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

Tadele, G.

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‘Boring’: Perceptions of HIV/AIDS interventions

How do young people look upon intervention programmes?

What we now hear about HIV/AIDS is very repetitive and boring. Now and then, we are told how AIDS is transmitted. But everybody knows this. Even my mother, a very old woman, knows it. Today no one would bother to listen to the way AIDS is transmitted or prevented. I do not want to hear the same things over and over again. They should have revised the education programme and made some changes from time to time (they should start saying something new about it), and if they have nothing else to tell us, they should tell these things to the rural people living in remote areas instead and not bore us so much. Secondly, we have to look at the same faces at every meeting and workshop. And as to what approaches might be followed, I think information on HIV/AIDS should be presented with entertainment (music, drama and other forms of entertainment) if it is to attract the attention of young people (Eyazenanu mastemare). I don’t think that pamphlets on HIV/AIDS can achieve much because the young are not in the habit of reading things (Kedii, 18-year-old high school student).

There is nothing practical. It [HIV/AIDS] has become a means of livelihood (a source of income) for many people. People, who never had houses of their own before, have built one. But they are begging in our name. All the songs, dramas, and poetry are created in our name. I feel sad whenever I hear about HIV/AIDS. I know that no change can be effected with these kinds of interventions. The NGOs, government organizations, clubs, associations, and individuals who claim that they are working on HIV/AIDS are simply playing around, nothing serious. The money is being spent but nothing fruitful has been done. The government especially is not doing anything. The government itself wouldn’t say that enough work has been done in the fight against AIDS. It is not yet enough. It is being forgotten. More efforts need to be exerted in the future. If politics is doing well, politicians may start engaging in the fight against HIV/AIDS. But if it is not doing well, no one will give it a second thought. I am against anything called a workshop. It is no good. When an NGO prepares a workshop, it calls upon the individuals it knows. This is in order to provide them with the handsome per diem. It is not to create awareness. You see the same individuals taking part in various workshops (HIV-positive key informant).

As highlighted elsewhere (particularly in Chapters Two and Seven), the major argument of the thesis remains that the likelihood of averting the spread of HIV/AIDS depends largely on addressing the socio-economic problems of young people. With this in mind, in the preceding chapter an attempt was made to show how socio-economic problems, particularly poverty and joblessness, affected the sexuality of young people and the spread of HIV/AIDS, and the need to address them if major gains are to be made in the fight against HIV/AIDS. However, success in the struggle against poverty and joblessness may be by no means easy in the foreseeable future. In view of this, advocating socio-economic development alone as a means of winning the battle against HIV/AIDS appears to be an unreasonable expectation. Along with long-term efforts to bring about socio-economic development, in the short term, culture-sensitive interventions should be introduced. In this chapter, efforts will be made to uncover obstacles to ongoing HIV/AIDS prevention programmes and the controversies surrounding them, and how young people receive and evaluate their significance. The chapter presents the voices of young people as they articulate their needs as to what, how, where, and who should communicate HIV/AIDS prevention messages.

Drawing on the preceding chapter, it is argued that the spread of HIV/AIDS is attributed not only to poverty but also to ineffective prevention strategies. The chapter highlights that
young people are exposed to vague, conflicting, and inconsistent HIV/AIDS messages, thereby creating confusion about the epidemic. Lack of coordinated efforts and commitment, and problems related to resources and resource management have impeded the ongoing interventions. The chapter seeks to highlight such barriers and constraints and argues that the problems surrounding HIV/AIDS interventions bristle with existing obstacles that have already retarded other development projects in the country. I discuss the implications of the findings for the design of culturally sensitive interventions, and point to a number of initiatives that would maximize the likelihood of success. It seems reasonable that carefully designed and culturally appropriate educational interventions sensitive to the needs of young people may reduce the spread of HIV/AIDS infection when such messages are provided with the necessary social and material support. The question that needs an answer is: What works best?

HIV/AIDS prevention in Ethiopia

The first two HIV seropositive persons and the first two AIDS cases were identified in Ethiopia in 1984 and 1986 respectively (Eshete and Sahlu 1996). Between February 1986-November 1990 a total of only 636 AIDS cases were reported to the Ministry of Health (Negasa et al. 1990). The National Task Force on the Prevention and Control of HIV/AIDS was established in 1985. In 1987, the Ministry of Health (MOH) established the Department of AIDS Control to direct and coordinate issues related to HIV/AIDS prevention (Zewdie et al. 1990; Gebre 1997; Kloos and Haile Mariam 2000). Disseminating information to the general public, undertaking surveillance and strengthening laboratory and diagnostic facilities were mandates given to the Department (Zewdie et al. 1990; Gebre 1997; Admasu 2000; Petros 2002).

Promoting inter-sector collaboration between non-governmental organizations (NGOs), churches and other community-based organizations to complement the efforts being made by the government (in particular MOH) was emphasized as a strategy to mitigate the spread of HIV/AIDS. Hence, various NGOs were urged to incorporate an HIV/AIDS programme component in their existing development programmes. Furthermore, new NGOs fully committed to the provision of care and support for persons and families infected and affected by HIV/AIDS emerged. The Organization for Social Services for AIDS (OSSA) is the first and largest national NGO working in the area of care and VCT (voluntary counselling and testing) that should be mentioned. Existing print and electronic media are also urged to disseminate brief information about HIV/AIDS.

By and large, AIDS prevention has taken the form of disseminating brief messages broadcast via TV and radio informing or urging people to adopt the ABC prevention paradigm. Printed materials, such as brochures and posters, have been distributed on the

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97 Though this figure is only the tip of the iceberg because of under-reporting of cases, it indicates that the progression of the HIV/AIDS epidemic was slow till around 1990. This early period had provided the country a window of opportunity for implementing appropriate interventions. However, the new government that took over the leadership role in the middle of 1991 largely ignored HIV/AIDS prevention. The report prepared by a number of Ethiopians and published in 1990 states “It is evident that AIDS is preventable. In Ethiopia, the next decade and beyond will be the telling years of the effectiveness of the NACP” [National AIDS Control Program]. “With emerging strategies for the future and coordinated management (government, intergovernmental and NGOs) AIDS will not be insurmountable” (Hadg u et al. 1990:98). This, however, remained political rhetoric, and Ethiopia now has one of the largest HIV-infected populations in Africa.

