Bleak prospects: young men, sexuality and HIV/AIDS in an Ethiopian town

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Citation for published version (APA):

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The virus came from abroad, from some foreign land. It was not created here. I then asked him how he thought this disease had come from abroad to this country. What! This is no secret! It was done deliberately to wipe out the black race! What wrong has the black race committed? It has outnumbered the other races; it just keeps on multiplying! And it is a strong race too! It is a race that can control Africa and also Asia, the Americas, and Europe in the near future! And its number is also growing. I know myself, for example, an Afar man who has 23 children! 23 children! That isn’t such an easy task! There are many men with 15, 18, or 20 children in Ethiopia and in many parts of Africa. So if this race multiplies itself at this rate it will conquer Asia, America, and Europe soon. So they feared this and wanted to reduce the number and the age of this race as much as they could and they created this disease. This disease is no work of nature; human hands created it.

I mentioned to him that some people think that this is a disease sent from God to punish people because they refused to abide by His law, and asked him what his opinion about this discourse was. His explanation was again based on human agency, though indirect reference was made to God. He said:

There is no one who doesn’t submit to God’s law. People are becoming even more submissive to God. No! This is not a disease that God created. God only made those people who created the disease. They also created its medicine, and they have it with them. But they don’t want to give it to us! The government of America wouldn’t allow that. Otherwise, this is a disease that could have been wiped out from the face of the earth in a matter of days. Look, this is a disease widespread only in Africa; it is not widespread in Europe, the Americas, or Asia. If the United Nations was willing, it would have been as easy as opening a blocked pipe! You see if you open a pipe and let the water flow, then thirsty people come and drink. They would take the water home in their jars. And it is the same with this medicine; if they let the pipe flow, it is just that easy! They have created the medicine; it is just that they are not willing to hand it out. And that is because they want to control us, make us their slaves; they want us to be under their feet! It is just like what we do with the fleas, lice, and bed bugs that trouble our sleep at night. Because we do not want these creatures to trouble us at night, we spray our beds with insecticide. And African people are like these insects to them. So they wipe us out with this disease. HIV is a poison they have made for us. They created its remedy in the one ‘jar’ when they created the disease in the other. And while they opened the ‘jar’ of the disease, they have sealed the one containing its remedy tightly.

HIV/AIDS is one of the major public health and development problems in Ethiopia. This chapter deals with local perceptions or ‘alternative narratives’ about the origin of HIV/AIDS, metaphors related to HIV/AIDS, and the problems surrounding condom use. Attempts will be made to look at a range of metaphors given to HIV/AIDS in the daily language and sense the meaning attached to them. It will also assess young people’s level of knowledge about HIV/AIDS. Young people’s perceptions, prejudices, beliefs, and problems related to condom use will be explored. The questions addressed in this chapter include: What is the meaning that young people attribute to HIV/AIDS? What do the different metaphors related to HIV/AIDS and condoms imply? How knowledgeable are young people about HIV/AIDS? How are HIV/AIDS and condoms represented in public discourse, and in sermons and policy statements from religious organizations? How do young people situate themselves in relation to the major religious groups, media, and other dominant discourses surrounding HIV/AIDS.
and condoms? Are condoms easily accessible, and readily available to young people? What are the personal emotions, aspirations, difficulties, and struggles of young people in the process of negotiating for safe sex? What are some of the myths and misconceptions associated with condoms? What does condom use in a relationship imply to partners? Do young people use condoms consistently and properly?

The chapter argues that knowledge, attitudes, and practices surrounding HIV/AIDS are to a large extent influenced by the local perceptions or narratives people offer to explain the disease and its origin. An examination of local narratives about HIV/AIDS would also enable a better understanding of how people work towards achieving a shared understanding of HIV/AIDS, and those designing interventions should take these on board. A number of metaphors given to HIV/AIDS stigmatize people living with HIV/AIDS. Metaphors also shape the ways people think about problems and the types of solutions they envisage. School students seemed better informed about HIV/AIDS than the street youths involved in the study. Not surprisingly, almost all young people involved in the study knew about condoms. The social sensitivity and discomfort associated with buying and using condoms is not properly addressed in condom advertisements and the desired levels of condom use by the young people are still far from being attained. Young people’s understandings of pleasure, lack of confidence and skills, how to use and dispose of condoms, myths surrounding condoms, structural barriers like their affordability and accessibility, the low quality and limited variety of condoms, gender inequalities and power contributed to making the use of condoms a difficult process. Moreover, the religious institutions have maintained their anti-condom stance, and have preached abstinence and a monogamous relationship as the only way to avoid HIV/AIDS infection.

The preceding ethnographic chapters focused mainly on ethnographic aspects of sexuality. This chapter attempts to situate the discussions and conclusions in the context of HIV/AIDS prevention. Debunking common myths and misconceptions associated with condoms constitutes a prerequisite for intervention. The findings also suggest that health education programmes should not only provide information about HIV/AIDS and the basics of prevention, but also teach the skills to negotiate safe sex and proper condom use.

Local perceptions of HIV/AIDS

How do young people in Dessie interpret the arrival of HIV/AIDS in the late twentieth century? Understanding young people’s perceptions concerning the origin and nature of HIV/AIDS may prove relevant as it may influence their behaviour and actions. I recorded four types of narratives about the origin of HIV/AIDS:

**Sent-disease narrative: Listening to an AIDS patient**

The narrative presented at the beginning of this chapter was taken from an interview held with Adem when I asked him from where he thought the HIV virus came. Adem was an AIDS patient who was gaunt and had been entirely bedridden for more than five years. I interviewed him while he lay in bed in a dilapidated wooden hut that admitted any wind that might blow. He told me that the room he used to live before had had a bad smell, and he had moved out "in order to get fresh air". He defecated while in his bed, and the bucket was emptied every time by his niece and nephew. Seeing his physical and environmental conditions shocked me. His elder brother invited me to look at his body covered in wounds and bruises, but I could not as I have a phobia of looking at such terrible things. He then showed me two plastic bags full of his skin stripped off his body, and kept "for the record or history". His brother also briefed me on what and how they fed him with a spoon, how he defecated and the other practical details. Though I could not see the wounds on his body as they were covered by clothes, I did see the wounds, bruises and blood on his head, neck, and arms. He was totally crippled, and someone had to feed him and turn him in bed. He was, however, able to speak eloquently (while gasping intermittently). When I was preparing to start the interview, he
asked me the following question: "Do you think that this 'pirus' [to mean virus] is all the same everywhere?" He himself answered the question:

It is not. I get quite good care, but can't get out of bed. Others [with the virus] have diarrhoea, but I don't have it. There are many people [with the virus] who spend their life on the streets (berenda), but they are OK. But with me, the disease seems to get worse every day. I had always hoped that I would be better some day but that hasn't happened so far. It has been five years since I developed this skin lesions (quitel) and it hasn't left me yet. There are some [HIV/AIDS patients] who do not have skin problems at all and some for whom they go away after a little treatment even if they have developed it at first. But for me, I receive so much care, there isn't any medication I haven't tried, there isn't a type of food I have not eaten, but it still persists. I once ate 118 eggs straight in different forms [in one day]. And the other day I finished three whole sheep by myself. I eat! I eat! I eat! But it does do me no good!

The variability of clinical manifestations of HIV/AIDS forced him to put such inquiry right at the beginning, as he perceived me to be knowledgeable about this mysterious disease that had ravaged his physical and social life. His story also reflects on the real and tangible human suffering and the pain due to HIV/AIDS on the ground (beyond alarming statistical figures reported about HIV/AIDS) in Dessie town and more generally in Ethiopia.

Prayer and holy water (tsebel) is a widely discussed illness-healing narrative in Ethiopia. There is widespread public discourse that people living with HIV/AIDS are being cured by tsebel and prayer. I asked him if he had heard of any person who had been healed from this disease through prayers or tsebel.

I told you! If those people (the ferengis) are not willing to reveal the remedy, it will not help you even if you burn yourself with fire, let alone going through tsebel. You will not be healed that way! There is no room for such a miracle! There is a life-prolonging substance [antiretroviral- ARV] that relieves the disease somehow, and what comes after this is a complete remedy. And if we follow their instructions and as they say, if we submit to them, then they may take pity on us and hand us their medicine. Then we would be able to defeat this disease and wipe it out. If they say two children are enough for every family, if they tell us to sow wheat or sorghum instead of maize, if they instruct us not to eat teS [the local grain used for baking injera -flat pancake] and live on wheat alone; we should do as they say and live as they tell us to because then, they may open (reveal) the treatment (medicine) they have hidden so far.

We may then be able to live longer and conquer this disease; but we must submit to them for this to happen. If, instead, we say it isn't anybody's business as to what we do with our own pennis and vaginas and give birth to 20 and 30 children each, since their (ferengis') economy is going to be weakened in the future and our level of education is going to improve, this wouldn't make them sit idly by and allow us to increase in such numbers. You wouldn't sit and wait for an enemy to strengthen himself like that, instead you would seek ways of overcoming him. And when you do that to the end, you would have to make sure your enemy wouldn't be able to stand against you ever again because, if he did, then you would be in even greater danger. You throw him on the ground and cut him into pieces so that he will not be able to stand up to you again. And that is what they are doing to us. And I don't think we have had enough yet. We have committed many, many mistakes. The previous president [Marxist Mengistu] has shown them what kind of people we really are, that we are strong and courageous. He has shown them that.

I inquired what he thought the solution could be.

We should all pray to God, all of us, followers of different religions should pray so that God will make the hearts of the ferengis a little more compassionate towards us and they will give us that remedy. If we lift both hands to God then we should also be lifting one hand to the Americans and the United Nations. We should also give them our word to live according to their instructions and requirements. The farmers in the villages of Ethiopia and Africa should be made to submit to their rule. As for the people in the towns, we know that the Ethiopian government does not rule us. The government of America and the United Nations draw our lines for us; they tell this government to change this and accept that, and the government does exactly as they say. It is only the farmers in the villages and those who live in the streets of the towns who are free from their rule. Our intellectuals and administrators are living according to their rules and accepting it, whether it is bitter or sweet and foreign governments are administering us. We are following the ways they have told us to walk in; we are doing what they say, and speaking what they have told us to say (only that it is done indirectly).
But let it be outright and open (straightforward) and like I said, let us live submitting twofold to God and once to them. We should behave in the way they want us to, we should try to please them and do the things they like. Why would you treat someone who has so much power and instructs you on what you should and should not do as an enemy? Why would anyone wrestle with an enemy whom he knows very well he cannot defeat and conquer? Why would you regard someone who can allow you to live, who can determine how you live, as an enemy? Rather you should make friends with him! It would be much better for us to discard our arrogance and join them so that they can show us the way to a better life. What would it help us to throw stones and clubs at them, while our eyes are shut tight? We will not even see where they land and they hit. Our blind hatred is just like that; it will not do us any good.

