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

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Conclusion: Bleak prospects

We appreciate your travelling all this way in order to hear what we have to say. This interview should not be wasted. If you are interviewing us only for the purpose of saying that this is what the people of Dessie say, it will be useless. The result of this interview should bring a solution to our problems (Aminu, 65-year-old man).

You told us that you are a university instructor. We have taken note of that. We have tried to be as informative as possible. As Aminu said, the information you have gathered should help you create ways, which bring the government and the public together in an effort towards saving the younger generation from its own mistakes. We hope this is the will of God (Basha, 63-year-old man).

I am of the same opinion. We have spoken our minds. We thank you for interviewing us. We spoke in all the meetings. If you use this for public purposes, may God bless you (Bekelecb, 62-year-old woman).

Farmer (1992:253) argues “...[D]escribing suffering, no matter how touchingly, is not a sufficient scholarly response to the explanatory challenges posed by the world pandemic of HIV disease.... Anthropology is uniquely equipped to investigate a new disorder, but the anthropological study of AIDS should be more than a search for “cultural meaning”, that perennial object of cognitive and symbolic inquiry”. Bolton (1995:306) also asks questions: “Unless research informs policy, is it worth doing?” and in Bolton’s eyes merely documenting HIV/AIDS or sexual cultures is unethical.

When an interview or FGD was over, I always gave informants the chance to say whatever they wanted to say. The quotations which introduce this chapter were taken from the comments made by three elderly people at the end of an interview. They pleaded with me to find ways to make sense of the data and be able to respond to AIDS in environments of hardship. Their words carry a strong message for researchers who engage only in theoretical research. The quotes convey at least two messages: First, they show the burden of HIV/AIDS and how old people in Dessie were worried about it. Second, they inform the researchers that theoretical research without policy implications is a luxury in a poor country like Ethiopia. It seems that although I am expected to produce a report that can stand the criticism of academic peers, I am also responsible for conducting research that may benefit the communities studied. Since I interviewed them, my thoughts frequently return to their heartbreaking appeals, and I have been pondering with their plea and how I could conclude this descriptive ethnographic study with practical policy suggestions. As indicated in Chapter One, many people working for different organizations assisted me in the research, in the expectation that it would contribute to a solution to their problems. I wonder how many of those who went out of their way to assist me would have done so had they known that it would make little or no difference. I will return to this question after presenting the key findings of the study.

This study set out to investigate the following four overarching research questions: a) How do young people understand and express sexuality and HIV/AIDS? b) How are poverty and other structural factors linked to HIV/AIDS infection and other processes affecting the sexuality of young people? c) How do young people and key informants receive, interpret, and evaluate ongoing interventions? d) What can be done? Let me now revisit these four questions.
How do young people understand and express sexuality and HIV/AIDS in their daily lives?

The empirical chapter (Chapter Three) began by investigating the relationship between love and money and how young people negotiate relationships. Literature on African sexuality stresses the link between sex and the exchange of cash and gifts (Standing 992; Schoepf 1995; Nnko and Pool 1995). Much has been written about the ‘Sugar Daddy’ practice in African countries where young women sleep with older men in exchange for material benefits. In Uganda such young women are jokingly referred to as ‘dentists’, and the process of getting money is called ‘detoothing’ (see Campbell 2003). As shown in Chapter Three, the relationship between love and money was indeed very much in the forefront of the minds of the young people in this study. The young men claimed that the only thing women were interested in was money, and the young women for their part said that men are interested only in sex. Both young men and women tended to construct members of the opposite sex as goal-oriented - devoid of love. The stereotyping of men as subjects of sexual desire and women as objects of money complicates men-women relationships and causes mistrust between the sexes (see Chapters Three and Four). Women in particular were presented as manipulative, and the boys equated women’s bodies with ‘gold-mining’.