98 As of March 2003, there were about 104 NGOs in Ethiopia involved in various aspect of HIV/AIDS: education and training, information, education, and communication (IEC) materials development, project funding, care and support for people living with HIV/AIDS and AIDS orphans, provision of counselling services and capacity building (CRDA-Christian Relief and Development Association, 2003)
occasion of World AIDS Day and other public events. As argued below, these materials were found to be too general and did not convey messages suitable for and appropriate to youths and specific communities. Moreover, focusing on electronic or print media messages in a society where 85 percent the population lives in rural areas without access to such media seems an unproductive approach. The print media is also not a good option in the Ethiopian case where most of the people are illiterate and the culture of reading not developed. Newspapers and magazines are also expensive and beyond the reach of many young people. As discussed below, messages transmitted through electronic or print media lacked clarity, and to date (to my knowledge), there have been no empirical studies that have evaluated the outcome of these mass media campaigns.

Undeniably, a number of workshops, seminars, and conferences were held (and are still being held) on HIV/AIDS prevention in different parts of the country (particularly in towns). Most of the workshops and conferences, however, have focused on the epidemiology of HIV/AIDS, and the care of and support for people living with HIV/AIDS (PLWAs) (Admassu 2000). As indicated by the opening quote, workshops and conferences in the Dessie area, and perhaps in the Ethiopia more generally, were in danger of being repetitive and self-serving.

Although attempts were made to institute AIDS prevention and control programmes in the early periods of the epidemic, they lacked continuity and coordination in the absence of a national HIV/AIDS policy, institutional capacity, and political will (see also Kloos and Haile Mariam 2000). Inadequate attention was paid to HIV/AIDS prevention because of poverty, recurrent drought and famine, war, political instability and the lack of a full understanding of the magnitude and seriousness of HIV/AIDS on the part of political leaders (see Chapter Two). All these natural and manmade disasters have incapacitated societal response to AIDS, and the efforts undertaken to curb the spread of HIV/AIDS have often veered onto the wrong tracks or were stalled. The Marxist regime that was in power for 17 years was unstable in power, and until its collapse in 1991 was preoccupied with fighting a war. The ousting of the Derg and the change over to the Transitional Government caused further delays and even discontinuities in programmes. The new government did not put a high priority on HIV/AIDS. For instance, the Department of AIDS Control of the Ministry of Health was dissolved as part of the formation of the federated state in 1992 and reduced to a section with only three staff members to coordinate the entire HIV/AIDS prevention activities in the country. Prevention efforts focused on identification and targeting of the so-called ‘high-risk groups’ (commercial sex-workers, members of the army, and truck drivers). Such intervention efforts, denuded of broad community awareness, advocacy, and participation, were inadequate to stop the spread of HIV/AIDS. In the absence of effective political activism and community-based advocacy, the general public did not recognize the HIV/AIDS threat adequately.

Even the current national HIV/AIDS Prevention and Control Office (HAPCO) was initially poorly organized and disadvantaged in terms of staff and facilities (Degefe et al. 2002). There was also a severe lack of coordination between intervention programmes undertaken by different organizations at different times (see the discussion below). The long-awaited Ethiopian HIV/AIDS policy was issued in August 1998 (FDRE 1998). The policy was comprehensive (RAWOO 2004) but was only gradually being implemented during subsequent years (FDRE 2002).

Against this backdrop, and in the light of the discussions raised in the previous chapters, several questions remain unanswered: Why did efforts to disseminate information and education about HIV/AIDS often have little or no beneficial effect? What are the sources from which young people acquire their knowledge, values, and attitudes about sexuality and HIV/AIDS? How do NGOs and governmental organizations communicate information about HIV/AIDS prevention and transmission to young people and how do young people understand it? How can intervention messages be made culturally sensitive to the expectations of local young people? Although conclusive answers will certainly prove difficult to find, the discourse surrounding such an issue is likely to prove most fruitful.
Perceptions of the ABC prevention paradigm

I must reiterate that sporadic attempts had been made to disseminate information and education about HIV/AIDS since the late 1980s. As stated in Chapter One, an Ethiopian official from the recently formed HIV/AIDS Prevention and Control Office, or HAPCO, admitted that “Success in the fight against the virus had been minimal” (IRIN 2003). Indeed, the fact that the incidence and prevalence rates did not decline reveals little success in the fight against AIDS, a situation similar to practically almost in all countries in Sub-Saharan Africa. Considering that adolescents and young adults are the most highly infected segment of the population, there is a need to explore young men’s perceptions of the strategies used for combating the spread of HIV/AIDS, and their views concerning the most effective, culturally appropriate, and acceptable methods for formulating and delivering messages. It is particularly worth reflecting on the type of prevention campaigns or the ABC prevention paradigm to which the youth have been exposed.

When asked if they thought the current campaign against HIV/AIDS was effective, almost all the young people involved in the study agreed that it was not effective at all. They noted that what was preached in the mass media presented conflicting views. After a ‘terrible’ show had been presented on the horrifying aspects of HIV/AIDS and after overly scaring people, they argued, another one is presented showing a beautiful girl with her breasts and her body half bare. They noted that the media broadcast the same stuff (the same words and same sentences about AIDS) over and over again and had only managed to portray HIV as an everyday problem and less of a risk. They maintained that the media have even worked so well to familiarize it that people no longer fear it. The dramas about HIV/AIDS on TV are equally full of unwanted and unnecessary pornographic material and may arouse sexual desire instead of suppressing it, they maintained. Some of them concluded that it would be better to concentrate only on the bad aspects of HIV/AIDS in order to scare people.

The young people involved in the study also criticized the well-publicized ABCs of HIV/AIDS prevention paradigm locally known as sosstu ye me higoch [literally three principles of M - metageb (abstain), mewsen (be faithful), and meteqem (use condom)]. They said that the definition of abstinence (metaQeb) is not clear and does not specify for how long one can abstain from sex.

For example, abstinence should not be that which applies in a monastic life. For me abstinence is when a person abstains from sex temporarily, such as until he completes high school or his college education and marries. This is not what we see among the youth in reality. When I think of abstinence, putting myself in the shoes of many young people, I feel that the message that says, “Abstain from sex” does not work. Abstinence requires a number of conditions such as the availability of places in which we spend our leisure time, play non-dangerous sports, games, read books, enjoy club activities, job or training opportunities and so on. I believe that these things help young people to introduce behavioural change and remain abstinent from sex (Kiros, 19-year-old student).

Although abstinence is in the forefront of the campaign against HIV/AIDS, young people considered it something impractical.

The other problem extracted from the information given to the young people was related to another message referred to as “Be faithful”. The message reads: ande le ande mewsen (be faithful to one partner) but to many young people it was not clear what it really meant. They questioned: Is it about staying with one friend at one particular time or forever? Some school students reported that they are practising ‘one-to-one’ as they have only one girlfriend, unlike before when they used to have more than one sexual partner at the same time. The school students said that if they have one girlfriend for this year and another for next year, they are confined to one-to-one relationship as they thought that it is about having one sexual partner at a time. They commented that it is difficult to imagine that a girl or a boy from a junior high school will last with only one boyfriend or girlfriend, and what has started in a junior high school does not proceed to a loyal relationship and finally to marriage. Pursuing the matter, they noted that because of their age and the external influences around them the young people find it difficult to limit themselves to only one friend throughout their life. They commented
that it is difficult to achieve loyalty between partners, and the information released did not consider all these realities on the ground.