Well, true, they have done us so much wrong and we tried to stand against them. But we could not! And we never will! We can only defeat them through kindness and doing them good. Let us give up the fight and give them our hands so that they will help us because we are suffering. We need their help! Let them come and help us! It did not do China any good! We Ethiopian people should accept their orders. If they tell us not to give birth to more than two children; we should say yes and accept that! We should accept everything they tell us! And let them give us the treatments for this disease. Let them open that blocked pipe for us. Who wiped out smallpox from the world? They did! Not only that, they have cleared the world of gonorrhea, LGV, cancroid and many other diseases. It is not we, but they! And if they really wanted, they would have eradicated HIV as well in next to no time.

When the interview was over, he implored me to visit him once again and pray for him. Sadly enough, when I went to Dessie for the second phase fieldwork, he had passed away.

The scientific explanation in the literature is that HIV/AIDS is caused by a virulent new pathogen that is transmitted via human fluids like blood, semen, and vaginal secretions during sexual intercourse, via breast milk to nursing babies, during surgical and other procedures and activities involving the introduction of blood or other infective body fluids from an infected to an uninfected person. In Africa and most of the developing world, HIV/AIDS is mainly a sexually transmitted disease that requires changes in sexual behaviour in order to halt it (Mogensen 1997). Adem did not mention this dominant paradigm about the origin of HIV/AIDS. Though his narrative may seem irrational to critical readers, it is part and parcel of the whole discourse about imbalanced international relations in a globalized world. HIV/AIDS for Adem and many other Ethiopians is a 'politically laden illness' (Farmer 1994:806) and "explicitly related to a disorder of international relations" (Setel 1999:238).

Adem brought up the discourse that international donors and Western governments (for example, through the IMF and World Bank) dictate to Third World countries. He attended school till fourth grade only, but his analysis of powerlessness and dependency relationships between the North and South seems interesting. He depicted how health, wealth, and power are unevenly distributed in different parts of the world. It also seems (as he put it) that the Western governments (particularly the United States) have "blocked the pipe" (prevented the production of cheap generic anti-retroviral (ARV) drugs in the name of patent rights). Unless the Western governments are willing to support the efforts financially, even the cost of cheap generic ARV drugs will remain beyond the reach of the public health system for many Third World countries. As a result, only a small fraction of HIV positive people receives ARV these days.

The Ethiopian government started distributing ARVs at about $50 per month, which is beyond the reach of most needy. Adem was entirely bedridden for five years and raced with death but lost the battle without ever getting the opportunity to take ARV, as the government started distributing late in 2003. Even if he were alive, he would not have been able to pay that exorbitant price. During the interview, Adem knew that there is medication somewhere else in the world that could have saved him or prolonged his life, but he could not have it because he was poor and lived in a poor country. He was aware that in certain parts of the world AIDS is a disease that can be treated or that one can live with and function, but in his particular situation it was a death sentence, and he died of it.

Adem's conspiracy discourse or what I call 'overpopulation anxiety' about the origin of HIV/AIDS was a familiar story, which I had heard many times during my research. Both school pupils and street youths believed that American scientists had introduced HIV/AIDS to check overpopulation.
I have heard that scientists deliberately created it to reduce population growth and once the population has dropped down to the certain level they desire, they will release the cure. HIV/AIDS is an American conspiracy to wipe out black Americans first and then the rest of Africans from the face of the earth. American scientists created HIV at the request of the government to come up with something that weakens the human immune system and was then introduced to Africa under the disguise of smallpox and polio vaccines (Jember, 19-year-year-male student).

In short, young people put the blame for spreading HIV/AIDS on America and believed that America has been infiltrating the HIV virus in other countries out of sheer malice. Responding to the query why America is involved in this malevolent pursuit, some stated that the population of young people looms larger than the other age categories in Ethiopia. By contrast, they argued, America has a much lower fertility rate, and elderly people (above 60) constitute a large part of the population. They remarked that the United States of America envies the ever-growing young population in Ethiopia, with the result that it falls back on using hazardous means to reduce its young population. Spreading HIV is interpreted as one effective way of achieving that goal. They also mentioned imported waist belts from America that are widely being used by young people in Ethiopia and how these belts with magnetic metal at the clasp/buckle are found to cause sterility or barrenness, thereby preventing an increase in population. They also perceived HIV/AIDS messages such as “Use condoms” as population control strategies. This conspiracy discourse negatively influenced the use of condoms (see the discussion below).

The issue of controlling population growth in developing countries was partly initiated by Western and international donors as a potentially viable strategy to reduce poverty, but I am not sure whether young people were aware of the history of population control when they expressed their conspiracy views.

The conspiracy discourse about the origin of HIV/AIDS seems widely shared, not only by Ethiopians living in Ethiopia but also among the Ethiopians in the Diaspora. An Ethiopian couple who gave me a lift in Amsterdam in 2002 asked, after I told them about my research, how and where HIV/AIDS came from. Without giving me time to explain, the husband said that HIV was created by Westerners to wipe out black people. “They knew that we black people wouldn't take care, and created HIV to finish us. Otherwise, they [Westerners] could have created a cure for it. They are even creating life [in test tubes], and a cure for HIV would have cost them a jiffy”.

‘Fruits of compounded sin’
Both school pupils and street youths believed that HIV/AIDS is a punishment sent from God because human beings challenged God and His laws to the extent of questioning His very existence. They perceived that God sent this scourge to punish those who are lascivious and promiscuous, and the only way one can be healed from such a disease was faith alone. If there is zimut, AIDS will surely follow.

_The people of Sodom and Gomorra were burned because of their sin, and on us because of our sins, AIDS has been sent as punishment_ (Muhe 19, student).

They strongly believed that AIDS is a curse from God because, if it were a human creation, the cure for it might well have been discovered a long time ago. The arrival of HIV/AIDS has led some young people to become pessimistic about the future, and to envisage outbreaks of other terrible diseases that could be transmitted through physical contact and breathing. This notion is expressed in the following quote:

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64 Another study among young people in the northwest of Ethiopia also came up with similar discourse (see Cruise, 1995).
65 Some young people also blamed the Ethiopian government. They said that the government is making all this noise about AIDS just because it is afraid that population growth would make it harder for it to satisfy the people and give them all jobs. It is using AIDS as a pretext for promoting condom use mainly for the purpose of checking population growth.
For me, it is a disease that is sent from God. As we heard from our fathers, there have been many diseases, which were all curable. I believe, however, that God sent this disease that has never been seen before in the history of man in order to punish us since our sins have been compounded. I believe that HIV is the curse of the day. God has ordered us in the Bible to be loyal to our partners and the church has been teaching this. But people defy this sanctified rule, indulging in wild sexual practice. They like to dance and have problems with sitting tight. "You refused to listen," said God and sent HIV on us. Thus, I believe that it is an act of God. We are paying the price for our misdeeds. AIDS is a disease that starts with a letter "A". Soon I believe disease that starts with the letter "B" and is communicable through greeting and breathing will come (Geletu 20-year-old student).

Not surprisingly, religious leaders have echoed young people's discourse. A pastor from the Ethiopian Evangelical Church, Mekane Yesus (EECMY), argued that as people become detached from God, and as they indulge in multiple sins, and as they lack a fear of God, God will send his wrath on them. "If you do this and listen to My words, then I will bless you. But if you don't do this, things of this sort will befall you, including drought, disease, war, and incurable diseases". He noted that HIV is a sign of God's wrath, and it did not come about without God's will. When I asked him to explain why a number of innocent people - children who have never been engaged in anything 'sinful' contract HIV; he replied that those innocent people might have sins that they inherited from others - fathers or mothers, the environment, and the wrongdoing of society. He backed up his argument by quoting the traditional Ethiopian aphorism "Whatever is meant to befall sinners will also include saints and righteous persons" (le hatan yemeta le tsadikan yiterfal). This conveys that when something afflicts society, it hurts both sinners and the righteous. He went on to note that herds without a shepherd are exposed to foxes, accidents, and death. Likewise, when people run away from God, they are exposed to different dangers, and when the hazards befall, they affect everyone. Similarly, the Archbishop of the Ethiopian Orthodox Church, South Wello Administrative Zone, said,

There is nothing that happens without the knowledge of God. But God never brings death to human beings; rather human beings bring death through their own deeds. Human beings invite both mercy and death through their deeds. "Our misdeeds provoke God to send catastrophes (qasriet). No king orders death for those subjects who obey his laws. Even a dictator or a cruel government (like the Derg-Marxist regime) never ordered death when people obeyed whatever laws they enacted. And it is the same with AIDS; God ordered it because we disobeyed His laws."

It is not only religious leaders, other senior citizens also believed that AIDS is caused by transgressing such sexual norms as sex within marriage and other related sexual taboos. They believed that the younger generation had embraced modern values and change, at the expense of traditional sexual values and norms.

Basically this is a God-sent plague. People have not observed the laws of God, which tell us to limit ourselves to one sexual partner. Today's world is a place where immoral intercourse is practised. It is because the one-to-one law was broken that this disease (AIDS) has come. So if we don't observe God's laws, I don't think that we will be spared (FGD with elderly people).

It also appears that messages transmitted by the media portray God as both the cause of and the solution to HIV/AIDS. There is a very popular HIV/AIDS-related song composed by the artist Mogenes Teka entitled "Save Your people, Send Your forgiveness", which is often broadcast on Ethiopian radio and TV. The hit played by Ethiopia's best-known musicians conveys the message that God sends AIDS, and He has the power to eliminate it.67

66 Strong moral messages (preaching AIDS as punishment for moral laxity), and preaching to showing compassion and love to people living with HIV/AIDS seem to contradict each other, and faith based institutions should find ways to reconcile the contradictions. The association of HIV/AIDS infection with a mortal sin may contribute to stigma and discrimination, thereby forcing the infected people to conceal their HIV status.

67 Asked what they would do if they discovered that they had contracted HIV, some young people also stressed the importance of prayers and holy water in order to be healed from HIV/AIDS
Taken together, young or old people, religious leaders and the public at large perceived God as a disciplinary agent or headmaster who punishes transgressors. The fact that transmission is linked to ‘value laden behaviours’ which are contrary to God’s rules and the failure of science to find a cure for HIV/AIDS must have led young people and the public at large to associate HIV/AIDS with a curse from God. It also shows that “Religion is providing young people with a stance and a strategy that allows them to practically come to terms with the situation” (Cruise, 1995:43). Importantly, the narrative of a God-sent plague recommends a return to religiosity or ‘the good old days’ in order to avoid HIV infection. The narrative underscores religion and religiosity as a protective shield from HIV infection. Such local narrative appears in agreement with the dominant narrative that advocates sexual modesty/restraint in order to prevent the spread of HIV/AIDS. The broader social and economic circumstances that dictate sexuality were ignored, and only the return to the ‘good old days’ emphasized.