Because of their precarious economic situation, street youths reported that they had never had a loving relationship, but they could only buy sex from prostitutes. For them the link between love, sex, and money appeared simple and straightforward. If money is short, love and sex are also scarce. The impact of such exchanges of gifts or cash on sexual relationships requires further investigation. At the outset, it seems that such transactional love or sex coupled with the masculine behaviour of men may cripple the ability of women to negotiate for safe sex as it entitles male sexual rights to women’s bodies (Kaufman and Stavrou 2004). With this established, the interrelationship of the economics of everyday life and sexuality should be taken into account in designing HIV/AIDS preventions. At the same time, however, I argue that loving relationships (without extrinsic benefits) do exist as much as relationships based on transaction.

Chapter Three suggests that mediation by peers is a common way of initiating a relationship. Plummer (1996) argues that, “Sexuality is massively prone to contingent context and metaphorical muddle. Human beings have devised a myriad of metaphors to talk about, think about, write about and perform human sexualities”. Young people in Dessie equated sex with war and the one who mediated a relationship was given the designation master-minder/strategist of war (awagi). The notion of a relationship as a kind of warfare is elaborated in the way the young men described their strategies to win the love of a girl and ultimately to have sex. The strategy of using mediators reveals how relationships between the sexes among young people first go through the collective social interaction of three or more people, then one-on-one dating, and eventually leading to sex, a love affair, or marriage. This approach seems to be popular in other parts of Africa as well. Nyanzi et al. (2000) reported that Ugandan school pupils rely on mediators commonly known as ‘dealers’, ‘catalysts’, or ‘go-betweens’. However, the mediators in the Ugandan case appeared to be ‘professional male brokers’ with special rhetorical skills to convince girls, and to demand the payment when the deal succeeds. This contrasts with the situation in Dessie where the mediators (awagihwoch-plural of awagi) are usually girls, and they do not explicitly ask for any reward or payment. The main aim of
awagi in Dessie is to convince the girl so that she would not be all alone in the affair. The reward is, therefore, a kind of companionship. Although initiating a relationship is the responsibility of boys, it was discovered that girls have developed strategies (often non-verbal ways) to initiate relationships themselves without violating the norms of femininity.

As elucidated in Chapter Four, because of their precarious economic situation and other changes related to urbanization, modernization, and consumer culture, marriage has become expensive and unattainable for many young people. Setel (1999) also notes that entering into marriage has become a difficult prospect for young males in northern Tanzania, but for those concerned about AIDS, it was one they considered seriously. He describes that the inability to purchase a plot of land in town, lack of access to land in the village, and a lack of proper housing or money to build, and a lack of resources for accumulating bride wealth are some of the problems young people face when they intend to get married. Because of similar problems related to marriage and weddings, almost all school students in Dessie viewed premarital sex as inevitable, while at the same time demanding the virginity of girls at the time of marriage.

Though the family is the primary socializing unit that influences the lives of its members, non-familial institutions, including religion, education, and the state are influential in shaping belief systems, including sexual behaviour (Lucas 2001), the depth of religious belief particularly influences teenage sexual behaviour. Studies report that those young people who observe religious customs and teachings are less likely to engage in premarital sex than their less devout peers (Reiss 1967; Moore and Rosenthal 1993). As pointed out in Chapter Four, religion is an important aspect of social, economic, political, and cultural life in Dessie and more generally in Ethiopia. Now the question is: What does belonging or not belonging to a religion signify in terms of sexual behaviour? As reported by young men and women, religion and religiosity did not constrain young people from premarital sex and in fact many of them exploited going to church or the mosque as an escape route from strict parental control. Hence, the relationship between religion, religiosity, and sexuality among youths in Dessie seemed different and contradicted common-sense assumptions and the existing literature (Reiss 1967; Delamater and MacCorquodale 1979a cited in Laumann et al. 1994; Moore and Rosental 1993; Paul et al. 2000; Rostosky and Wright 2003). These studies argue that religiosity is associated with the delay of adolescent coital debut. Such apparent tension between religiosity and sexuality in Dessie may reflect the challenge that religious institutions are facing in dealing with sexuality in general and young people’s sexuality in particular. Churches or mosques appear to have failed to provide sermons or health education that can attract the younger generation, in which they might have inculcated religious values and norms. In other words, both churches and mosques seem to have not yet fully begun to meet the spiritual needs of today’s younger generation beyond telling them to fast, pray, and observe other religious duties. This is not to say that there are no young religious people who observe religious sexual values and norms or examples of counter-normative behaviour. This is a case study that has focused mainly on sexually active young people, and their views may not represent all of their generation. I should emphasize that there are many young devout Christians and Muslims who respect their respective religions stance on sexuality and abstain from sex till marriage. The fact that an increasing number of young people these days seal their marriage with church weddings (qurban marriage among Orthodox Christians, which commands strict faithfulness and life-