This demonstrates that two of the three ABCs widely publicized in HIV prevention campaigns via radio, TV, and posters seemed to be ineffective in influencing youth in general and for street youths in particular. Most young people, particularly the latter group, tend to be unaware of or oblivious to the benefits of abstinence in the face of their gloomy future because of their low social status which prevents them from marrying and establishing monogamous relationships (see Chapter Four).

There were also shortcomings in the contents of the information passed on to the young people regarding the use of condoms. One of the three 'vital messages' simply reads: "Use a condom" (metequem). The young people, however, commented that it does not clearly elaborate on the proper method of using a condom, how it can be damaged, what things can downgrade the quality of the condom, and its expiry date. These and other necessary information are usually omitted, and they admitted that they lack the necessary skills to use condoms properly. They also argued that using condoms is not a safe thing. Most of them reported that they did not use condoms consistently, and the reasons for non-use ranged from aversion to using condoms to purchasing problems and reduced satisfaction. Nor should it be forgotten that broader contextual factors and gender relations largely influence consistent condom use (see Chapters Six and Seven).

Moreover, some young people expressed confusion arising from the meaning of the terms 'HIV-positive' and 'HIV-negative'. One high-school boy indicated that he knew a man who underwent an HIV test. "When his results came out he was HIV-positive. He went to his sexual partner with open hands and a broad smile and told her the 'good news' and they celebrated together. He had understood being HIV-positive as a positive thing, namely, being free from the virus and HIV-negative as a negative thing (having the virus)". He commented that plenty of people suffer from similar confusion and suggested more needs to be done to make the public familiar with the correct meanings of these terminologies. I had heard this story in various versions on several different occasions, and if true, reflects the lack of proper pre- and post-test counselling.

Taken as whole, messages such as abstain, be faithful, use a condom, and HIV-positive and -negative may obscure more than they illuminate for many youths, although HIV/AIDS educators have often operated using pretty simple definitions. These terms provide a deeper meaning and contain many subtle messages than they convey through literal translation, and seemed to have been translated without linguistic and conceptual equivalence and cultural appropriateness. It seems that educators had failed to communicate effectively, and there is a need for dialogue concerning such messages and to make them more explicit. This requires drawing on the words, phrases, codes, symbols, narratives, metaphors, and slang, which young people normally use in daily language to refer to issues, related with HIV/AIDS prevention. This re-emphasizes the need for young people to participate actively in the wording, design, and conveying of messages.

Similarly, as the opening quotation illustrates, the young people seemed to be fed up with repetitive messages about HIV/AIDS. I attended a number of rallies organized to increase awareness of HIV/AIDS during the 2001 and 2002 World AIDS Day events and on other occasions in Dessie. The teaching about AIDS was given side by side with music, short dramatic sketches, and other entertaining activities. This was done to spare young people the boredom that they might otherwise have felt if taught only about AIDS. However, most of the young people were more attracted to the music and dancing than paying attention to the messages about HIV/AIDS. When I asked some of the school pupils why they paid less attention, they complained that the educators talked about what they already knew and

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99 This and other similar stories from young people reflect misperceptions and confusions related to HIV/AIDS in some cases and in other cases exaggerations of truths. It also shows "the elasticity of the human mind to be creative with the information that it receives" (Hart 1995:151).

100 This is not to say that all educational messages were not clear, but to indicate some of the gaps in the information disseminated.
expected nothing new. They said that the messages transmitted were repetitive and obvious: about the most common ways HIV is transmitted and prevented.

Although the critical opinion common to all young people of ongoing interventions could be part of their general frustration and negative attitude towards those in authority, the key informants also expressed the same dismay and pessimism with regard to their experience of intervention programmes to halt the spread of HIV/AIDS. They argued that from 1986 to 1991 most people did not talk about HIV/AIDS in Ethiopia, partly because many people did not accept its existence; everybody was silent and in a state of denial. Since then information has been made available through the radio, TV, and fliers to which many young people may not have access, and those involved in HIV/AIDS prevention have not begun to provide continuous and intensive education about HIV/AIDS. They maintained that information and education are two very different things, and the government and NGOs involved in HIV/AIDS education should not aspire to see behavioural change merely as a result of providing information. They argued that most of the teaching is done in towns, and the clubs and NGOs that are operating in Dessie have not even gone out to the nearest rural communities such as Gerado to teach about HIV/AIDS. This led them to comment that it is high time to ask how information on HIV/AIDS should be presented. They maintained that what physicians and other educators teach at present is what is written abroad, which they bring and read to large audiences. But what prevails abroad is quite different from Ethiopia. However, no one has given it a serious thought to what extent the situation abroad could effect a change in Ethiopia. They [physicians and other educators] simply bring in these voluminous books and read them to large audiences, without any further explication. Even when they do teach, they use English words. This is very difficult for local people to understand. It would be better if people were not taught at all rather than confusing them, they argued.

The key informants cogently argued that the IEC materials were mostly prepared by central government and non-government agencies based in Addis Ababa, and did not seem to fit the languages and social values of a particular area. For instance, the pictures that appear on posters put up everywhere in the country showed ways in which HIV is transmitted including: needle, syringe, a pregnant woman, a man and a woman in bed and so forth. This led them to state that the posters were not designed by someone who had studied the sharp devices mostly used in rural society such as razor blades and knives. They commented that those responsible for HIV/AIDS prevention did not involve readers at the grass-roots level before producing the IEC materials. They were mostly from the central office in Addis Ababa and prepared by people who were not familiar with the real situation in local communities elsewhere. Pertinently, some of the posters were produced according to foreign cultural standards and were not accepted in local communities.101 This implies that HIV/AIDS prevention programmes have employed generalized messages and a top-down approach, which is a replica of many development projects as well.

