Young people, HIV/AIDS, and intervention: Barriers and gateways to behaviour change

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A good way to begin understanding South African young people's sexual behaviour – and thus the dynamics of behaviour change – is to view it within an adaptive framework.[1] South African youths' socio-sexual environment and behaviour have been moulded by the country's turbulent history. Centuries of European colonisation and missionary presence, decades of apartheid rule and the ongoing process of 'reconstruction and development' in the new South Africa have all immeasurably altered the sociocultural, political and economic fabric of young people's lives and thus the context in which their sexual relationships take place.

The chaotic environment in which contemporary South African youth come of age is reflected in their sexual lives. Many social institutions which previously assisted them through the transition to sexually active adulthood, and often instilled safe sex practices, have undergone radical change or disappeared altogether. Erosion of traditional peer education networks, extended family systems, and changes in household and marriage structures have combined with rapid urbanisation and Westernisation to create an environment of mixed messages, confusion and few resources for young people to rely upon in the process of sexual socialisation. This has led at least one scholar to aptly describe South African youth as 'caught up in a web of change' (Nash 1990:147). The result is a sexual behaviour profile characterised by high-risk practices such as early initiation of sexual intercourse, low (male and female) contraceptive use rates, multiple sex partners and broad sexual networks, and poor sexual negotiation skills (Boult and Cunningham 1991, Flisher et al. 1999, Sai et al. 1993). A combination of sociopolitical instability, social transformation and high-risk sexual behaviour among young people has been noted elsewhere in sub-Saharan Africa (Bledsoe and Cohen 1993, Meekers 1994). However, the state of the HIV/AIDS epidemic in South Africa creates an especially dangerous mix and makes youth-targeted sexual health intervention a special priority.

The epidemic is among the most devastating harbingers of change in South Africa. Although AIDS is a relative newcomer, most, if not all, South Africans are acutely aware of the danger it poses. Moreover, for both social and political reasons, HIV and individuals infected with it are highly stigmatised in South African society. While HIV/AIDS has received considerable attention from media, government, non government organisation and industry sectors, intervention efforts have generally been disorganised, disjointed and superficial. Although young people have been identified as a target group for intervention, coverage is uneven and programmatic content often confined to information dissemination. The current situation is one in which general HIV/AIDS knowledge is adequate to high among young people but where risky sexual behaviour persists (Attawell 1998, Flisher et al. 1999, HST 1999).

This paper reports selected results from a recently completed (1999) study that explored sexual dynamics and decision making among young people between the ages of 11 and 24 years in KwaZulu/Natal Province. Data were collected in three phases: (1) a series of focus group discussions (n=12); (2) narrative research component (role play workshops and community questionnaire (n=680); and (3) in-depth follow-up interviews with selected questionnaire participants (n=36).

Two aspects of youths' sexual behaviour – condom use and abstinence – as responses to HIV/AIDS are discussed here. We explore the manner in which these practices have begun to adapt (or not) to the threat of HIV infection and social contextual factors which can encourage or inhibit behavioural change. Attention to the social environmental determinants of sexual behaviour is a crucial component of recent calls for an 'expanded vision' and a more ecological perspective in HIV prevention strategies (Tawil et al. 1999, UNAIDS 1999).

Rapid escalation of HIV/AIDS in South Africa

The HIV/AIDS epidemic in South Africa is best described as recent and swiftly escalating. It is generally recognised that the current rate of infection – between 1,500 and 1,700 new cases each day and close to 4 million HIV-positive individuals – makes South Africa's among the fastest growing HIV epidemics worldwide (UNAIDS 1998a). According to some estimates, in 1998 half of all new infections in the nine worst-hit southern African countries occurred in South Africa alone and its epidemic accounted for one in every seven new infections on the continent (UNAIDS 1998b).

Though the first few cases of HIV/AIDS were identified in 1982, as late as the early 1990s infection rates remained low in the general populace. Public antenatal clinic surveillance began in 1990, when the recorded national infection rate was less than 1 per cent. Thereafter it increased rapidly, such that by 1994, the year of the first democratic election, the antenatal sero-prevalence rate among women aged 15–45 years was 7.5 per

cent. Recently available data (1998) revealed 22.8 per cent, an increase of one-third over the previous (1997) figure. Estimates suggest that this translates into 12–14 per cent of the general adult population being infected with HIV. In KwaZulu/Natal Province, site of this study, the 1998 antenatal sero-prevalence rate was 32.5 per cent, the highest in the country. Certain sub-regions of the province have found close to 40 per cent of public antenatal clinic attendees to be HIV-positive.