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\[\text{The findings from this study are in agreement with recent survey conducted in Nigeria among ‘born again’ (members of Pentecostal church) youth. The study concludes that “The sexual behaviour of the study group did not appear to have been influenced by their religious attestations” (Olasode 2004:12; see also Romberg 2001). The study also argues that silence and secrecy surrounding sexuality is more serious in religious settings, and thus lack of counselling and other youth-focused services explains the apparent mismatch between religiosity and sexuality.}
long partnership with little chance of divorce) is an important indicator in the area of religion, religiosity, and sexuality.

Many young people had misconceptions about masturbation, oral sex and other sexual practices (Chapter Five). Most of them perceived masturbation as harmful and wanted us to verify or disprove what they had heard. The sources of their knowledge appeared to be peers and hearsay. It is, however, my impression that masturbation might be more prevalent than the youths admitted, even though their rhetoric was clearly anti-masturbation. Although there is a need to respect the stance of religious institutions on masturbation, other NGOs and governmental organizations involved in HIV/AIDS prevention also need to teach young people safe and healthy practices and attitudes. Masturbation can also be used to exercise with condoms before experimenting with partnered sex. It provides an opportunity to experience sexual feelings and what care should be taken to avoid breakage of condoms (Taylor and Lourea 1992).

For many young people involved in the study, a ‘normal sexual citizen’ is the one who refrains from anal/oral sex, homosexuality, and ‘unusual’ sexual positions. In other words, a normal sexual citizen is a heterosexual who sticks to the conventional sexual positions and practices. They also perceived oral and anal sex as the most risky in terms of HIV transmission and outlined several other ‘harmful’ effects. Their views on different sexual practices and orientations (Chapter Five) can be interpreted from different perspectives. Because of a noticeable silence surrounding sexuality, the first explanation could be that they were not informed about these practices and expressed genuine misperceptions. The second is that sex is surrounded by taboos, morals, and restrictions, and most informants did not communicate what they know exactly or what they practised or did not practise. The third could be a misperception for some and denial for others. In all explanations, narratives given by informants “do not in fact take us towards the Sexual Truth: towards a full, absolute, real grasping of our essential, inner sexual nature. ... [Instead], sexual stories can be seen as issues to be investigated in their own right” (Plummer 1995:5, emphasis original).

Chapter Five also revealed that most young people were maintaining multiple sexual partnerships, which some of them attributed to their age. They admitted maintaining one woman for love and others for sex. Similar practices (keeping one girl as a lover and others only for sex) were reported among youths in South Africa. Wood and Jewkes (2001:321) argue, “Multiple sexual partners, by all accounts virtually universal among boys, was said to be an important defining feature of ‘being a man’. The usual male practice was said to be to have a ‘5-60’ (five-sixty), ‘named after the Mercedes-Benz, the top range of cars’, and described as ‘the one you really love and want to be with all the time’ and, in addition to this, several partners ‘just for sex’ (‘cherries’ or one-night stands)”. Multiple-partner sex could also be an expression of masculinity and self-esteem when poverty does not allow them to fulfil customary masculine social roles and expectations (Silberschmidt, 2001, 2004). In any case, strategies directed at young people to protect them from HIV/AIDS infection require a more thorough understanding of such sexual practices.