Both the young people and the key informants maintained that since there was no coordination, the way the HIV/AIDS information was presented and made available seemed inconsistent, confusing, and conflicting. Educators from different organizations talked about different aspects of HIV/AIDS. The information one individual provided on the topic contradicted the information provided by another. During the interviews, many young people told us that they had read something in a newspaper, but had also heard something different on the radio or from schoolteachers or in neighbourhoods, and asked us which version was true. For instance, I heard about teachers who told the students different stories about the protective capacity of condoms. Some said that it can protect up to 97 percent, others put the figure at 50 percent, while others made it 45 percent. The young people considered such

101 For instance, farmers (ten men and five women) in northwest Ethiopia were presented with three different posters related with HIV transmission and prevention, and none of them understood the intended messages of the posters. The posters posted in public places were taken home to decorate the walls (Gebre 1997).
inconsistent information confusing and it tempted them into doubting the real existence of the much-talked HIV/AIDS. This suggests that the quality of training and supervision of educators was inadequate. Educators need to be well informed with updated information on HIV infection, AIDS, condoms and condom use, and risky and non-risky sexual practices. Equally important, most NGOs or governmental organizations need to evaluate the impact of their IEC programmes (Kloos et al. 2004). Furthermore, young target groups need to be involved in message development, in pilot testing IEC materials and in making changes continually.

In the questionnaire, when school students were asked whether they thought the current HIV/AIDS education programmes targeting youth were effective or not 41 percent responded “Yes” and the other 59 percent “No”. When asked what approaches they thought should be followed to convey educational messages about HIV/AIDS that would attract their attention and bring about a change in behaviour, both school and street youths came up with a number of suggestions:

- People living with HIV/AIDS should be involved in teaching the public to be aware of the disease by disclosing their HIV/AIDS status. This approach was strongly emphasized by both school students and the street youths at virtually every interview/FGD I conducted, and in almost every informal conversation I had about HIV/AIDS prevention.
- Educational messages on HIV/AIDS should be presented in the form of narration and novel readings (be tereca). Most of them preferred dramas, theatre, art, and films to didactic academic approaches. Dramas and shows that feature characters living with HIV/AIDS or narration and literary works on HIV/AIDS were perceived to be more effective in capturing people’s ears.
- Strengthening Anti-AIDS Clubs both in schools and out of schools.
- Group discussions such as the one they were engaged in (the FGDs) and peer education by those who had sufficient and reliable knowledge about HIV/AIDS should be strengthened. Most of them stressed the need for increased face-to-face education about HIV prevention. The street youths in particular commented that education programmes being conducted in the country, using television and radio, were not very effective, as they did not have access to such media.
- Messages in the media about HIV/AIDS such as ‘Value your life’ (le hiwoteh waga sete), they argued, have bored them and the general public, and attractive messages must be transmitted.
- Intensive and continuing education should be given in schools, and sex education, including HIV/AIDS, should be included in the school curriculum.
- Parents should communicate more openly with their children about HIV. They should teach children about various means of HIV transmission and prevention. The media should play a key role in promoting this sort of programme.
- The most influential community organizations, especially iiddir and kebele leaders should be involved in HIV/AIDS education.

102 Most of the young people liked the interactive nature of focus group discussions we conducted, commenting that it gave them the opportunity to explore sexuality and HIV/AIDS with their peers. As indicated in Chapter One, most of them (but not all) showed an enthusiasm and concern for the issues raised, and that there were many debates. Most of the FGDs were held in three or even four sessions and attendance was capacity most of the time. The best example of their interest and commitment to taking part in the discussions was one high school student who travelled to his rural home village every Friday evening to bring food for the week, but cancelled his weekly journey on Friday for the sake of the second session scheduled on Saturday (he left immediately after the last session).

103 ‘Value your life’ (le hiwoteh waga sete) is the most often heard message conveyed to alert people to protect themselves from HIV/AIDS infection in Ethiopia. Ethiopian Radio invariably broadcasts this short message every now and then just before the news. It is also written on many big billboards.
Developing culture-sensitive interventions seems to be a formidable task that involves reconciling diverse preferences, and more research remains to be done about how best to convey information to young people in an attractive way. Among participants with diverse backgrounds, there will always be some disagreement. But the outcome of the entire discussion suggested more convergence than discordance: most of the young people strongly emphasized the importance of peer education and other types of face-to-face education as the best way of addressing the problem (see Paiva 1995 and UNAIDS 1999). Almost all of the informants (from schools and among the street youths) repeatedly claimed that people living with HIV/AIDS should be involved in teaching them and the general public in order to bring about behavioural change (see also Tadele 2000).

The suggestion, however, was simultaneously both simple and complex. Some of the key informants working for NGOs thought that persuading HIV-positive people to teach in public would not make any difference these days. They claimed that HIV-positive people have already played their role quite successfully and their impact on bringing about behavioural change would be limited. A few years ago, they claimed, many people used to perceive HIV/AIDS as a fake propaganda disease, and it was during that time that the government and NGOs literally forced HIV-positive people to come out and declare their infected status so that people would come to their senses and accept that HIV/AIDS was no mere propaganda. But this is now no longer the case. People now are witnessing the death of family members, relatives, and close friends or at the very least a distant acquaintance as a result of AIDS, and they need no other proof for its being real than that. They maintained that the only thing left for HIV-positive people to do is to share their life experiences so that other people would learn from their mistakes and hopes.

But this is not what is being done these days. Instead, unfortunately they prefer to go into technical details and meddle in things they do not know much about, and they are misinforming the public. They are not professionals and should not go into technical details of which they know so little, if anything at all, they said. They argued that HIV-positive people claim in public that they know when, how, and from whom they got the virus, while in reality they may know nothing about that. They also sometimes portray the disease as a very superficial thing, trying to minimize its importance. The key informants stated that this approach has another drawback, because when a HIV-positive person comes back to his rented house after his day's work to expose his status to as many people as possible, he finds he has already been kicked out of his house. Therefore, some of the key informants concluded that the approach which uses HIV-positive people to teach the public has to be abandoned for good because it is beginning to have more and more negative repercussions than benefits.

I interviewed a number of people living with HIV/AIDS, and they asserted that they are involved in teaching the public in schools, at public gatherings, and in churches; receiving more attention from an audience than the medical doctors or any other professionals involved in teaching. The question now is where does the truth lie? To me it seems that when people look at an AIDS patient on stage portraying himself/herself as a 'victim', the situation creates a bad impression about HIV/AIDS and reinforces its real existence and the need to change sexual behaviour. Therefore, it is not the teaching method or the message that these people convey that matters most, but their appearance on stage. Similarly, the impact of symptom-free HIV-infected persons on stage is an effective way of personalizing the problem and gives a human face to the disease, thus bringing HIV/AIDS close to everyone's life (Roy and Cain 2001; Bolton 1995). Pertinently, in circumstances where seropositivity is perceived as a death sentence, involving PLWAs may provide an image of productive and actively engaged persons living a happy life with HIV/AIDS (Roy and Cain 2001). As some of the key informants argued, letting people living with HIV/AIDS teach about the disease just because they are HIV positive, while they do not know anything about HIV/AIDS, has its own disadvantages. The case study presented in Chapter Six shows how some people living with