_Amenmin_

Others (both school students and street youths) believed that HIV/AIDS already stalked the land long ago in its amenmin (‘slimming disease’) form. They did not believe that it was a newly sent disease, the expression of God’s anger. They argued that for a long time there has been a deadly disease with symptoms such as diarrhoea, weight loss, and thinning hair. This disease had supposedly existed under the known name amenmin. They maintained that though it is about 20 years since HIV/AIDS arrived in Ethiopia, it had been much earlier in this form. In the past, however, it was not said that HIV/AIDS killed a person, the blame was then cast on amenmin. They noted that HIV/AIDS and amenmin have the same symptoms, and that only the names are different. Some of the school pupils went on to argue that the disease was in existence as far back as the fifteenth century. Berhanu (16, student) maintained that “Amenmin or HIV/AIDS was extant as far back as the time of Columbus, and an analysis of his blood has shown that he had the virus” (though no light was cast on how a sample of Columbus’ blood was obtained or how the virus remained hidden for so long in between without detection).

Perception of HIV/AIDS as amenmin is based on an assessment of the typical symptoms of HIV/AIDS - weight loss, loss of hair and other signs. Well-founded, it has considerable medical resonance, and conveys dying from a ‘very long illness’ or a death that follows a protracted agony. It also implies that those who grow physically thinner and thinner, or every thin person has HIV/AIDS (no matter what the cause is). For instance, once a couple of men who came across a thin person by chance in northwestern Ethiopia (Gonder) stoned him to death because he looked like an AIDS patient. The narrative of associating AIDS with thinness has far more consequences. The incubation period for HIV is long and thinking this way some people might not assume that a fat person carries the virus and this external judgment could lead to unsafe sex. And this seemed the principal basis on which a safe partner should be chosen by street youths.

_Primat e origin_

Some informants considered AIDS a disease that originated when white men (ferengis) had sex with apes. They said that AIDS was the result of the restless hands of the white man.

_There wasn’t anything faintly resembling AIDS in our country. It was a certain ferengi who wanted to do some sexual research with the apes who first contracted AIDS when he had sex with an ape. But then he did not know he had contracted any such disease and went on to have sex with some women who contracted the virus from him and who in turn transmitted it to others. That way it even came to this country through the ferengi (Bezu, 19 student)._

This narrative seems a counter-blame to a popular scientific hypothesis according to which the HIV virus found its way to humans through green monkeys or chimpanzees in Africa.
Metaphors for HIV/AIDS

HIV/AIDS as a new disease is hotly discussed and gossiped about in daily encounters. When it began to spread, people produced metaphors, stories, rumours, and parables about it (Setel 1999). Similarly, young people in Dessie who had grown up in a world with HIV/AIDS produced various local idioms and metaphors. Like the syndrome itself, local metaphors about HIV/AIDS are irrefutably pluralistic and ambiguous. Young people came up with the following derogatory names:

- **Cobra** (highly venomous snake) - The cobra is perceived to be the most dangerous snake in Ethiopia. The argument goes that just like a person bitten by a cobra, once HIV infects human beings, the chance of recovering is very small. Hence, HIV/AIDS is perceived as a deadly disease that bites. This metaphor assesses the dangerous nature of the disease and the lack of treatment to eliminate the 'poison' or infection.

- **Awere** (wild animal) - They are specifically referring to the awraris (rhinoceros) or sometimes a dinosaur to depict that it is so large, ruthless, fierce, and merciless. Reference to a wild animal, according to Cruise (1995), serves a double purpose: first, the HIV virus is identified as a wild animal, and secondly, the patient is also seen as a wild animal. In both cases, AIDS is seen as a frightening danger, a wild and merciless beast. Therefore, AIDS does not belong to the human world, as it is perceived of a dangerous wild beast. The association with a wild beast also implies that once infected, a patient will become dangerous and uncontrollable like a wild animal. This way, AIDS is dehumanized and perceived of as not belonging to a world of human beings but rather as a stranger pertaining to the animal kingdom that disturbs the normal functioning of society. The implication is that HIV-infected people are ‘wild beasts’, with the possibility of harming or threatening the health and welfare of the general public, and therefore it is necessary to segregate and control them (see the discussion below).

The wild beast and cobra metaphors also imply the familiarity of people with wild beasts in their daily lives. During the night (and sometimes even during the day), hyenas and other wild beasts prowl around villages and towns. The word hyena is often used to hush crying babies and unruly children.

- **Joker** - If a person suffers from diarrhoea and loses weight, people say, “Hey, have you caught the joker?” or “He must have caught the joker”. Joker is a widely used metaphor but is little understood by many informants. They argued that it is called a joker because when one gets the joker card in a deck of playing card, he/she feels happy since it helps to win the game. A joker in a deck of playing cards can win every other card and similarly, HIV can beat the entire immune system and no medicine can cure it. Similar to the pleasure felt when drawing a joker (which defeats all cards), a person enjoys sex with pleasure, and he/she contracts HIV, which defeats everything. They perceived sex as a game, and the disastrous effect of HIV/AIDS on the immune system was emphasized. The metaphor perhaps implies that sex in the era of HIV/AIDS is a risky game with so much to lose.

- **Bomb** - If a woman and man walk around together, and if the man happens to be thin, the young people will say to the woman “Be careful! The guy by your side will hurl his bomb at you” or “Watch out, the thin person going with you has the bomb to explode on you”. The person believed to have been infected with HIV/AIDS is referred as “He stood on an explosive; he is going to get off from a taxi/bus at the nearest station,” (that he has been caught by AIDS and, therefore, the time-bomb will explode soon and he will die). Thus, HIV/AIDS is seen as enemy aircraft dropping bombs of death on those infected (Sonntag 1988).

- **TV (TB) with its deck** (video-cassette recorder-VCR). Since HIV/AIDS is associated with sex, either denial or offering different culturally acceptable explanation is the norm rather than the exception. When people die of HIV/AIDS in Ethiopia, it is usually claimed that they
died from tuberculosis (TB). TB afflicted people before AIDS, but when a death can be attributed to AIDS it is called ‘TV (TB) with its deck’. In other words, if a person has HIV besides TB, the upshot is said to resemble a television and VCR together. Many young people seem to know that TB is a typical coinfection of AIDS.

Feri (cowardly) - Several informants argued that AIDS is a coward, and will not mess with anyone unless people mess with it. They remarked that a brave opponent looks for a fight. HIV is not brave. “If you don’t mess with it then it will respect you, but if you mess with it, it will despise and disrespect you”. They perceived sex as a mess, and people should keep away from it. Indulging in sex leads to being despised and disrespected by a coward (HIV/AIDS). This way, one of the main messages of HIV/AIDS - sexual modesty or restraint - was advocated. They perceived HIV/AIDS as a passive disease that affects only those who are sexually active, emphasizing the need to abstain from sex.

In addition to the above local idioms, HIV/AIDS has been given the following derogatory names (the list is open-ended like the syndrome and illnesses it causes): dedebu (the idiot); keshimu (the weak/ignorant/half-baked); yemayrebaw (the worthless); geggaw (the ignorant/uncultured); asteekeew (the back stabber/the betrayer); yebesebese (boiled bean); ajire (oh! that/the usual); and mehandis (engineer). Most of the latter metaphors are used in daily language as insults, which indicate that metaphor is a fundamental element in the process through which people articulate despair, anger, frustration, and dismay about outbreak of HIV/AIDS. The metaphors suggest that young people perceived surviving in a world with HIV/AIDS as having the face up to impending danger. Interestingly, the metaphors listed above suggest that local meanings of sexuality and HIV/AIDS are strongly influenced by fragments of medical knowledge, history, to which socio-cultural and environmental factors have been added.

These metaphors also appear to be the expressions of various perceptions of the epidemic, and lie at the heart of stigma as they ineluctably associate HIV/AIDS with death, punishment, horror, and everything bad. In the light of this, it is quite easy for the general public to look at infected people as the dangerous beasts who bear death. As long as HIV/AIDS is treated as a manifestation of an evil or wild beast, learning what disease they have contracted demoralizes people living with HIV/AIDS (PLWAs). In short, metaphors pertaining to HIV/AIDS create very negative ways of thinking about the disease and can contribute to denial and inhibition in exposing HIV status. School pupils have either seen or some of them even visited AIDS patients in the hospital or their neighbourhood and expressed feelings of horror at the sight of those who have been severely affected by the disease. After the discussion about their encounters with AIDS patients, there was an intense and uneasy air of sadness over the whole group for some time during most of the FGDs. It was clear that AIDS represented a horrifying, terror-laden disease and recalling those sad encounters with those unfortunate AIDS patients prompted them seek refuge in sadness for a while. Speaking about what they would do if they were told that they had HIV in their body, some of them unhappily said they did not see much of a choice other than taking early leave of life through committing suicide. Pertinently, the metaphors demonizing HIV/AIDS seem to have wider implications for young people’s attitudes towards PLWAs, as some of the young people argued that the government should construct a sort of camp where PLWAs could live and be taken care of by each other. Some of them advocated measures that would amount to no less than complete isolation and segregation. They said that people with HIV should be given separate clothing

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68 Many people in Ethiopia (particularly those who did not go to school) do not differentiate clearly between a “B” and a “V” when pronouncing them.

69 Farmer’s informant in Haiti also drew a similar analogy: “Tuberculosis and sida [French acronym for AIDS] resemble each other greatly. They say that ‘TB is sida’s little brother’, because you can see them together. But if it’s a sent sida, then it’s really [sida] that leaves you weak susceptible to TB. You can treat it, but you’ll die nonetheless. Sida is TB’s older brother, and it’s not easy to find treatment for it” (Farmer 1992: 107)
or other identification markers so that other people would take care of and exercise caution with them.

In other African countries, metaphors associated with HIV/AIDS address how HIV/AIDS is a reflection of the imbalanced politico-economic situation and largely affects poor people. As a result, Anglophone countries in Africa call AIDS “Acquired Income Deficiency Syndrome” and Zairians turned SIDA (the French acronym for AIDS) into “Salaire Insuffisant Depuis des Annees (Insufficient Salaries for Years) (Schoepf 1995: 37). Tanzanians also twisted UKIMWI (the Swahili acronym for AIDS) into “‘UKWIKWI’ a disease characterized by excessive weight loss in one’s pockets” (Setel 1999:145). It is interesting that metaphors from Ethiopia (Dessie) did not associate HIV/AIDS with poverty. Whether HIV/AIDS in Dessie/Ethiopia affects people from all economic backgrounds equally or whether certain marginal groups remain more vulnerable needs further investigation (a further exploration of this theme will be the subject of Chapter Seven).

In conclusion, both narratives and metaphors given to HIV/AIDS highlight that HIV/AIDS “...has been charged with peculiarly dense and often contradictory meanings” (Farmer 1992:9), and demonstrate the need to work with concepts that are socially and culturally appropriate to local perceptions.