Sexual violence such as gang rape, manipulation, coercion, assault, and verbal threats were found to be common features of young people's sexual relationships (see Chapters Two, Three, and Five). As shown in Chapter Three, the boys displayed their ability to inflict and contain violence by pretending, for example, to rescue a young woman from a male threat they might have set up themselves. The girls seem to have accepted such macho ideology and the implied threat of violence if they did not succumb. When the young women were asked about the problems which young people, especially girls of their age, face in their daily lives, they stressed that girls have difficulty in going to school and returning home safely as many young boys harass them or sometimes threaten or abuse them physically when they do not accept their offers of ‘friendship’. Similar findings were reported by another study on sexuality in Addis Ababa (see Lucas 2001). Such violent and aggressive behaviour is not only part of masculine behaviour but also a ramification of high youth unemployment and ‘streetism’. Young school-leavers or street youths without the means to further their education or
employment opportunities have no options other than hanging around on the streets and harassing school girls and other women. Such widespread sexual violence and harassment of girls by boys causes concern in a society highly affected by HIV/AIDS. It jeopardizes the relevance of abstinence as HIV/AIDS prevention strategy. Therefore, “HIV/AIDS sex education must address the sexual harassment of girls as a serious problem, but in a way that challenges rather than reproduces stereotypes of boys as sexual aggressors and girls as passive objects” (Pattman 2004:16).

Imbalances in gender power that prevent young women from negotiating relationships, particularly safe sexual encounters, have been documented even in developed countries with liberal democratic systems (Holland et al. 1992). Holland et al. (1991) report that many of their informants (young women) in Manchester and London had experienced sexual initiation through coercion and force. The distinction between male violence, coercion, and rape and ‘normal’ heterosexual sex are blurred since the social definition of masculinity in Western culture also portrays men as needing sex. Pertinent, violence against wives is widely tolerated in Ethiopia, and perceived as a domestic affair by the police, and the boys’ actions seem part of the broader context. Furthermore, Ankoma (1999) writing about Ghana argues that since men monopolize most of the scarce resources (education, jobs, incomes) and consider themselves the physically stronger gender, their sexual prowess could become more pronounced in developing countries. This means that men are able to demand and almost always succeed in obtaining sexual favours.

Questions such as what exactly HIV/AIDS is and what it represents to young people, what their perception of it is, where it originated, and how it spread produced both conflicting and overlapping discourses, narratives, and metaphors. As a reflection of the impact of lay and scientific beliefs, local explanations or narratives surrounding the alleged origin of HIV/AIDS boil down to four points: a ferengi (foreign, mainly American) conspiracy; punishment sent by God; a disease which has been around for a long time under a different name (amenmin); and of primate origin. Some young people maintained that Americans sent AIDS to Ethiopia and the rest of Africa to eliminate black people. They thought that ferengis did this to reduce the ever-expanding population of Africa. The conspiracy theory that blames America for creating and sending the HIV virus and inventing the condom as a population control strategy is popular across Sub-Saharan Africa (see Setel 1999; Spronk 1999). Farmer (1992) has depicted how Haitians blame, accuse, and see AIDS as the result of American conspiracy. Black people in South Africa also regard safe-sex messages and the use of condoms as a conspiracy on the part of whites to reduce the size of the black population (Preston-White 1995). This narrative emphasizes the unfair international relations, conflict, greed, inequality, poverty, and hatred that exist between races of First and Third World countries. The blame of the South Africans and Haitians is understandable because of their traumatic history of victimization and colonization. Ethiopia has never been colonized in the strict sense of the term, and the young people’s suspicious stance towards whites came as a surprise. The situation corroborates the words of Farmer (1992:78): “Wherever AIDS strikes, it seems, accusation is never far behind”. Many people in Ethiopia (as elsewhere) seem to be critical of US foreign policy and politics, and the paranoia of young people also appears to be a reflection of the wider US foreign policy discourse. In any case, such blame may play an important and often destructive role in the social response to HIV/AIDS (Farmer 1992).