104 *Iddir* is a traditional association that provides financial and logistic support on the death of the member or the relative of the member. The potential role of *Iddir* and *kebele* in HIV/AIDS prevention were examined by Pankhurst and Haile Mariam (2000); Kloos et al (2003).
HIV/AIDS are ignorant about even the basic facts about HIV/AIDS prevention and transmission, and dictates the need to provide intensive training and health education, and involve them in teaching young people and the public at large (see Chapter Nine).\textsuperscript{105}

In the questionnaire, school students were asked the following question: "If you and your friends were to receive educational information about sexuality and HIV/AIDS, how would you like this information to be presented [mark only the two most important methods]; 60 percent indicated dramas, musicals and other literary entertainment shows and by people living with HIV/AIDS; 20 percent opted for dramas, musicals and other literary entertainment shows and groups rather than individual targeting; 10 percent chose dramas, musicals and other literary entertainment shows and individually rather than targeting groups, and another 10 percent indicated by people living with HIV/AIDS and in groups rather than individually targeting. The results of the questionnaire reflect that most young people preferred to receive education via dramas, musicals and other literary entertainment shows and by people living with HIV/AIDS to any other options given. They were also asked to indicate one best or most important channel to transmit information that they thought might be listened to by all young people; 50 percent said face-to-face presentation; 40 percent radio and television; and the other 10 percent opted for print media, suggesting that face-to-face presentation by peers is the channel most preferred to any other options given. These results show the convergence of qualitative and quantitative information about preferred modes of message delivery.

\textbf{Obstacles and challenges surrounding intervention programmes}

\textit{Absence of sex education in schools}

Most young people have questions about sex, but in the Ethiopian context, the answers are not always accessible or complete. Most of the participants explained that they did not obtain information about sexuality from their parents, a situation that prevails throughout Ethiopia (Afework et al. 1997). They argued that parents may not have the knowledge and moreover be uncomfortable talking to their children about it, and that the children may not be comfortable asking their parents for advice or information. They also noted that the parents believe doing so would be encouraging their children to think more about sex and enter into it at a very early age.

\textit{What my family, for instance, may tell me about AIDS is "Hey boy, please take care! There is a merciless disease out there. Otherwise, you will die." This cannot change my sexual behaviour. The picture that we have of sex is a different one and won't be changed by what our families tell us. It cannot help us lead a consciously safer way of life} (Grum, 19 student).

Another schoolboy seconded this view:

\textit{When they hear about HIV/AIDS prevention on a TV, parents try to warn you, "Please, take care." There are no parents who are duly concerned about this problem and teach their children properly. In our family, my mother tells us that if a thin person shakes our hands, we have to rush to our home and wash our hands with soap in case the thin person contaminates us with HIV} (Adebabaye, 16 male).

The main preoccupation of parents with their children's sexuality seems only disease avoidance. It seems that parents did not accord proper emphasis to providing information on how to make sex safer and the required skills of responsible decision-making on sexuality issues. Silence surrounding sexuality was also common not only between parents and children but also between partners in a relationship or marriage. Young people involved in the study reported that they preferred to "getting down to business" to talking about it.

\textsuperscript{105} Since I did not come across any women living with HIV/AIDS who were involved in HIV/AIDS education in Dessie, it seems essential to emphasize the importance of providing a supportive and rewarding environment to motivate them to do so. This strategy could also serve as part of empowering and financially supporting them (particularly those once impoverished).
Therefore, the parents' and to some extent policy makers' discourse on sex in Dessie and in all of Ethiopia seems to be that children are not supposed to know about their sexuality. Through this blanket of silence ignorance about sexuality is maintained, and many young people expressed confusion and misperceptions related to masturbation, homosexuality, oral/anal sex, and various sexual positions (see Chapter Five). There is a need to recognize that young people are inquisitive and sexually active, and it may not be possible to protect them from sex through keeping them ignorant. Against this backdrop, providing sex education in school appears necessary. Sex education, however, has not been incorporated as part of the school curriculum in Ethiopia. I put the following question to one of the key informants involved in HIV/AIDS prevention: “What do you think of the plan to start sex education and distribute condoms in schools?” He responded:

Once we proposed the distribution of condoms in school, but some people rejected it and we weren't able to do much. The public accused us of spoiling their children by providing condoms, and teaching them about sex. As a result, we have not been able to make much progress, but I think, the benefit outweighs the harm. It is better if they have sexual intercourse using a condom than without it. This, of course, may encourage them to have sex thinking that they are safe. But how many young people actually abstain from sex? No one is abstaining from sex. Most children in this area begin having sex starting from grades 7 and 8. Hence, to minimize the dangers of unsafe sex, sex education should be provided. Distributing condoms would save such a non-abstaining society. We do not just simply encourage sex and we accept it as a culture. Distribution of condoms and sex education are, I think, the effective means of combating the disease.

Kedir is an 18-year-old student and gave typical comments when asked about his views on sex education and condom distribution.

Sex education isn't given in school now. But I think it would have been very good if it were. Students will grow up with the knowledge of what sex is about, when it should be done and how, what will follow if they start sexual relations while they are still in school and many other such things. [When asked his opinion about condoms being distributed in schools, he replied]: I think it might be good. But getting a condom is not a problem; those who want them can get condoms in every shop (suq).

In the questionnaire, 85 percent agreed and 15 percent disagreed with the question “Should sex education be given in school?” Sex education in school is a very controversial issue for parents and policy makers, but most students seemed in favour of it, highlighting the need to incorporate it into the school curriculum. Schools seem appropriate places to teach young people about HIV prevention (Gallant and Maticka-Tyndale 2004), and a comprehensive education programme that includes sexuality, STDs/AIDS, drugs, and family-life education should be integrated as part of the curriculum of educational institutions at different levels. There is a need to start early with general issues about sexuality and move gradually into specific details when children reach grades 7 and 8, a time that most students become sexually active. Many lessons, however, remain to be learned about implementing sex education in ways most likely to protect young people from HIV infection. Exploring the needs of young people and possibly asking their parents and other stakeholders what they think should be taught in sex education, and at what age it should be taught is an area that requires further investigation. It should also be noted that although there is a compelling need for comprehensive school-based sexuality and HIV prevention education, school-based programmes cannot reach all youths. Street and other out-of-school youths in particular need to be reached with context-specific information that schools provide to all others.

Whereas 40 percent of school pupils expressed agreement and the other 60 percent disagreed with the question “Should condoms be distributed in the school?” Those who disagreed reasoned that the school is a place where children and young people go in search of knowledge, and teaching about sex and distributing condoms would only be telling the students to have sex whenever they get the opportunity. Not only young people but also some key informants involved in HIV/AIDS prevention strongly opposed the distribution of
condoms in school. Some of them even opposed the promotion of condoms to the general public outside schools at all, arguing that condom use promotes promiscuity (see Chapter Six).