As is common elsewhere on the continent, young people in South Africa are particularly at risk for HIV infection. The 1998 survey found 21 per cent sero-prevalence among 15–19-year-old antenatal clinic attenders, a 65 per cent increase over the previous year's 12.7 per cent. This was the single largest recorded increase in any age group surveyed. For those 20–24 years old, the HIV rate was 26.1 per cent. In KwaZulu/Natal, an estimated 200 new infections occur each day among young people aged 15–24 years.

Typical of most sub-Saharan African countries, the HIV epidemic in South Africa is primarily heterosexual. Sixty per cent of HIV infections occur through heterosexual contact, and slightly more than half of those affected by the disease are women (UNAIDS 1998c).

Abstinence for (South) African youth

While abstinence is an obvious and frequently offered means of protection against HIV infection, how realistic an option is it for (South) African young people? In response to the spread of HIV/AIDS among youth, certain regions (primarily KwaZulu/Natal Province) have recently witnessed a resurgence of the traditional practice of female virginity inspection (intact hymen). Some districts, including the rural site of this study, now have mass inspections several times a year, and those certified as virgins proudly display a certificate which includes a small AIDS ribbon in one corner. This is, however, an extremely controversial practice, socially and medically, which is unlikely to be adopted in any widespread or systematic way in South Africa.

For the young people in this study, sex and being sexually active were integral to their concept of a normal contemporary young person. Having sex symbolised many things, often with different connotations for boys than girls. Among boys, it meant power, excitement, social status and a way to satisfy natural male physical urges. For girls, sex was primarily about love and commitment, or a means towards material and financial gain. Regardless of the specific meaning behind the act, most young people agreed that sex must be a part of a serious love affair and take place early in the relationship. This is clear in the words of both rural and urban youth:

> Sex makes love stronger. If you don't have sex with your girlfriend you lose the thrill of it. She is no longer interesting to you. (rural male aged 20)

> To fall in love...means that by definition you are going to have sex. If you are in love it means sex. (rural female aged 22)

> You have sex because...it is important to show your partner how much you love him because kissing doesn't mean much. (urban female aged 21)

Many other factors posed significant barriers to the feasibility of abstinence as a means of protecting against HIV infection. Among the most obvious was peer pressure. The issue of fulfilling peer and partner expectations through having sex was a recurrent theme throughout the study. Among sexually experienced questionnaire participants, 41.4 per cent reported having felt (social, peer or partner) pressure to become sexually active. Moreover, such expectations affected both boys and girls. Boys often worried about being rejected if they did not have sex with their girlfriends. Noted one rural 20-year-old, 'A girl may leave you if you don't have sex with her. She will call you an idiot'. An urban young woman in her early twenties described being compelled by her schoolmates to be sexually active:

> We confused each other with our talk...My friends would come and tell me what they did with their boyfriends [have sex]. Then I would want the same thing with my boyfriend, just to feel nice like they did. You find most girls are into relationships not because they love the guy, but because of peer pressure.

Coercion and the threat of physical violence also limited (girls') ability to practise abstinence. One-third (32.5 per cent) of sexually experienced girls in the questionnaire segment reported having been subjected to some form of sexual coercion, a figure which rose to 42.6 per cent for urban women. Close to 80 per cent of those reporting forced sex experienced it from a boyfriend or acquaintance. A significant point in this regard is that many study participants, both men and women, viewed coerced sex as a normal part of a sexual relationship. This is reflected in the following quotes:

> If a girl is having an affair with [some other] boy and her boyfriend finds out, then he has a right to force her if she refuses to have sex with him. (rural female aged 13)

> There is nothing wrong with [forced sex]. If she says she loves you, [she] is yours. You need to teach [her] things [and] some should be learned by force. Force exists in this world. We cannot change that. (urban male aged 23)

The condom conundrum

In South Africa, condom use is a contentious issue infused with many negative connotations. This is due at least in part to the manner in which condoms were introduced into the health care system. Until the advent of HIV/AIDS, family planning services targeted women almost exclusively and distributed pills or injectables as the primary means of contraception. Condoms were promulgated only with the advent of HIV/AIDS. Furthermore, contraception in general was long considered a tool of the apartheid government to keep the black population in check. As a result, many South Africans (youth included) associate condom use with HIV risk itself, and with socially unacceptable behaviours such as (female) infidelity, promiscuity

or prostitution. There is a belief among youth and adults alike that 'real sex', true intimacy and love can only be achieved by having unprotected intercourse (see Varga 1997a and b).

