/3F3_CAMP.pdf (accessed on 24/4/2010).

Chinangure, F. & Mutekwe E. (2014) Exploring university students' gender role attitudes and their effects on sexuality and behaviour towards HIV/AIDS prevention: A case study. Mediterranean Journal of Social Sciences, 5 (4): 590-1595

Ditmore,M.H.(2011) Historical Guide to Controversial Issues in America: Prostitution and sex work, California: Greenwood Publishers

Frances, R. (2007) Selling Sex, Hidden History of History. New York: UNSW Press.

Dlamini, B.T.(2007) HIV and AIDS in Swaziland: The key protagonists speak. OpenSpace, Volume 1 (6).

Fishbein, M. (2004) A Resoned Action Approach to Health Promotion. From: mfshbin@asc.upenn.edu. (Accessed 2nd of April 2013).

Kambole. M.M.(2007)The attitudes of Physiotherapists in Gaborone and Ramotwa towards treating people living with HIV/AIDS.

Asmal,K.(2002)Issues on gender in schools.

Kange'the, L. &Mafa, P. (2014) Evaluating the survival strategies adopted by single mothers to enhance their livelihood in Zimbabwe from literature review lenses. Mediterranean Journal of Social Sciences, 5 (4): 1590-1595

Nicholas, D., Ladipo, O.A., Paxman, J.M., (1986) Sexual behavior, contraceptive practice, and reproductive health among Nigerian adolescents. Stud Fam Plann 1986;17:100-6

UNAIDS(2013) Fact sheet Adolescents, young people and HIV/AIDS. From: http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120417FS_adolescentsyoungpeoplehiven.pdf. (accessed 5th November 2013).

UNAIDS(2006) Protection Act: UNAIDS Best Practice Collection Helping Ourselves: community Responses to AIDS in Swaziland. From http://data.unaids.org/Publications/IRCpub07/jc1259-swaziland_en.pdf?preview=true. (accessed 5th November 2013).

Wilson, D., Lavelle, S., (1992) Psychosocial predictors of intended condom use among Zimbabwean adolescents. Health Educ Res 1992;7:55-67

Women Health.(2011) From: HIV AIDS. <http://www.womenshealth.gov/hiv-aids/> (accessed 13 July 2013).

.....