The narrative of a God-sent plague emphasizes sexual modesty (the main message of AIDS education) and constitutes a valuable version of the ‘truth’ (Mogensen 1997). This narrative discourages casual and multi-partner sex. In this sense, it reflects the dominant narrative of ‘sexual promiscuity’ or ‘accepted risk factor’ and the need to change sexual behaviour. This discourse, however, assumes that people are in control of their sexuality and ignores the complex socio-economic circumstances, which surround sexual encounters (Obbo 1995). The narrative also emphasizes sexual moral decadence as a cause of HIV/AIDS and calls for an individual change in the direction of Christianity and Islam to stop the spread of HIV/AIDS.
In short, no agreement was reached as to what HIV/AIDS was, what caused it, and what might prevent it. These different explanations do not seem to oppose each other, and some informants advocated two or more narratives equally without seeming to contradict themselves. “We sometimes think that it used to exist as amenmin, well it came from the white men (ferengi); we believe sometimes that it is a curse from God and can only be reversed when God takes mercy on us” (Gebre, 20-year-old street male). HIV/AIDS is a difficult and ambiguous disease and its illusive nature and varied symptomatology prompted young people to give multiple (often contradictory) meanings. HIV/AIDS is, therefore, ambiguous to clinicians, people living with HIV/AIDS, and others who have become acquainted with it in their social networks (Setel 1999). Such conflicting and overlapping discourses about the origin of HIV/AIDS have contributed to diverse and confusing responses and furthermore in little coordination of ongoing HIV/AIDS interventions in the country (see Chapters Six and Eight). The fact remains that all narratives and metaphors influence young people’s behaviour towards the disease and should therefore be considered in the wording and the design of prevention messages targeted at them, importantly without falling into the trap of moralistic stereotypes.

It is interesting to note that young people in Dessie (including people living with HIV/AIDS) did not raise the issue of witchcraft and sorcery as a cause of HIV/AIDS. This is in contrast to most findings from other countries. For instance, Farmer (1992), Setel (1999), and Van den Born (2005) discussed how people attribute HIV/AIDS to witchcraft/sorcery in Haiti, Tanzania, and Malawi respectively. On the other hand, Haitian narratives did not incorporate HIV/AIDS as a disease sent by God, but rather as “part of the Americans’ plan to enslave Haiti” (Farmer 1992:230). Within Africa, the Tonga of Zambia did not believe that Americans or Europeans sent AIDS to kill black people. They thought instead that HIV/AIDS is kahungo - a disease that affects someone who has failed to follow the prescribed rules for the seclusion of a woman who miscarried (Mogensen 1997).

Most young people confessed that they did not know how condoms work and what precautions should be taken in using them to make them effective (Chapter Six). Those who had experienced sex with and without a condom said that a condom reduces sexual satisfaction and takes away spontaneity. Although FGEA and Anti-AIDS clubs gave away condoms for free, many young people felt too embarrassed to collect them. Buying condoms from shops was a big challenge to many (young or adults), and they sent kids to buy these for them. They also gave vent to a range of myths and misconceptions about condoms. Their reluctance was reinforced by the fact some institutions and HIV/AIDS activists in general and religious leaders in particular advocated that young people should be chaste until they are married and denounced condom use and their distribution. The question, however, is how many young people can choose and maintain such a life-style in the face of abject poverty and hopelessness.

To prevent misunderstandings, I want to emphasize that I am not against efforts to encourage sexual abstinence; whenever possible, young people should be encouraged to abstain from sex or to maintain faithful relationships. I am also aware that advocating abstinence and a faithful relationship will not provoke the outrage that safe sex messages may generate. Those involved in HIV/AIDS prevention need to recognize, however, what young people are really doing instead of dwelling on how the ideal world should be. Most of the chapters clearly showed that many young people in general and street youths in particular were sexually active and that they were placing themselves and their partners at risk of infection with HIV and other sexually transmitted pathogens. As shown above, most young people were not only sexually active, but also engaged in multiple-partner sex and group rape. In the light of this, focusing on the abstinence message may not be a productive approach. Pertinently, it is naïve to expect young people living on the streets not to indulge in sex (to escape loneliness and the daily grind of frustration). It is still unrealistic to expect other out-of-school youth or school students to abstain from sex in the absence of recreation facilities and employment and education opportunities. Culture-sensitive sexuality and HIV/AIDS interventions need to take prevailing sexual practices into account, and young people must be provided with the skills and
support they need to protect themselves from HIV/AIDS infection (see Mulatu et al. 2000). I should also emphasize that unless young people are provided with free or affordable and good quality condoms, the necessary skills and motivation to use them properly and consistently, simply advertising condoms may be obviated as part of the solution.