These data suggest that concern over potential HIV infection has up to now had an uneven impact on young people's ideas regarding the acceptability of condom use. Both qualitative and quantitative results indicate that most youth would themselves be loathe to introduce condoms into an intimate personal relationship or be most likely to use them with a partner they did not trust. Moreover, many were disturbed by the conflicting symbolism behind condom use or felt uncertainty between what they *knew* to be prudent sexual practice and how they *felt* about it. Such turmoil is evident in the following quotes taken from in-depth interviews:

> [A guy who carries condoms] is clever because he is trying to protect himself from AIDS. But he might also be cheating on his partner. It is hard to know which one is the case. (urban male aged 21 years)

> On the issue [of a girl carrying condoms] I am of two minds. The education I have received about condoms says one thing. But my first reaction is simply that she is [an] *isifebe* [slut or whore] . . . It is because of the way I have been socialised. (urban female aged 19 years)

Despite such confusion, there was substantial evidence to suggest that condom use is undergoing de-stigmatisation in response to recognition of the need to prevent HIV infection. When asked what they would think of a boy their age who carries condoms, 60 per cent of questionnaire respondents characterised such an individual as 'careful, serious about life and future, or fearing AIDS'. Furthermore, a significant minority reported that they would be relieved if a partner took the initiative to use condoms in their relationship. When asked how they would feel if a boyfriend or girlfriend wanted to use a condom, 52.4 per cent of rural respondents and 68.5 per cent of urbanites reported feeling happy or relieved that a partner would look out for their well-being ($p<0.001$). Noted one 22-year-old urban woman, 'If he wants to use a condom, I don't complain that I won't enjoy it or feel him right. I can see he is taking precautions'. Focus groups and interviews also revealed commitment on the part of many young people to use condoms to protect themselves from HIV infection:

> I would tell the guy, 'It's either you use a condom when we have sex or you don't get any [sex]'. (urban female aged 14 years)

> I always use a condom now. I used it to prevent infection because things are bad due to AIDS. It is not that I don't trust her, but these days you cannot tell who is safe and who is not. (urban male aged 21 years)

Conclusion

While young people have begun to re-evaluate their beliefs and standards concerning appropriate sexual comportment in response to fear of HIV infection, significant barriers to behaviour modification remain. Such obstacles are clearly a reflection of and adaptation to historical, political and sociocultural factors in their environment. By providing an ecological perspective on human behaviour and dynamics, qualitative, anthropological research is an important tool in clarifying the determinants of (sexual) behaviour change and in suggesting means to encourage it. Such work can also make a vital contribution to all phases of (HIV and other) intervention and programming: as part of needs assessment, baseline research, and monitoring and evaluation (Tawil et al. 1999). While recent epidemiological research on HIV/AIDS suggests a trend towards sexual behaviour modification, such studies are of limited use in their lack of ability to tell us *why* and *how* such changes are taking place (Asiimwe-Okiror et al. 1997, Kamali et al. 2000, Kilian et al. 1999).

It is clear that, for the vast majority of young South Africans (and probably those in many other countries), abstinence is not a realistic or sustainable option because of the continued social and cultural value placed on full sexual intercourse. Further, although condom use is an increasingly acceptable practice, the continued negative connotations of protected sex mean youth engage in such practices inconsistently, limiting the effectiveness of condoms in preventing HIV spread. Finally, young people's sexual dynamics are hampered by factors such as poor communication and negotiation skills, gender stereotypes and gender power imbalances. Given this context, sexual health and HIV intervention programmes should incorporate the following:

- Life skills improvement – especially values clarification targeting gender norms and power dynamics
- Acceptability and de-stigmatisation of condom use – eroticisation of condom use in serious and long-term relationships
- Consistent condom use – they only confer protection if used every time with every partner
- Sex can be a normal, healthy, enjoyable part of life – as long as it is practised responsibly

Note

1. In this context, 'South African' refers specifically to the black ethnic groups which make up the majority of the population. The terms 'young people' and 'youth' refer to those aged roughly between 11 and 24 years.

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