**Level of awareness about HIV/AIDS**

Most of the school pupils involved in the study knew the basic facts about HIV/AIDS transmission and prevention. Looking at the many ways listed in the FGD guide as probes to see how knowledgeable they were about how the virus is transmitted, they answered most of them correctly. Sexual intercourse, blood contacts, blood transfusions, and mother-to-child modes of transmission were all mentioned.70 We gave them the chance to ask questions and voice their concerns about HIV/AIDS at the end of the FGDs, and they did not ask basic questions about HIV/AIDS, though the questions still suggest that even the school pupils lacked some basic information and had unanswered questions they wanted to ask.71 In the questionnaire, 37 percent responded “Yes” and 63 percent “No” to the question “Do you think that you and your friends have a reasonable amount of accurate knowledge or information about sexuality and HIV/AIDS?” reflecting that even the majority of school students thought that they were actually not well informed.

Knowledge about HIV/AIDS was even poorer and very fragmented among street youths. The street youths have only picked up bits of information, with few details, on the nature or transmission of HIV/AIDS. Most emphasized that they did not know anything about HIV/AIDS other than hearsay or information passed around on the street, namely, that it is the worst of all diseases, killing after it wastes the body and making one a “bag of bones.” Even the most vocal informants did not give detailed information about HIV/AIDS, often providing only partial sentences. One informant might start a sentence and another one would add

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70 There were, however, some confusion and misconceptions about methods of transmission and they expressed fears about the possibility of transmission through *jerengi* (white people) type of kissing and through unexpected skin contact with infected blood. Some also claimed that they had heard the virus is transmitted from one person to another only if their blood types are the same or similar, and wanted to know if that was true.

71 Some of these controversial questions include: “There is a separate species of the AIDS virus that attacks animals other than humans called ‘STV’,”; and they wanted to know more about the differences between ‘STV’ and HIV. Others wanted to know the truth of a claim that men could not catch the virus in their first sexual intercourse even if they had sex with an HIV-positive woman. The reasoning behind this was that the woman transmits the virus in a fluid released from her vagina when she attains orgasm, but in their first sexual intercourse men reach orgasm much earlier than women and the sex is over before the woman has released the ‘infesting liquid’. Others still wanted to verify the claim that all materials (including condoms) have very small, microscopic pores, and since the size of the HIV virus is smaller than those microscopic pores, they wondered how a condom could be of any value in protecting people from HIV infection. Some also asked if two people living with the HIV virus and having sex without condoms would affect their health and heighten the severity of their infection.
another fragment to it. The ignorance of the group was clearly expressed by one boy’s perplexed query, “Since there is no blood contact, how can AIDS catch me if I have sex without condoms?” Another asked, “Since there is nothing other than simmet (sexual urge) during sex, how is AIDS transmitted through sex?” A better-informed boy asked, “Why can’t the virus be seen and how does it enter the body during sex?” When asked what they knew about AIDS, some of the street youths sternly demanded that we stop questioning and start teaching them about the disease. We told them that our purpose was not to teach but rather to gather information. We offered to respond to any concerns and queries, but they refused, emphasizing that they did not have any questions needing answers. Furthermore, various misconceptions concerning HIV/AIDS and other sexually transmitted diseases came up during FGDs with street youths (see Tadele 2000, 2003).

In-depth interviews with street youths revealed the existence of more serious misconceptions and misunderstandings about HIV/AIDS transmission. Let us follow the following explanation given by a street youth living with HIV/AIDS when I asked him to tell me the ways the virus is transmitted.

What I want to tell my people, especially those in the army and the village farmers, is for them not to clean themselves with clumsy and rough objects like pieces of stone after defecating. You see many defecate in the bushes and open fields and after doing so they clean themselves with whatever they can grab close at hand, like pieces of stone. But there is no guarantee that someone else might not have used that piece of stone for that same purpose previously and that he is not HIV positive. The second thing people need to be aware of is eating raw vegetables in hotels and restaurants. They need to avoid such things. Thirdly, I say it is better to die of desire [thirst] than drink raw milk to quench one's desire [thirst]. Not just milk, it is not good to consume uncooked things like yogurt either. All these can pass the virus on to others. [Do you think you got the virus in one of these ways?] What I suspect is that I got it from some dirty piece of paper or stone I may have used to clean my anus after defecating. I don't think I got it from women or in any other way than this. It must have come from that habit when I lived in the desert. [Did you not have a girlfriend before?] No I had no girlfriend! I was more interested in alcohol, cigarettes, and chat than women.

[Does HIV virus pass from one person to another?] Indeed it does! And I have told you how! I have told you drinking raw milk passes it on. For example, a farmer may milk his cow when one of his fingers is injured, an infected wound about to burst. Wouldn’t the pus and blood leak into the milk he is milking? And if you drink that without boiling it first, wouldn’t you catch the virus? And in hotels, when the boss orders the cooks to speed up food preparation, mightn’t one of the women accidentally cut her finger while cutting a cabbage or some vegetable that is served raw? And mightn’t some drops of her blood drip into the food she is chopping? And when you eat that, wouldn’t you catch virus? I like to think it is not only on that day, even the day after she had cut her finger, that woman would still be working with a fresh wound because the boss pays her to work! So the danger continues for some days.

And also if someone has a wart in his/her anus, wouldn’t that bleed when he wipes it with a rough thing like a stone to clean himself after defecating? And wouldn’t that blood dry on that piece of stone and when I use that stone the next day, wouldn’t the virus go into me through my anus (if that previous person had the virus)? And also through twigs that we use as toothbrushes, wouldn’t it pass from person to person by using such toothbrushes that have been used by others? And wouldn’t the things we use to cut our fingernails transmit the virus too? For example, razors, we know our people use the same razor for over a year, over and over again! Why do we deny these facts? What does the mass of the people know? Nothing! We use the same razor every month, once to shave a beard, then to cut the fingernails and so on without even washing it! And wouldn’t that razor pass the virus from one person to another? Razors need to be broken into pieces and thrown away after they have been used once. And when I say they should be thrown away, it isn’t like throwing them near the fence; they should be disposed of where people can’t get them! There are many other things that pass on the virus, many ways!

And shoes too, don’t they pass on the virus? Should your brother wear your shoes? Should he be wearing your pair of socks? In order to be safe from this disease or even some others, should a girl be allowed to wear her mother’s panties? Should a boy be wearing his father’s shorts? No! I would have been able to give much more education but you see when I am sometimes angry, I lose my head [meaning I do not know what I do or say]. Health officials should educate people on these issues. There are some girls who hide their own panties and wear their mothers’. Should they be allowed to do that? No! Mothers should lock their panties in their closets (satene). Why should they be so messy and careless about where they put their things? Fathers should count their socks every now and then to see that they are all there! It wouldn’t matter when it comes to trousers and jackets (but shoes and socks need to be well looked after).
I asked him if he had not been engaging in sex at least once in a while.

My sexual feelings were very weak then. And since I was a hard worker I used to tire my body out. What is more, I was not properly fed. So all this weakened my sexual desire greatly. [Did you have a girlfriend (a lover)?] No, I had no such a thing. I used to go to women only once every two or three months, and I don’t think that would enable me to say I had girlfriends. [With whom did you go even then?] Well you will not know them if I told you [Were they prostitutes?] Yes, most of them were [Did you have a single partner all the time?] No, it wasn’t one partner that I had. I don’t even like going out with a woman more than twice. I just don’t like it by nature.

It is often said that poverty is not only a lack of material wealth but also a lack of information. The street youths seemed to have inadequate information about sexuality and HIV/AIDS partly because of illiteracy and non-attendance at school. Most educational programmes are limited to TV, radio, and newspapers to which they and other poor people had limited access. Other information, education, and communication (IEC) activities are unlikely to reach them. They need their time to earn their ‘daily bread’ instead of listening to more personal face-to-face education about HIV/AIDS. I provide the following quote to illustrate this point:

If you ask us to attend education sessions about HIV/AIDS now [the time was nearly 4 pm in the afternoon], we would likely not listen to you because we would all say ‘Our work is more important to us than your education about HIV/AIDS. If we go with you now, what are we going to eat for dinner when we leave here?’” (Bereket, 20-year-old male street youth).

Some of the street prostitutes also showed complete ignorance about HIV/AIDS (even the basic facts as to how HIV is transmitted and prevented). I asked Senait, an 18-year-old street prostitute:

[Do you know how AIDS is transmitted and prevented?] I don’t know. [How do you get information about HIV/AIDS; I mean do you listen to radio programmes and other sources?] We don’t listen to radios. [Don’t you discuss about HIV/AIDS with friends/colleagues?] We do not discuss such matters together because I am not very close to my friends. [Don’t you think that you should have learnt and know more information about the mechanism by which AIDS is transmitted and prevented] Yes, I should have learnt. I would like it if there were someone who would teach me and give me this sort of information.

72 I am not sure, however, whether the informant was genuinely struggling with the notion of sexual transmission of HIV or simple denial. In any case, he preferred to construct meaning in a culturally acceptable way to morally loaded sexual transmission discourse. I must also say that although one can find other young people (particularly street youths) with similar misconceptions about HIV/AIDS prevention and transmission, his very low level of knowledge about HIV/AIDS may represent a very small minority in towns like Dessie.

73 It should be noted that we succeeded in interviewing many volunteers since we promised to pay them for the time they spent with us.

74 Statistically speaking it is reported that 98 percent of the population in Ethiopia knows about HIV/AIDS (Mitike 2002). The 2000 demographic and health survey (DHS) also shows that 96 percent
Taken as whole, it appears that street youths’ social and economic exclusion undermined access to information.

So far attempts have been made to present local perceptions or narratives and metaphors about HIV/AIDS, and of young people’s level of knowledge about HIV/AIDS. Although the condom has been in existence since long before HIV/AIDS, it has now become the other side of a coin in HIV/AIDS prevention discourse. The following discussion will explore some of the obstacles, controversies, ambiguities, and confusions surrounding condom use.

‘Sex as a fire and condom as a shoe’

More than 50 percent of all new HIV infections worldwide are reported to occur among young people aged 15–24 (UNICEF, UNAIDS and WHO 2002; Population Reports 2003). Each day, between 7000 and 8000 young people become infected with HIV worldwide. A number of studies show that most secondary school students in Ethiopia are sexually active at the age of 15 or 16 and often engage in multi-partner sex without condoms (Mulatu et al. 2000; see also Chapter Five). The benefits of condoms for young people may seem to be self-evident in the wake of growing sexual activities among youth and the HIV/AIDS pandemic, but empirical evidence refutes this. Print and electronic media in Ethiopia certainly promote condoms. However, the social sensitivity and discomfort associated with buying and using condoms is not properly addressed. There is no culture-sensitive and comprehensive sex education programme in place to ensure that young people have all the tools they need to make informed decisions when it comes to sexuality. Studies report that though most people in Ethiopia know about HIV/AIDS and condoms, few people reported that they had used a condom the last time they had sex with a non-regular partner (Gebre 1990; Larson et al. 1991; Bisrat 1992; Asnake et al. 1993; Gebre Kidan and Azeze 1993; Teká 1993; Dear 1994; Fantahun et al. 1995; Fantahun, and Fekadu 1996; Petros et al. 1997; Eshehu et al. 1997; Taffa 1998; Mulatu et al. 2000; Mulatu 2000; Lucas 2001). The fact that in a population of nearly 70 million, only 41.8 million condoms were sold in 1999 substantiates the argument (Kloos and Haile Mariam 2000). Whether those who reported using condoms did so consistently and correctly, and what proportions of them were used for disease prevention and contraception are questions that need answers.