How are poverty and other structural factors linked to young people’s sexuality and HIV/AIDS?

In Chapter Seven, I have attempted to show how sexuality and HIV/AIDS in Dessie and in Ethiopia more generally are strongly interconnected with the political economy of the country (see also Chapter Two). I have tried to distance myself from epidemiologists and other social scientists who have limited themselves to human agency and invoked the ‘African sexuality thesis’ to explain the HIV/AIDS epidemic. Instead, I have explored the social, political, and economic contexts in which sexual activity among young people takes place and the ways in which such activities are explained and justified. Without understanding the social, economic, and political processes that have created the conditions within which young people live, it seems very difficult to understand the current situation of HIV/AIDS in Ethiopia. Structural factors also provide the context and influence the way young people articulate their concerns and visions, and the ethnographic data that are presented in different chapters are reflections of such structural events (see also Lucas 2001).

All options for the prevention of HIV/AIDS were found problematic among young people in Dessie obstructed by poverty and other structural factors beyond their control. Abstinence is impractical in the face of a bleak future and because of their age. A perception of love is intertwined with the consumer culture, and participants could not maintain one-to-one faithful relationships or enter into marriage as their precarious economic situation and social isolation were an insuperable barrier to this (see Chapters Three and Four). They did not use condoms properly and consistently partly because they did not see the importance of protecting themselves in the face of a hopeless future and partly because of a number of myths and misconceptions associated with condoms (see Chapters Six and Seven). Street youths in Dessie did not mention HIV/AIDS as a priority in their list of daily concerns and worries (Chapter Seven). They were preoccupied instead with how to obtain their daily food. HIV/AIDS as a problem competed with their worries about their future lives (training and job opportunities) in the hierarchy even among school pupils attending government schools. Solome, Almaz, and Bedelu were all infected as the result of the systematic effects of poverty and not because of lack of knowledge or information about HIV/AIDS (Chapter Seven). Societal response to HIV/AIDS has also been crippled by poverty, drought and subsequent famine, and political instability (see Chapters Two and Eight). This indicates that an individual’s capacity to engage in consistent risk reduction of HIV/AIDS infections depends on a number of complex, large-scale, socio-economic forces far beyond information provided about HIV/AIDS transmission or prevention.

The study showed that young people are left in a vacuum and feel useless to their society. They are largely forgotten by the government and the society at large, and are deprived of opportunities that a nation should provide. They seemed to have lost interest in life and its ways, stifled by circumstances beyond their control. I met many young people who were struggling for their daily bread, trying to find shelter, and dealing with other survival issues that most young people from the West could not begin to imagine at such an early age. I visited several Anti-AIDS and amateur journalists’ clubs, and saw many school-leavers congregating there just to pass their time. It was depressing to see many street youths, school-leavers and dropouts, and some students (during their free time) just concentrating on the streets or in small houses and gossiping day-in day-out while chewing chat. Where else could they go or what else could they do? Most school-age boys seemed to have lost hope of improving their lives through education, as there are little or no training and job opportunities when they finish school. As a result, some young people (students and particularly street
youths) argued that they were not happy with their lives and did not care if they caught HIV. Many young people in Dessie engage in risky sexual behaviour when they realize that they have no opportunities to work and live a meaningful life. Lack of training and job opportunities by which they could improve their lives seem to have contributed to the spread of HIV/AIDS by making young people turn their faces to sex and substance abuse in despair as a source of happiness and meaning in their lives.