Sources from which the participants said they hear about issues of sexuality, safe sex, love, marriage and related issues include: TV and radio, friends (peers), the school mini-media, pornographic films and newspapers or love/erotic magazines. Pornographic films in particular were mentioned as the main source of information (see Chapter Five)

**Lack of coordination**

“One hand cannot make the sound of clapping on its own”; “Spider webs bound together can tie a lion”; “Fifty lemons are a burden for one person but a gift for 50 people”. These are some of the Ethiopian proverbs that emphasize the importance of cooperation, collaboration, and sharing in carrying out tasks. HIV/AIDS interventions have never been well coordinated in Ethiopia and they are still far from being properly run in tandem. There is a severe lack of coordination between interventions undertaken by different organizations (governmental or non-governmental) and Anti-Aids clubs in Dessie. The Disaster Prevention and Preparedness Commission (DPPC) is the government organ supposed to co-ordinate and supervise NGOs working on HIV/AIDS and other development activities, but standardized methods for guiding activities do not seem to be in place. As a result, most organizations were not engaged in continued and productive activities or programmes. In the absence of well-coordinated and continuous interventions, it appeared that most of the money was spent in vain.

The head of one of the NGOs dealing with people living with HIV/AIDS (PLWAs) and children orphaned by AIDS argued that there are about 18 NGOs and Anti-Aids clubs working on HIV/AIDS in and around Dessie but none of them was willing to work with the organization he runs. Highlighting the lack of coordination, other key informants argued that people who had received training in HIV/AIDS previously were seen taking the same training again. There was also a duplication of efforts. For instance, they argued that OSSA, the Ethiopian Orthodox Church, and the Ethiopian Evangelical Church, Mekaneyesus, gave training to religious leaders (Christians and Muslims alike), and one single person received the same training four or five times. They likewise commented that who should be trained, why they are trained, and what support they need afterwards were not taken into account.

**Limited management and insufficient financial resources**

Most of the key informants argued that many of the interventions were only being put into operation because there was money from the World Bank or other sources to be spent on HIV/AIDS, which required that the allocated money spent on projects had to be accounted for before the end of the fiscal year or before the end of the projects. Various organizations found themselves in possession of large amounts of unspent funds and were asked to report back on how they spent these funds. The key informant who headed one of the branch NGOs in Dessie argued:

*The same thing happens to us here in our organization. We sometimes find ourselves in possession of large amounts of funds and are asked to report back on how we spent these funds. But that should not have been the way. Projects should not be hurriedly devised because there are funds that should be used up and reports that need to be compiled and sent back, but rather the funds should have come for specific projects after they have been carefully devised and studied. Resources should have been mobilized once projects had been devised, goals set, and priorities identified. Strategies, policies, and plans should all be revised so as to help in the attempt to realize set goals and priority areas.*

He went on to argue that funds have been allocated in a certain kebele in Dessie for the care and support of children orphaned by HIV/AIDS, and, in the complete absence of such children, these funds were used to support orphaned children in general, no matter what the cause. And where such children were found in abundance the funds were consumed by workshops and seminars that provided handsome *per diems*. Sometimes the bulk of the budget has been set aside for the support and care of people living with the HIV/AIDS in a
hospital that has no such patients even on a list, whereas in places where such patients were present in big numbers, much of the money went into workshops with questionable outcomes.

So from all this perspective and commenting as an individual, I do not think we are doing the right things or are on the right track, including here in our organization. And I might as well say that in this respect nothing much has been done at all to curb the spread of HIV/AIDS and prevent it from spreading any further. And this may one day, as one priest has reportedly warned in one of our workshops, be taken as a crime against the nation and the public at large, just like the Red Terror (key slaps!). (laughs).

The key informants pertinently commented that these days setting up an NGO or working for an NGO have become lucrative ventures, and that those who run NGOs are concerned only about their survival or personal advantage for which they divert the budget allocated to community development or HIV/AIDS prevention (See also Obbo 1995; Setel 1999; Moyer 2003 for similar accounts in Uganda and Tanzania).

The discussion implies that the management capacities, accountability, and transparency of organizations working on HIV/AIDS need to be enhanced. Otherwise, the money available may be lost in haphazard training and other questionable activities. Donors should ascertain that the organizations do have the capacity and integrity to work with the money and contribute to the best and newest practices in HIV/AIDS prevention. Providing training to prepare those involved for their responsibilities, and establishing accountability and transparency seems another area of intervention. Importing expensive experts while there are locals who could play the same or a better role in a culture-sensitive way is another drawback that should be rectified.

Paradoxically, while there was evidence of abundance and mismanagement in some cases, there was also scarcity in other cases. Some key informants mentioned the meagre budget allotted to HIV/AIDS prevention as one of the most serious problems they encountered. Except for the recent financial support from the World Bank, they argued that the government funding that had been allocated over the years to fight HIV in Ethiopia was not enough. When I asked the head of one of the NGOs in Dessie about the problems that his and other similar organizations are facing, he replied:

*We have many problems but the main problem is financial constraints. Most of the people living with HIV/AIDS look miserable. This could be attributed to lack of food and other essential support. Many of them are simply depressed. Some are upset just because they have the virus in their blood. We should be able to teach them that they can co-exist peacefully with the virus. To do this, however, we do not even have enough chairs. We teach them in this hall [small room] by grouping them into different sections. We have five or six groups. To facilitate this, we need chairs and tables. As you can see, the hall is very small, and empty.*

Financial constraints (and apparently poor support by schools and parents) seem to have crippled the Anti-AIDS clubs that could have played a crucial role in the fight against HIV/AIDS. Most of the Anti-AIDS clubs I visited did not have a financial capacity adequate to improve their activities and give students a proficient training. They had different problems, including lack of office space and office facilities where they could meet and organize programmes, plus a dearth of guides, manuals, stationary facilities and the like. Furthermore, even though AIDS has existed almost 20 years in the country, Anti-AIDS clubs emerged very recently. Most of the existing clubs in Dessie have been formed within the last three years (see also Kloos et al. 2003).

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106 The Red Terror is the name given to the mass murders committed by Mengistu’s Marxist regime (*Derg*) in the 1970s and it is estimated that tens of thousands of students, intellectuals, and politicians perceived to be government opponents were murdered. Except for Mengistu and few other officials who escaped, most of the Derg officials suspected for participating in the Red Terror have been languishing in prison for the last 14 years awaiting trial.