Similarly, most of the school pupils involved in this study admitted that they did not use condoms. Abdul (19, male student) had this to say:

\[\text{Many of my friends and I do not put the rhetoric of safe sex into practice. Many of them are sexually active and when I ask them if they use condoms, their answer is in the negative. And most of the time we don't talk about using condoms or abstaining from sex. We say among ourselves “I dated so-and-so” or “I had sex with so and so” or “What do you say if I date this girl or that?” And with regard to HIV/AIDS, we don't talk about how it is transmitted or how it is prevented. This is boring stuff that we often hear repeatedly. If we talk of AIDS, then it is in relation to people and their behaviour, for example, saying “So-and-so does this and that and may have HIV; that this girl is very cool, and she might not have HIV/AIDS.}

When I asked him whether he used condoms, he replied:

\[\text{I do not use condoms. I don't like them. I have never tried but I just could not convince my mind to use a condom. And the girls have never mentioned to me about using a condom. I even think they would have held it against me if I had either asked to use a condom or used it.}\]

of men and 85 percent of women had heard of AIDS and provides evidence that knowledge of modes of HIV transmission is high (Central Statistical Authority and ORC Macro 2001). This and other cases, however, suggest that there are people who do not possess even the simple facts about HIV/AIDS prevention and transmission.

75 Later, off the record, he said that he was not particularly happy with his life and did not care much (if he got HIV or not). He also noted that he had tried putting on a condom once but could not achieve an erection. He remarked that he is afraid the same thing will happen if he tries it again. This implies that
Some of the street youths reported erratic use of condoms and on occasions they refused when the prostitutes tried to force them to use one.

When I get drunk with my friends and when my friends have sexual intercourse, I also want to have sexual intercourse. In such conditions some prostitutes refuse to have sex without condom. At that time, since I am drunk I might create trouble. There was one incident when I used condom. There is also another incident when I refused to use condom and had sexual intercourse without. Sometimes, when they ask me to use it I agree. There are times when I refuse even though there is a condom. When morning comes if I use condom, I will be happy and my mind will be free. If you use a condom, you will not be assailed by worry in the morning. You feel that you have protected yourself to some extent. You don’t feel conscious of any guilt. But if I refuse to use a condom when the girl requested it and have intercourse by force, I become angry when I remember the day I had intercourse without a condom (Kebede, 23, street male).

In the questionnaire, 36.5 percent said “Yes”, and 63.5 percent responded “No” to the question: “Do you think that most young people of your age use condoms?” It appears that most young people in Dessie did not use condoms consistently and properly. Both young people and the key informants gave a number of reasons as to why condoms were not widely used by the young people. Like many other studies on HIV/AIDS and condoms around the world, this study found similar patterns in the kinds of problems and controversies surrounding condom use, although the Ethiopian context has its own specificities that allow some room for difference in responses in particular cases.

Why young people do not use condoms

Given that the dangers of unsafe sex are known to many young people, both in terms of unwanted pregnancies and a potentially deadly disease, it is necessary to explore why they were not using condoms. Most of the explanations for our (mis)deeds usually involve structure (external attribution) and agency (internal attribution). Likewise, the reasons given for less or inconsistent condom use by the young people vary from emotional aspects of sex, lack of skill in how to use condoms, or lack of confidence, the issue of (mis)trust, male dominance, religion, reduced pleasure, shame, quality, accessibility plus many others which can be classified as either internal or external attributions. We should, however, bear in mind that classification is always an ideal and there is no clear-cut demarcation between agency and structure. Let us now consider some of the reasons given for non- or inconsistent use of condoms.

Lack of confidence/conspiracy

As recently as October 10, 2003, Cardinal Alfonso Lopez Trujillo, the official arbiter of the Roman Catholic Church’s stance on family issues, told the BBC that condoms do not prevent the spread of HIV as there are tiny holes in the latex that sperm can pass through; the HIV virus is allegedly smaller than tiny holes in the latex, and one should not expect a condom to protect against AIDS. The World Health Organization (WHO) strongly criticized the cardinal’s speech, acknowledging that although condoms can break or be damaged, they reduce the risk of HIV infection by more than 90 percent and would definitely prevent the passage of the virus unless torn.

Similarly, most of the school pupils and the street youths involved in the study agreed that they did not have complete confidence in condoms but used them in the belief that it is better than “going-in-bare”. One of the street boys equated sex with fire, and a condom with a pair of shoes. “It is much safer to step on fire with your shoes on than with bare feet. Same

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a single unfortunate experience with a condom will undermine future motivation. Browne and Minichello (1994) coined a term for this situation, condom memories, in which an unpleasant or embarrassing sexual experience that happened one day will put users off trying condoms in the future.
with condoms”, he said. “Much safer to put them on than have sex without them.” It is interesting that sex in the era of HIV/AIDS was perceived as a flaming fire that reduces those who stepped on it to ash. More or less the same opinion prevailed in most of the discussions arguing that it was much better to find a faithful partner who can be trusted and be faithful than using condoms, because condoms are not 100 percent effective. More specifically, of all condoms, they claimed that they did not trust Hiwot Trust condoms (American-made), as the good will of the Americans towards Africans might be doubted. Nebere (18, male student) went on to say:

If you want to buy a condom in America you have to pay a good sum of money, but here we only pay 25 cents or even get it for free. How has this happened? And why are other condoms like Durex so expensive? All these things make me doubt the Hiwot Trust (one of condom brands widely available in the country). I am now starting to believe the talk that HIV virus is found on the lubricant of the condom. I have also read in Menilik [local magazine] that a certain doctor has revealed the fact that HIV was created in American laboratories. So when I hear all this, I sometimes come very close to believing this is really a conspiracy by our enemies (the Americans).

It appears that like the origin of HIV/AIDS, young people linked condoms with ‘disordered international relations’ (Setel 1999:238). Some of the street youths even went beyond this and viewed condoms as AIDS and only used them because the prostitutes did not consent to sex if they did not wear one. Interestingly enough, contrary to the public discourse and the epidemiology of HIV/AIDS in Ethiopia (and perhaps elsewhere), the street youths in Dessie argued that prostitutes are not ‘risky sexual partners’. Since prostitutes were said to force their clients to use condoms consistently, the street youths perceived them as a safer group than schoolgirls (see Tadele 2000, 2003).

They also questioned the effectiveness of condoms on the basis of their price.

If condoms really prevented a disease that has no cure (AIDS), their price would have been very high because the cheapest medications even for fever and such other minor illnesses that are curable cost 7.50 Birr. And for something that does indeed protect one from getting a disease that has no cure, just guess how much higher the price would have gone! (Yasin, 19-year male student).

One student who was a member of an Anti-AIDS Club, and who participated in the distribution of condoms in hotels and bars at night, reported that many people asked him similar questions, namely why Hiwot Trust condoms were sold for 25 cents or were even given out free of charge while other brands cost up to 10 Birr.

Yilma was an HIV-positive person involved in HIV/AIDS education and counselling HIV/AIDS patients. He was married to a HIV-positive woman whom he met while counselling. When I asked him whether he used condoms with his wife, he replied:

I have never used condoms. I have no faith in condoms. A condom has its own problem starting from the way it is stored, sold, and used. Once I made a confession and joined the spiritual world, I decided not to use condoms as an alternative. [His response was rather defensive when asked why he was not using condoms]: It is not necessary. We are in a matrimonial relationship. Rather than using condoms it is better to use the contraceptive method in the form of vaccination. Marriage is marriage. She, too, doesn’t want to use condoms.

Religion, lack of confidence in condoms, and (mis)trust in marriage conflated in his narrative for not using condoms. Yilma was well aware of the dangers of unprotected sex in exacerbating the progression from HIV to AIDS (thereby shortening his life). The story is a testimonial that even well-informed people manipulate the information they received in order to create a space for something they wanted to do.

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76 Setel’s informant in Tanzania who expressed lack of confidence in condoms also drew a more or less similar analogy saying that “To me it seemed like putting on a bullet-proof vest, but still going into a gun battle” (1999:214).
The storage problems in the shops (suqs) and the quality of condoms in circulation also appeared a constant concern of school students. They argued that condoms are often put on the top shelves just under the roof where they are easily exposed to fluorescent light that causes their quality to deteriorate. Hence, they claimed that condoms sold in the suqs are not effective since they are not properly stored. As a result, most of them did not trust condoms, as the case of Hassen (20, male student) illustrates:

I think it would be much better if they distributed condoms of better quality than the ones that are sold in the suqs (or Hiwot-Trust condoms). But personally, I do not trust condoms. I do not have faith in them and don’t think they can prevent me from contracting HIV. Therefore, I will not use them because I will not put my life at risk in the belief that condoms can protect me. I would rather abstain from sex until I find a faithful lover and be faithful to her after we had both been tested for HIV. Using a condom is not terribly reliable. If we have a goal in life, it is better we abstain or don’t have sex. Even being faithful is a difficult principle to live by. Although I know for sure that I can be faithful now, how would I know what the girl is doing?

The whole discussion implies that there is long way to go to teach young people and the public at large to have confidence in using condoms (see also Lucas 2001). Debunking common myths and misconceptions associated with condoms, testing the effectiveness of condoms on sale, and if necessary providing them with better quality condoms emerges as one major area of intervention.

Lack of know-how
Apart from myths and misconceptions, many young people did not know how to use and dispose of condoms. Only a few who had received training from the FGAE and other NGOs and clubs know how a condom should be used and disposed of. Some of the street youths were very quick to mention problems associated with condom use, especially that condoms are sometimes torn or punctured during sex. Some wear it on the wrong side (inside out), which causes heavy friction during sex because the lubricated side should normally be worn on the inside. Because of fear of breakage, some of street youths reported wearing double condoms. This method is not recommended, as its safety and comfort have not been adequately evaluated. The following funny story shows how condoms are improperly used. A social animator lectured about the proper use of condoms, demonstrating how to put them on. He used a stick as a penis for the demonstration. Imitating what the teacher did, one of the participants went home and had sex with his wife by putting a condom on a stick. He used a condom to prevent unwanted pregnancy, but later on it was found out that his wife had become pregnant. This is perhaps an extreme example, but it shows how many people are unaware of the proper use of condoms, and also some animators are not able to demonstrate their use effectively. It implies that the condom in Ethiopia is a new technology that surfaced widely with the arrival of HIV/AIDS, and it may take a long time to educate people how to use it properly to protect users from both unwanted pregnancy and HIV infection. Messages transmitted by the mass media focus on urging people to use condoms without informing them how to use them. A detailed education programme about condoms and their use ought to be provided.

Reduced pleasure
With the arrival of HIV/AIDS, the pleasure, enjoyment, and hedonistic tendencies in sex were accorded a wide coverage in the literature of sexuality. In most cases, normative conceptions of sexuality, and heterosexuality in particular, present unprotected sex as a natural bodily function (Holland et al. 1998). "Such accounts thus present the condom as an unnatural technology, which 'disrupts' or 'interferes' with the natural course of sex, making 'normal
sex impossible'. Protected sex was described as 'not real', 'horrible' and 'uncomfortable'. Condoms were not just disliked but also 'hated' (Rhodes and Cusick 2002:11). This suggests that attempts to practise safe sex forces people to be unnatural and the notion of safe sex as a whole leads people to question many of the underlying assumptions held about sex.

Pleasure arises partly from the satisfaction felt when a task is successfully completed. Many people perceive the condom as an intruder that prevents the maximum possible pleasure associated with sex. Apparently unpleasant aspects of user experience with condoms, such as putting them on and taking off and other difficulties, the challenges and the ensuing fatigue diminish sexual pleasure. Those school pupils and street youths who claimed that they used condoms were asked if they liked using condoms or only used them out of sheer necessity (whether they felt condoms make a difference to the sexual experience of either partner?) There was general consensus that sex with condoms is not as enjoyable as sex without them, and they perceived sex as being more 'natural' without a condom.

Abebe (21, street youth) said that he only uses condoms because there is HIV and there is nothing he can do to protect himself other than wearing a condom. It would have been much more pleasant if he could have sex without condoms. "This 'intrusive/bumptious' (balege) disease [AIDS] forced me to use it, otherwise sex would have been more enjoyable without it". He made these statements with a look of disgust on his face, and he later added that using a condom is "messy and unhygienic" (mecheleq) when putting it on and taking it off. He added "Even using condoms may not be safe, only God knows if they can really protect people from AIDS. All we can do is use them and say God save us and we should also select the women we sleep with". He said that the axle (diifferrntshial- the name of the spare part of a car equated with the part of the body from the waist to the lower thighs) should be very beautiful, implying that physical appearance seemed the basis on which a safe partner should be chosen. The other street youths expressed more or less the same disgust about using condoms but they used them as the only safe way or when forced to do so by prostitutes.

Tagle (19, student) also explained how the condom compromises sexual pleasure as follows:

*Using a condom or not during sex makes a difference. You get maximum pleasure when having sex without a condom but with a condom you do not achieve much satisfaction because the sperm [semen] will be inside the condom (creating discomfort). Whatever the case may be, you have to use the plastic [condom] to keep yourself away from the disease.*

In a related development, prostitutes involved in the study also maintained that there were some clients who argued that condoms reduce gratification and requested them to have unsafe sex. They claimed that their clients say, "I did not pay you that much money to bother with plastic". Very few street youths, on the other hand, reiterated that the difference between wearing or not wearing a condom relies on the mindset of each individual.

*As for myself there is no difference. It depends on what one is accustomed to. If you are not accustomed to using a condom, you will sacrifice pleasure when you have it with a condom. There may or may not be differences. But as far as I am concerned, there is no difference. Some individuals say that it is pleasurable if you have sexual intercourse without a condom. But it depends on the attitude of each individual (Kebede, 23, street male).*

Overall, HIV/AIDS necessitates the reconstruction of pleasure in safer sex practices, a challenging task that may be very difficult to put into practice. Better quality (but affordable) condoms, and gaining skills in condom use may go half way, but it would be naïve to say that condom use does not reduce sexual pleasure.

**Metaphors and shame**
Shame is a morally laden word that reminds us of embarrassment, remorse, guilt, humiliation, disgrace, and dishonour. It is strongly related to the biblical concept of 'sin'. The norms that prescribe and proscribe sexual practices are intricately linked to the concept of shame. The problem of getting condoms in confidential places is another challenge, and it is very difficult
for young people to ask for condoms from a chemist or at any other places where condoms are available. As they are not expected to have sex before marriage, the problem becomes more serious when teenagers want to talk about sexual matters with somebody older than themselves (Gausset 2001). All these attitudes and norms turn the issue of buying condoms into a shameful activity.

Although free condoms are available from Anti-AIDS clubs and some NGOs, most people obtain them from commercial outlets such as shops. The metaphors used in Dessie to describe condom buying from the shopkeepers partly illustrate the shame and embarrassment involved in this activity. Condoms were often referred to as a 10 cents plastic bag or raincoat. They also said, “Give us that tablet or plastic bag or give us kalsi (socks)”. One day, when I was hanging around a small shop (chatting with the young shopkeeper), a man came and asked the shopkeeper to give him kalsi, but the shopkeeper did not understand what he really meant and gave him the real socks. When he asked him again, the shopkeeper asked him if he wanted male or female socks. But another person intervened and told the shopkeeper to give him condoms. Condoms are also called a ‘wedding towel’ or a ‘bride’s towel’ for they cover just like a bride on her wedding day. They are also referred to as ‘one less than two pairs’.

This signifies that two condoms are perceived as a pair of socks but one packet normally contains three condoms. In another encounter, a couple (apparently the woman was a sex-worker) entered a shop to buy condoms and the man asked the shopkeeper to give him Aster Awoke (the name of famous female Ethiopian singer who lives in the US). “This is a kiosk, you go and check a music shop,” retorted the shopkeeper. They went on bandying unnecessary words until the woman intervened and said, “What he meant by Aster Awoke is a condom” and they bought these and left.

These are perhaps minor misunderstandings, and most of the informants argued that when they asked the shopkeepers to sell them, for instance, kalsi (night socks), they understood the synonym and gave them condoms. Even the prostitutes who claimed consistent condom use said “Most of the time I do not go to shops but buy from street vendors. I simply pick them up and pay for them without giving them a name”. Therefore, buying condoms is not a pleasant experience since it involves shame and risking unpleasant comments from others. Those who somehow managed to go and buy condoms from shops did not dare to ask for them by their real name.

Why is it that buying food and other items from a shop or super-market is perfectly normal whereas buying condoms from similar places is perceived as shameful? It may be a reflection of the legacy of a puritanical and naturalistic view of sex for reproduction. Since sex is associated with sin, buying condoms from a shop is considered an indecent or shameful act that betrays involvement in covert practices. Hence, people of different ages are horrified by the idea of buying condoms. Many of the school pupils narrated a story of men in their neighbourhood who sent children to buy them condoms worth 0.25 or 0.50 cent in a nearby suq and tipped the children 1 Birr. Even the street youths who are perceived by the public to be carefree did not feel comfortable buying condoms. Kebede (23, street male) said that he would be too ashamed to ask for condoms in a suq where there are many people within earshot. He remarked that “Whenever I want to buy a condom, I roam around looking for suitable shops; in shops where a young boy or man is selling the goods, I will go in and feel no shame when saying ‘Condoms please’.

For some of the street youths buying from street vendors was less shameful than buying from shops.

I do not buy from kiosks lest I be ashamed if there is someone there who knows me very well. I prefer to buy from street vendors. It is only 25 cents for one pack of condoms in shops but street vendors sell them for 30 cents or 1 Birr though I am aware of this difference, I buy more expensively from street vendors (Abe 22, street male).

Clearly, buying from street vendors was preferred to shops though there was a significant price difference. When the purchase is in a shop, there are always people hanging around or who come to buy other items, whereas street vendors in a quiet place ensure the necessary
privacy. In small town like Dessie, it is very likely for condom buyers to meet someone whom they knew other than the shopkeeper. This situation deprives the purchasers of a private space to buy condoms. Since many young people did not feel at ease when buying condoms, distributing condoms free of charge to every household, in schools, and hotels may go half way towards solving the problem. Pertinently, the prices of condoms increase late in the evening and some people, particularly street youths, may not be able to afford them. Under such circumstances, distributing free condoms may be part of the solution.

**Trust, mistrust, and gender inequality**

Trust is the key element in the existence of any society, and in much of our everyday lives, trusting decisions are made, whether directly or indirectly. Among other things, love involves trust, faithfulness, intimacy, and care (Moor and Rosenthal 1993). Associating condom use with casual sex, and the lack of trust or suspicion it engenders between the two partners is another problem. In order to prove his or her integrity, faithfulness, and upright behaviour, the partner (he or she) feels obliged to refuse condoms. Anti-AIDS programmes that advocate either being faithful or using condoms reinforce the association of condoms with casual sex, as they imply that not using condoms is considered "as a proof that one is faithful and that one's partner is faithful as well" (Gausset 2001:514). Clearly, trust or mistrust in a relationship is a social phenomenon that has also hindered condom use among young people in Dessie. This situation is aggravated by the high level of mistrust that prevails in young people's relationships (see Chapters Three and Four). Some young people started sex using condoms, but when the relationship became steady, they resorted to having sex without a condom, claiming that they had come to trust each other. The following example illustrates my point. Jemal (19 and the only street boy who declared that he has a girlfriend) said that he used condoms with his girlfriend for the first two or three months of their acquaintance but they talked about it after that, swore to be faithful to each other, and stopped using condoms. They stopped because they thought condoms are for people who know each other for only a short time and are not used to each other. Therefore, since they were well used to and trusted each other, they agreed not to use condoms. "Even if I wanted to use a condom now, what reason would I give her? It has been two years since we last used a condom". He admitted he worries a great deal that he might contract HIV since he does not wear a condom when having sex with his girlfriend, because again he does not trust her completely. But then he says "How can I now justify using condoms with her without telling her that I do not trust her?" It appears that it is very difficult to introduce condoms into an existing relationship as the other partner might question the other's motive, and that it might arouse suspicion that either partner had been unfaithful (see also Lucas, 2001). Jemal's argument is a classic problem with condoms, and there seems to be a need to teach young people that trusting one another and protecting oneself against disease are two different things. It should not be forgotten that messages about condom use must focus on the necessity of using them with all types of sexual partners instead of polarizing 'casual' and 'steady' sexual partners (Lucas 2001).

Like a two-edged sword, suggesting condom use could cause trouble in a relationship: the female asking the male if he thinks of her as a prostitute and the male asking the female if she has seen him having an affair with anyone else. In a nutshell, condom use in a relationship implies mistrust or infidelity rather than care for and love of the partner. It appears that couples trust each other when neither partner uses or proposes to use a condom (see also Lucas 2001).