107 It should, however, be noted that not all NGOs are corrupt as there are trustworthy NGOs that are acknowledged for their good deeds.
Lack of political will

Political leadership is critical to evincing a strong response to HIV/AIDS. It is reported that some non-Western countries such as Uganda, Senegal, Thailand, and Brazil have succeeded in reducing the rate of HIV infection; although they have used different intervention strategies, the strong government commitment that brought together different stakeholders in the fight against AIDS was the common denominator in all these countries (Campbell 2003). These countries demonstrated how commitment on the part of the leaders and the general public can provide a supportive environment and framework for action. As stated above, the early HIV/AIDS prevention programmes lacked strong government support, and this is still at a far from satisfactory level. The key informants noted that there is little participation from the side of government leaders and professionals in Ethiopia. There are few people in higher positions who actively participate in efforts undertaken to curb the further spread of HIV/AIDS. And this absence of leaders and professionals in the preventive interventions is one factor that has decreased the impact and effectiveness of interventions. When I commented that the government claims that the silence surrounding HIV/AIDS had been broken and asked if there was real commitment to their cause on the part of government and educators, the key informants argued that breaking the silence in its proper sense and meaning does not mean only those people with the virus exposing themselves to the public as carriers. One of the key informants had this to say:

Breaking the silence in its proper sense and meaning seeks to end the indifference of government to the problem of HIV/AIDS. In the Ethiopian case, breaking the silence has been translated to mean "If you have contracted HIV, cry out loud in public and do likewise if you have been orphaned because of AIDS". But breaking the silence is not this. Breaking the silence means that all people should participate actively in intervention efforts without any feelings of indifference and without distancing themselves from such efforts. It means not perceiving the problem as "other people's business".

It is rumoured that many well-known public figures (politicians, sportsmen, artists, academics) have died of AIDS but none of them disclosed the cause of their death to the public. It seems that those who are in the position to get involved and turn the tide are still dwelling in a veiled world, blinding themselves to the danger. Much work remains to be done in tackling the denial and by extension, discrimination problems at every level to demonstrate that the fight against HIV/AIDS is the responsibility of everyone in the country as well as that of the government.

In conclusion, there is a series of multi-level obstacles and challenges surrounding HIV/AIDS prevention in Dessie or for that matter throughout Ethiopia, and understanding these complex problems has a direct bearing on how interventions can be improved. Given the still inadequate interventions (coupled with poverty and other related issues discussed in previous chapters), it is not surprising that Ethiopia has one of the largest infected populations in Africa. These same obstacles, challenges, and mistakes have retarded the whole complex of development projects initiated by the government with financial support from Western countries. In this context, “AIDS demonstrates how economics and politics cannot be

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108 The fact that the Ethiopian government did not send its representative to an expert meeting on social science and HIV/AIDS organized by Netherlands Development Assistance Research Council (RAWOO) held from 18-20 March 2004 partly substantiates my argument. RAWOO covered all travel expenses to the Netherlands and invited three participants (from the academic community, NGOs, and government) from five African countries; Ethiopia did not send a government representative.

109 The Prime Minister of Ethiopia had never been heard to mention HIV/AIDS publicly until September 2001, reflecting that he did not give the problem the urgency that it demands (Degefe et al 2002).

110 Although the illustrative examples used here were generated in Dessie and Ethiopia in general, the expert meeting from five African countries that I attended recently informed me that these same problems have affected HIV/AIDS prevention across Africa (see RAWOO Expert Meeting, March 18-20).

111 It should, however, be noted that the Western donors through big financial institutions such as IMF and World Bank push their own development agenda with little input from the beneficiaries (the
separated from disease; indeed, these forces shape our response in powerful ways. In the years ahead we will, no doubt, learn a great deal more about AIDS and how to control it. We will also learn a great deal about the nature of our society from the manner in which we address the disease" (Brandt 1988:168 in Farmer 1992:191).

Conclusion

What are some of the silent themes that have emerged from this chapter? Since it is devoted to reflecting on the efficacy of HIV/AIDS interventions, many of the issues raised above are discussed extensively in Chapter Nine, and I shall be brief here.

First and foremost, messages transmitted to prevent HIV/AIDS were not clearly communicated to young people, and in some cases have resulted in confusion. The ABC prevention paradigm is criticized for being too narrow as an HIV/AIDS prevention strategy. Young people in Dessie and perhaps elsewhere in Ethiopia were not even reached by these narrow messages that do not take structural issues into account. It seems that many of the organizations involved in HIV/AIDS prevention did not pay enough attention to devising effective communication methods and strategies. Not to put too fine a point on it, all leaflets, brochures, radio or face-to-face messages and other IEC materials should be prepared in a language young people can understand, and a key issue is that they themselves should be involved in designing IEC materials (see Chapter Nine).

Contrary to the public discourse about sexual openness in Dessie (see Chapter Two), the majority of households (except for a few elite families) did not discuss sexuality and HIV/AIDS with their children. I was told that there were families that equate talking about sex with actually having sex. When they hear children talking about sex, they assume that they actually would do what they are talking about. They become furious and say, for example, "You unruly rabble! So you have even started talking about this!" Many parents in Dessie and more generally in Ethiopia prohibit their children to watch TV programmes that involve sexuality.112 It appears that there is an urgent need to equip parents with information about sexuality, and instill in them the importance of open and frank communication about sex with their children (Campbell and MacPhail, 2002). Most of today's parents grew up before there was HIV/AIDS, and talking about sex was more taboo than it is today. As a result, they lack the experience and knowledge to talk about sex with their children, even if they are willing to do so. It is important to provide parents with the information and skills they need to have an effective dialogue with their children. Since children under 15 years of age constitute 46 percent of the population in Ethiopia (CSA 2000), parents could play a significant role in shaping children (tomorrow's men and women) from an early age, thereby contributing to the overall prevention efforts.

Not only are parents and children silent, this study has revealed that there was no discussion about sex in boy-girl relationships, and perhaps even in marriage. Young people tended to say, "We just simply get down to business". This situation may result in unwanted, unanticipated, or regretted sex (Mitchell and Wellings 2002). "Promoting a free atmosphere to talk about sex and sexual experiences in general, without a necessary reference to HIV or other sexually transmitted diseases, must be an important ingredient of HIV/AIDS prevention campaigns" (Campenhoudt et al. 1997:17). Research elsewhere has shown that opportunities

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112 There is only one government-owned TV channel in Ethiopia, but lately TV Africa was introduced. I heard that TV Africa stopped its transmission because of the complaints from the officials and the general public for airing films that are related to sexuality.

structural adjustments programme is a case in point). There is no equal partnership in place and most of the development projects are donor driven. The language of development policy (including HIV/AIDS prevention) has become a Western approach with little concern for its appropriateness to local conditions (Campbell 2003). Funding agencies are not willing to recognize that HIV/AIDS intervention that worked in one country or with some groups within a country may not work in another country or with different groups (Moyer 2003). Nevertheless, the national government should take the lion's share of the blame for the failure to control the spread of HIV/AIDS.
to communicate openly about sex, with sexual partners, peers, and parents or other significant adults are more likely to increase safe sex among teenagers (Aggleton and Campbell 2000; in Campbell and MacPhail 2002; Cambell 2003; Piot 2000). Srivastava (2003:8-10), however contests that "...The secrecy versus openness debate might cover a more complex terrain than usually explored". He sees the secrecy surrounding sexuality as a virtue and criticizes NGO discourse that states: "Sexuality embodies some kind of truth, and that its discovery is the path to light and away from darkness".

"More than a decade of action to fight HIV/AIDS has shown that, while international political, financial and technical support is important, the key to lowering incidence and mitigating impact is a nationally-driven and sustainable agenda. National governments must assume ownership of the HIV/AIDS problem. The responsibility for devising, implementing and evaluating country-level strategies against the pandemic rests with each country" (RAWOO 2002:15). It appears that contrary to the claims of some reports (Shine 2001), there is relatively little commitment on the part of the government and NGOs working on HIV/AIDS prevention in Ethiopia. The overall responsibility for HIV/AIDS prevention has been given to one of the weakest (severely under-resourced, especially in terms of human capacity) ministries (Ministry of Health) in the country, and the promotion of a multi-sector response to the epidemic as specified in the HIV/AIDS Policy has not yet been accomplished.

The multi-sector approach is necessary because HIV/AIDS cuts across a range of sectors (health, education, agriculture, industry, gender, youth, justice and finance) (RAWOO 2002). Given this, other ministries and institutions must engage themselves constructively in the important work of preventing HIV infection. Different organizations involved in HIV/AIDS prevention should respect each other's work and establish a national coordinating body, an honest broker that brings different sectors/stakeholders together to learn from one another.113

Moreover, even the most committed leadership may not be able to make a difference without the participation of various sectors of society (Campbell 2003). Interventions are likely to be more effective when local wisdom and cultural practices are utilized and respected. Political commitment, therefore, requires ensuring the participation of community-based organizations ("elders: traditional associations that provide financial and logistical support for the bereaved; , equbs: rotating traditional credit associations; and community elders/leaders, religious leaders, PLWAs, the private sector (business community - including those who run hotels and bars, night-clubs, pornographic film houses, char houses), civil society organizations, schools, academia, and donor agencies in generating culture-sensitive messages, planning, and the implementation of HIV/AIDS prevention strategies (see Kloos et al. 2003 for elaborate discussion of the contribution of community-based organizations in HIV/AIDS prevention).114

More importantly, an enabling environment or channel whereby young people can provide input into local and national debates concerning HIV/AIDS prevention, sex education, condom distribution, and other national agendas like the problem of unemployment, education and similar social development policies must also be created (Campbell 2003). Thus, although the government is expected to play the key leadership role, the crux of the matter is that everybody has to consider the problem of HIV/AIDS as his/her own problem. No one can escape from the economic and social impacts of HIV/AIDS, though they may avoid infection by the virus. For example, it is reported that more than 50 percent of hospital beds in the country is occupied by AIDS patients (Kloos et al. 2003), a figure which must have increased these days. Hence, the fact that each and every available bed is occupied by AIDS patients, coupled with the fact that the patients occupying a bed for a long time, 113 Getting different stakeholders together and running programmes/projects is not an easy task. Campbell (2003) describes how such efforts have failed to achieve their intended goal in South Africa.
114 Campbell (2003:195) points out "The potential for local participation to have positive health benefits depends very heavily on the extent to which local attempts by marginalized groups are supported and enabled by the efforts of more powerful constituencies at the regional, national and international levels, and the development of health systems and organizational infrastructure to coordinate joint efforts".
shows that there will not be any bed available for an individual who is HIV-negative but who is still sick because of some other cause. These unacceptably high bed occupancy rates are a concern to the government, and efforts are being made to care for AIDS patients increasingly at home (Kloos et al. 2003). When we think of HIV/AIDS, we should not only think of an HIV-positive individual who is emaciated with bulging eyes and protruding teeth and who is losing their hair. HIV/AIDS knocks at every door and no one remains unaffected, and there is a need to comprehend its social and economic impact, and consider it everybody’s problem (even if one does not have the virus in his/her blood). In some places the prospects for young people to survive are declining as teachers and other leaders die of AIDS. Only acting decisively now to control HIV can ensure that today’s young people will have a future as adults.

Taken together, there is a need to accelerate focused and effective HIV/AIDS prevention programmes guided by long-term vision, genuine commitment, and above all national commitment to stop the spread of HIV/AIDS. Those involved in HIV/AIDS prevention should do so “By a sense of moral outrage at the needless waste of human life” and not “by business interests” (Cammell 2003:159). Urging young people (or rather browbeating them) to change their behaviour without providing culture-sensitive information and enabling their socio-economic environment is tantamount to the blaming the victim. Hence, inclusive, vigorous and culturally sensitive interventions that address prevention, care, and support and empowerment should be launched at once if HIV/AIDS is to be averted (Farmer 1992). I end this chapter with a quote from UNAIDS director Peter Piot (2000:2178):

Successful national programs appear to be characterized by at least seven features: the impact of all actors coming together under one powerful strategic plan; visibility and openness about the epidemic, including involving people with AIDS as a way of reducing stigma and shame; addressing core vulnerabilities through social policies; recognizing the synergy between prevention and care; targeting efforts to those who are most vulnerable to infection; focusing on young people; and, last but not least, encouraging and supporting strong community participation in the response.

This quotation and what I have tried to illustrate in this chapter and the preceding chapters suggest that HIV/AIDS prevention is a complex task that requires extraordinary responses to reverse the tide (Cammell 2003; Piot 2000). The next and last chapter, the Conclusion, will look at issues emerged from the entire thesis.

As pointed out by the opening quote, AIDS has become a big industry and lucrative business to some actors at the expense of the victims. Although there were some committed NGOs and government organizations, most programmes were ineffective, under-staffed, and without real commitment. This was a unanimous comment I received from my key informants (see Moyer 2003 for similar discussion in Tanzania).

I recognize the challenges of trying to implement such vigorous programmes in resource-poor setting, but it may be achievable given the resources are effectively mobilized and efficiently used and the population is aware and involved as a partner, not as subjects, in programmes. Many (certainly not all) of the obstacles and constraints discussed above are amenable to improvement even in a resource-poor setting. In any case, dealing with poverty and launching multi-level HIV/AIDS prevention and treatment is not an easy task (see Nattraas 2004).