The International AIDS Day motto for 2001 stated "Men too have the responsibility in the effort to prevent AIDS" to convey that women's lives are in the hands of the males. The question that has to be asked is: Who should possess condoms or who should propose condom use? This question invites an examination of gender relationships in the context of condom use. As discussed before, the symbolism of condom use in relationships has different interpretations. In particular, the different interpretations of men versus women about introducing condoms into a sexual encounter reflect a whole range of complex gender, power, and societal norms and values. Most of the school students involved in the study went as far
as to say that they would not accept a condom should a girl offer it. Some of their reactions about what they would do when offered a condom by a girl/woman included:

- It means she has formed a very bad opinion of me in her mind and if she does that, I will just leave her.
- It only means that she suspects I am not faithful to her and she can go to hell (thinker) if she thinks I go out with other girls.
- I might even go as far as beating her because (if she does that) it means she questions my love and trust for her, I will not return (go out) without giving her a good slap for suspecting me.
- It would make me feel very uneasy, and my esteem for the girl would be severely damaged. I would question the sincerity of her feelings for me or may feel she does not trust me. My regard for her will diminish. I would rather not have sex with her because her action either questions my sincerity and faithfulness to her or puts a big question mark after her own faithfulness and confidence (of being free from the virus). In either case, I would rather not have any sex with her.

These quotes are indicative of the strong opposition to condom use among many youths and that even suggesting condom use leads to physical violence. “Women who assert condom use may be perceived as sexually knowledgeable or promiscuous, and therefore may be looked down upon by their partners” (Lucas, 2001:171). Sexual ideology constructs women to be sexually naïve, passive, and submissive in condom use (cf. Nencel, 2005). Furthermore, in patriarchal Ethiopian society, women as the perceived weaker gender are socially restricted from making demands on males, and the very act of proposing condom use by women suggests an assertiveness and confidence that men do not welcome (see Ray and Maposhere s.d). The complexities of sexual negotiation as shown by these quotes also lead us to question about whether the ABC prevention paradigm can really be effective in the Ethiopian and the wider African context, where there is a significant power imbalance between men and women, and where women are not in a strong position, if in any position at all, to negotiate condom use.78

Others took a moderate stance and were willing to accept condoms from women, but never failed to mention the effect of such a gesture on mutual trust.

*If my girlfriend gives me condom if I do not have any, I will accept it. But I will think, “This girl must have some problem.” I will not believe her. Actually, she may not have any problem at all and may act that way to take care of herself and me. However, I wouldn’t be able to get on of them out of my mind. That is, “Why did she give me a condom? Doesn’t she trust herself? Or is there something that she has heard about me?” In any case, the fact that she has brought a condom with her will have a certain unpleasant effect. On the other hand, when a man proposes condom use, there could be instances in which the woman might walk out on the man saying, “How dare you suspect me?” (Banthun 20, male student)*

Some of the young men who claimed to use condoms maintained that there are no women who dared to suggest that they should use them. It seems that the movement towards gender equality may eventually create an environment in which women propose the use of condoms to their male partners. Furthermore, trust, one of the very positive aspects of any relationship, is interpreted as an obstacle to condom use, suggesting the need to deconstruct the cultural construction of trust and mistrust, and more generally male and female sexuality.

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78 Although the ABC prevention paradigm is simplistic and does not take into account wider structural issues, I am not saying that it is completely irrelevant to Ethiopia or Africa as whole. ABC may serve as useful starting point for people to grapple with in order to prevent HIV infection. There is, however, the need to question the paradigm and open the way to the empowerment of women and other marginalized groups.
'Fig leaves'

The relationship between religion, sexuality, HIV/AIDS, and condom use is a very controversial issue in Ethiopia (see the discussion in Chapter Four). Most of the denominations explicitly or implicitly condemn their use. Here is the stance of the Muslims:

Our religion prohibits the use of condoms as it runs counter to 'sacred sex' prescribed by the Koran. We are against condom use because it facilitates fornication (zimut). We have a law that existed long before HIV came and it forbids zimut. It warns people not to go near it. In taking this stance, Islam does not tell people to use condoms so as to protect themselves from AIDS. It says must not commit zimut or even approach it (interview with young Muslim Anti-AIDS club leaders).

I asked the Ethiopian Evangelical Church, Mekane Yesus (EECMY), pastor whether they advised their members to use condoms or preferred to preach the biblical truth of abstinence and being faithful to one's partner. Mainly, he argued, they teach the biblical rule of remaining faithful to one's partner, and advise condom use as a secondary option. And to those who are married, they advise using condoms to limit the number of children. Since I doubted the sincerity of his response, I asked him whether encouraging the use of condoms may sound as if they are saying that there is nothing wrong with having sex or being 'promiscuous' as long as one is protected from HIV/AIDS. He replied that they do not tell their members either to use or not to use condoms.

We don't teach followers of our church that using a condom is good. Nor do we advocate that condoms are bad. We teach them how to protect themselves from the virus. What we don't teach them is that they can protect themselves from the virus by using condoms. If we teach that, then we would be allowing promiscuity in a way.

It appears that the question about condoms was very sensitive and the Protestant pastor contradicted himself. His position seems to reflect a classic pragmatic comment from a religious leader who finds himself in a dilemma. He tried to give politically correct answers by saying that they advise the use of condoms, but when challenged further, he told the truth. In reality, religious institutions strongly uphold the principle of abstinence and being faithful, but not using condoms. HIV/AIDS educators stated they had met resistance from religious institutions saying that what they are teaching about condoms is sinful. They also said that condoms are condemned in any health education session on HIV/AIDS given by religious institutions. The following excerpt taken from EECMY's training manual on HIV/AIDS/STDs prevention and control vividly reflects the church's position on condoms:

From the church's point of view, condom is a feeble human solution for the effective divine solution, which is change of behaviour and character. ... Condoms are like fig leaves, which Adam and Eve sowed to cover themselves when they found themselves naked after their disobedience. Condoms are a hypocritical solution, which encourages the wrongdoer to continue in his wrong way (by committing sex outside of marriage) instead of terminating it. Preaching the use of condom would be like saying to a thief "you may steal but try to have a protective cloth or helmet so that nobody could harm you while stealing". The message of our lord (and therefore the church) has been "sin no more" and not "you may do and live as you like as long as you are not caught or harmed (EECMY 1999: 117).

When I asked the Archbishop of South Wollo Administrative Zone about the position of the Ethiopian Orthodox Church (EOC) regarding the use of condoms, he declined to give any comment. He said (when he addressed a large congregation) "We have got the solution for HIV/AIDS, which is being faithful to one's partner." Close scrutiny of what the EOC preaches on different occasions also highlights that the church is against the use of condoms. Once I attended a church sermon after 5 o'clock on a regular basis and I heard a priest say, "Now, would the use of the so-called technological product - the condom - save us from the

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79 My interview with the Archbishop of South Wollo Zone was very brief as he was not willing to be taped, and declined to comment on a number of issues I raised. My attempts to have an interview with more low-profile religious leaders did not succeed.
Religious institutions strongly believe that if the people become involved in spiritual life, they can derive the strength and motivation not to have sex outside marriage. Given that religion, particularly Christianity, historically regarded sex as a basic drive that should be thwarted through self-control (Gagnon and Parker 1995), the position of religious leaders about the use of condoms is not surprising. In other words, chastity before marriage and a faithful relationship in marriage were the teaching of religious institutions even before the arrival of HIV/AIDS in the mid-1980s. Using religious leaders as agents of change is heavily emphasized by NGOs and governmental organizations involved in HIV/AIDS prevention, but is still a largely unexplored preventive approach towards bringing about behavioural change. The most detailed study to date on this issue in Ethiopia, by Surur and Kaba (2000) in Jimma Zone, indicates that religious leaders of both the Orthodox and Muslim faiths can be instrumental in HIV/AIDS prevention. Religious institutions seem to have an established infrastructure, the power, and the ability to reach as many people as possible. The government and NGOs should seek ways of exploiting their power and influence positively in HIV/AIDS preventions (see Chapter Nine). There seems a need to convince religious leaders to comprehend what young people are really doing sexually on the ground beyond the imagined or presupposed 'sacred' laws about sexuality.

**‘Inducing promiscuity’**

Not only religious leaders but also some other key informants (including HIV/AIDS activists working for NGOs or governmental organizations) perceived advocating condom use as tantamount to encouraging promiscuity.

If we promote the condom we are inducing promiscuity. If I like a girl today then I am going to go out with her. I will do the same tomorrow with another. So using a condom can make one addicted to sex, just as one can be addicted to cigarettes. If one cannot manage abstinence or being faithful, it is good to use a condom. But in reality we are inducing the society to indulge in sex.

As a result, they were opposed to the distribution of condoms in schools, arguing that it may exacerbate promiscuity. They believed that the young people should buy the condoms themselves, and the Anti-AIDS clubs should not have to distribute these items or teach them about their use. They maintained that distributing condoms, for one thing, puts the idea of sex (which they may have not thought about before) into the minds of teenager students. They considered distributing condoms equivalent to spreading the disease. Instead, they advocated the provision of reproductive health education at schools.

While discussing this issue, I challenged them stating that most students did not use condoms as they found buying condoms an embarrassing activity, and hinted that the distribution of condoms at school was a solution. They replied that the solution is to teach the youth about reproductive health matters. Young people should be advised as to how to build confidence in their life experiences, how to resist peer pressure, and widen the scope of the education to help them decide. They should be educated on at which age they should start having sex, instead of encouraging or advocating the use of condoms. Some of the key informants emphasized the emotional aspect of sex, and the place of condoms in such a situation. Looking at it from a practical point of view, they doubted if young people would ever use them once they start to engage in sexual play, though they might have condoms in their pocket or put away in a cupboard. They also noted that let alone an individual who is not mature, even an adult will not use condoms once he/she starts to engage in sexual play or as they call it ‘warm up’. Their argument was what is important is to teach that premarital sex is not advisable or appropriate. When I hinted at the difficulty of refraining from premarital sex, they maintained that it may or may not be possible to abstain from premarital sex, but they did not agree with “This business of encouraging people to use condoms”. Whether there is marriage or not, it is better to remain faithful to one another, they said.
Some of the school pupils involved in the study also echoed these sentiments. Here is the anecdote from Dawi (20, male student):

"I cannot see the advantage of what you call a condom [he spread out his hands to show his lack of trust in condoms]. If you are in a situation in which you cannot control yourself, then you forget to use a condom. It is better to be faithful to one partner. So, a condom is useless (in his words 'valueless'). [Don't you have faith in condoms?] No, I trust them to some extent [he said frowning]. I do not trust them to the extent that I trust being faithful to one partner, because sex makes you emotional, and when you are emotional you don't remember about condoms. Hence, I do not have much trust in it.

It appears that sex is characterized as full of passion and abandonement, and the ability to have safe sex is challenged by the heat of the moment (Ray and Maposhere s.d.). They conveyed that the concentration is so intense that there is no time left to think about condoms or to worry about consequences. Sex is therefore perceived as an activity that produces emotional experiences, and is so gratifying that people are willing to have it, with little concern about the risks involved. Most young people in general and street youths in particular argued that using chat, alcohol, and cigarettes might influence their perception of sexuality and their decision and/or ability to use condoms. Strong associations were made between the use of these substances and unsafe or unrestrained (liq) sex (see Tadele 2000, 2003; Lucas 2001).

Some of the key informants went beyond that and argued that advocating abstinence, faithfulness, and condom use (ABC model) is similar to advising students to work hard and cheat at the same time. One of the key informants had the following to say:

You advise a student to study. If you study, you will pass. But if you can't study, then copy (steal) from others. We are also doing the same when we advise people, "Remain faithful to your partner or use a condom. But if you can't remain faithful, don't strain yourself to hold back your urges and use a condom." Just as the student is aware of the fact that he can pass the exam by copying, they are being taught alternatives of a similar type. So, advocating condom use in a situation where people don't have a clue as to how to put on and use condom is like, as I told you, telling a student to copy from others if he can't study.

The foregoing discussion indicates the existing controversy surrounding condom promotion. Hence, most people, including those in power, expressed this in a "moral and disapproving tone: condoms promote promiscuity" (Obbo 1995:80-81), and such a moralistic stance does not address the reality on the ground. Given the difficult socio-economic situation of young people it seems naïve to expect them to abstain from sex or enter into marriage and establish faithful relationships. Condom use seems the better option to protect themselves from HIV/infection. The ongoing controversy, therefore, deflects attention away from the core issue and young people are left with no viable option.

Conclusion

Attempts have been made to present narrative accounts of and metaphors for HIV/AIDS and condoms on the assumption that narratives and metaphors influence the way HIV/AIDS and condom is comprehended (Mattingly and Garro 1994 cited in Mogensen 1997). Therefore, different metaphors and narratives used by the young people suggest different perceptions and strategies that they have adopted to live with HIV/AIDS. HIV/AIDS is an illusive disease even among clinicians and others in the scientific community, and the variety of metaphors also implies that the disease is not fully understood by the young people, and has provided the opportunity for a multiple selection of narratives and metaphors. Since AIDS manifests itself in countless opportunistic infections, it has provided an occasion for young people to supply a number of narratives and metaphors. Such countless metaphors have made HIV/AIDS synonymous with an evil and shameful disease that has to be concealed or denied. Metaphors and narratives also suggest that young people do talk about HIV/AIDS within the context of their everyday lives. They actively and dynamically engage in the process of creating an
understanding of AIDS. I learned that the death of someone whom they knew often triggers conversations and concern about HIV/AIDS.

As shown in this and other chapters, young people in Dessie do not constitute a homogeneous group in terms of their understandings of HIV/AIDS and sexual norms and practices in their daily lives. This contrasts with ongoing intervention programmes that often construct young people as a homogeneous group. To start with, among young people in Dessie there are distinct differences between the views expressed by males and females concerning premarital sex and other pertinent issues. Among males there are distinct differences between the views expressed by street youths and school students, particularly with respect to understanding sexuality and HIV/AIDS. In addition to their sense of desperation induced by poverty, street youths in particular were not knowledgeable about HIV/AIDS. Had they been so, it would have allowed them to make informed choices. The misconceptions and confusions presented above clearly highlight the need for more vigorous and targeted interventions to equip young people in general and street youths in particular with the necessary knowledge about HIV/AIDS, the material means, and the social support to translate that knowledge into practice (Setel 1999). Given this, the differences in young people’s sexuality across various social groups should be taken into account in designing prevention strategies, and programmes, and specific messages need to be directed to specific populations/groups taking age, locality (urban/rural), level of literacy, social class, occupation, and school or out-of-school youth, and street youths into account. “It means that no single strategy for promoting ‘safe sex’ will suffice; different strategies designed to suit the heterogeneous population will be necessary, and these, being highly specific, will need to be based on detailed and nuanced research” (Preston-White 1995:322).

Worldwide, most young people have acquired a knowledge about AIDS, but many of them do not change their behaviour (Kashubeck and Stone 1996; a review of National Institute of Mental Health (NIMH) sponsored research (undated); Roscoe and Kruger 1990, Gallant and Mticka-Tyndale 2004). As stated before, most of the epidemiological studies conducted in Ethiopia conclude that a substantial number of the sexually active adolescents never use condoms (Gebre 1990; Larson et al. 1991; Amsake et al. 1993; Bisrat 1992; Gebre Kidan and Azeze 1993; Teka 1993; Dear 1994; Fantahun et al. 1995; Fantahun and Fekadu 1996; Petros et al. 1997; Eshetu et al. 1997; Taffa 1998; Mulatu et al. 2000; Lucas 2001). Although there may have been some changes since these studies were conducted, my study also confirmed that most young people involved in the study did not use condoms consistently or properly. Statistical data may not be needed to demonstrate that the desired pattern of condom use is still far from being attained. There are various indications that condoms are seldom or properly used suggesting further research in order to devise better strategies that may increase condom use. Campenhoudt et al. (1997:191) notes the subjective meaning of using or not using condoms, and urges researchers to understand (in Weberian terms) the meaning of the action to the actor:

There is a need for deconstructing interpersonal situations until the basic values that motivate partners to engage in sexual behaviour are revealed. The same act might be related to different values, while different behaviours may reinforce the same values. For instance, what does condom use in a relationship imply? It may mean mistrust or infidelity to some, and care and love to others. Similarly, unprotected sex may mean irresponsibility within one's relationship, while it represents commitment and love in another. ... Understanding when and in what situation the meaning of an action or cognition promotes safer sex and when they inhibit safer sex is the key to prevention.

 When I conducted a small study with young male Australians in 1996, some participants were concerned that their partners might carry the HIV virus if they did not negotiate for safe sex as the following quote attests: “If the girl does not ask me to use a condom I stop thinking she is HIV negative because she did not make me use a condom; she did not make the others use a condom either. If the girl insists you to use a condom you feel that ah! this girl has not got AIDS because she does not want to have AIDS”. I would say that the argument is an interesting attribution of the others’ motivation (Tadele 1996:10). Young people from Dessie, however, did not see such a positive side to a woman who carries condoms or insists on
condom use. For Dessian youth, condom use represents mistrust or infidelity and not care or love. What is intriguing is that there is high level of mistrust between the sexes, as shown in Chapters Three and Four, but this did not lead to condom use.

The fact that women who possess condoms or propose condom use are not welcomed is indicative of the contradiction between the social norms of female sexuality and the sexual feelings of young women (Holland et al. 1994b cited in Campbell and MacPhail 2001). In their efforts to preserve their reputation and owing to fear that the partner may misinterpret using condoms or even suggesting it is a lack of faith or mistrust, women do not possess or propose condoms (Campbell and MacPhail 2001). As presented above, young men expressed the idea that if the woman proposes condom use, it may even trigger physical and sexual violence. Cogently, the ability of women either to refuse sex or negotiate the use of condoms is compromised by sex-based social and economic inequity. Most of the relationships are based on material exchange (for symbolic reasons or otherwise - see Chapter Three), and such economic dependence on their male partners gives women less power to insist on condom use (Campbell and MacPhail 2001; Campbell 2003). It seems that the decision whether or not to use condoms lies with men, indicating that any effort to bring a change in condom use must aim at bringing significant shifts in ideology, value systems, and the power basis between men and women in relationships (Ray and Maposhere s.d.). The battle against HIV/AIDS can be won if women are fully educated and enjoy their full rights (Kofi Anan’s speech to the UN General Assembly Special Session on HIV/AIDS in Rawoo 2002: 13). Condom use, Campbell (2003:10) argues, “…is not only determined by conscious rational choice by individuals, on the basis of good information, but also by the extent to which broader contextual factors support the performance of such behaviours”.

Condoms serve the dual purpose of protecting against HIV/AIDS (including STDs) and unwanted pregnancy. Studies indicate that condom use is more likely to be consistent when it is has this dual purpose. Promotion of condoms only for HIV/AIDS protection stigmatizes those who use them as more vulnerable to infection. Since contraceptive methods carry less stigma, emphasizing the contraceptive function of condoms gets more social approval. Hence, promoting condoms as a protection against unwanted pregnancy could be one way of increasing condom use by women (Paiva 1995; Ray and Maposhere s.d.).

Almost all the religious denominations did not endorse condom use as an HIV/AIDS prevention strategy. They are either silent on condom issues or are against it. While denouncing using condoms, the dominant message from religious institutions to young people about sex seemed to be abstinence and having a faithful relationship. Although these two choices are the best way of avoiding HIV infection, what they have failed to understand is that both abstinence and monogamous relationships are not easy options for the young people to adhere to given their age and socio-economic situation. As a result, young people continue having sex often with multi-partners in very risky situations (see Chapter Five). There is a need to encourage those who engage in sexual practices to use condoms. Save sex (instead of safe sex) was advocated not only by religious leaders but also other key informants (young and adults) involved in HIV/AIDS prevention. Many of them emphasized that condoms promote promiscuity, and advocated morality, chastity, and monogamy as more effective interventions to prevent the spread of HIV/AIDS. With such negative and moralizing dominant discourses it is hardly surprising that condom use by the young people is very limited (see Obbo 1995).

Young people’s discourse on condom use was not favourable, and there is a need to demystify their misconceptions concerning pleasure, distrust, and the conspiracy theories they have embraced. Many people in Ethiopia, including myself, first heard about condoms in the late 1980s in the context of HIV/AIDS discourse. Today’s young people are ‘the AIDS generation’, and have never known a world without AIDS. Historically, it appears that condoms were never popular in Ethiopia as a contraceptive. There is a need to teach about the history of HIV/AIDS and the historical origin of condoms, thereby pointing out that condom and the use of the lubricant on condom precedes the advent of HIV/AIDS. Although other brands exist, Hiwot Trust is the most common condom brand available in the country, but the
youths did not seem to have faith in it, and there is a need to address structural barriers such as accessibility, availability, cost, and quality of condoms.

There is also a need to introduce culture-sensitive and comprehensive sex education programmes directed specifically at the younger age group to ensure that young people have all the tools they need to make informed decisions. Sex-positive interventions may go halfway towards solving the embarrassment and shame involved in buying, proposing and using condoms (see Brummelhuis and Herdt 1995). Unwillingness to use condoms was compounded by the lack of employment opportunities that exposes young people to humiliation, isolation, and loss of prestige. Many did not seem to have a bright future because of poverty and hence may not want to compromise (by using condoms) with the only thing on earth that gives them momentary pleasure (see Chapter Seven for a detailed discussion of poverty and HIV/AIDS). Some of the street youths maintained that they would not have used condoms had prostitutes not forced them, but the perception that sexual intercourse with prostitutes is less risky than with schoolgirls may be ill-founded as impoverished prostitutes may not insist on condom use (see Chapter Seven). The precarious situation of young people in general and street youths in particular may not be conducive to mainstream HIV/AIDS prevention programmes that emphasize abstinence, faithfulness, or use of condoms, and there is a need to provide them with the necessary training and job opportunities. “…Poverty and joblessness builds resentment among African[s]…and resistance to advice such as the need for condoms” (Schoepf 1992:363-64 cited in Setel 1999).

Thus, there is a need to initiate multiple and vigorous interventions. The next chapter will examine more closely the impact of socio-economic conditions, especially poverty, on sexuality of young people and their contribution to the spread of HIV/AIDS.