I must reiterate that though both school students and street youths seemed apathetic, the latter were at particular risk of HIV infection. They did not have access to mainstream prevention messages, and had more misconceptions than school students. Instead of answering our questions most of them were eager to have questions answered (Chapters One and Six). They did not have the social, economic, and cultural capital to negotiate in an increasingly competitive life successfully. My opening quote to Chapter Seven illustrates how government and society have ignored them and how they are left to fend for themselves at an early age. In their own society, they seem to have been marginalized as ‘strangers’. They did not have an opportunity to hear from parents and other adults that they are loved, valued, and are important as individuals. They have internalized feelings of neglect and worthlessness, and their lives are characterized by low self-esteem and frequent exposure to substance abuse, poverty, and violence. To many of them neither the present nor the future offer any promise. Clearly, great efforts will be needed to address such social and economic conditions, instead of dwelling only on cognitive models.

In other words, interventions such as ABC may not achieve the desired outcome without addressing structural factors. “Individual, psychological intervention approaches will not promote optimum changes in behaviour when structural and environmental constraints are not addressed” (Sweat and Denison 1995, in Setel 1999:245-246). In the long run, reintegrating young people in general and street youths in particular into society, or at least meeting basic food, employment, and shelter needs to render them receptive to health education, appears to be essential to HIV/AIDS prevention. Even if a vaccine or effective treatment were available, there is a need to realize that AIDS is going to remain for a long time as a disease of the poor and marginalized (like malaria and TB), and efforts to stop its spread should be part of socio-economic development efforts.

The findings reaffirm the growing literature on poverty and HIV/AIDS in different parts of the world (Farmer 1992, 1995, 1999; Campbell 2003). Campbell for instance, maintains that “The forces shaping sexual behaviour and sexual health are far more complex than individual rational decisions based on simple factual knowledge about health risks, and the availability of medical services” (2003:7). In her study of Sex, sexuality and the meaning of AIDS in Addis Ababa, Lucas (2001:144) argues … “[N]o matter how immediate or tantamount AIDS seems to outsiders, it is one of many problems in African societies where the more immediate concerns of food, shelter, peace, and stability compete with the government’s and people’s energies”. Lucas goes on to contend that young Ethiopian people perceived poverty, frustrated educational and economic prospects, crime, and idleness as pressing problems, but “HIV was rarely spontaneously mentioned as an immediate priority in [the] young people’s inventory of concerns” (Lucas: 172). Farmer (anthropologist and physician) is perhaps best known for his political and economic approach (including history and culture) to the study of AIDS and other infectious diseases in Haiti (for example, 1992, 1995, 1999). He states, “AIDS is indeed a disorder of poor people, and becoming so…” (1992:242), and: “The forces underpinning the spread of HIV to rural Haiti are economic and political as they are cultural, and poverty seems to underlie all of them” (Farmer 1995:23).

In his study of AIDS in Tanzania Setel (1999:143) notes, “The behaviours that spread the epidemic are the product of large-scale forces as much as they are of individual choice and character”. He argues “Worsening conditions of landlessness and urban poverty translated into conditions of

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120 See also Schoepf 1995; Setel 1999; Lucas 2001; Silberschmidt 2001, 2004; Fenton 2004).
deadly risk in the AIDS era and were exacerbated by north-south relations mediated through structural adjustment" (Sanders and Sambo in Setel 1999:146). He convincingly argues the need to understand AIDS in broader perspective and "...frame prevention as an issue of social justice and human development" (Setel 1999:249). His focus lies more on representations of AIDS using social, economic, cultural, and demographic contexts. He pays particular attention to how demographic (overpopulation in Chaga) factors and economic necessity have acted as push and pull factors thereby forcing men to migrate to Moshi, Dar-es-Salaam and other towns in search of a livelihood. He argues that these men left their wives behind and visited them irregularly thereby exposing both sexes to AIDS. Setel's informants emphasized lost cultural values and individual behaviour and character such as an excess of tamma (desire for consumption) and tabia (bad moral character) as contributing factors for the spread of AIDS.

My informants (including religious leaders), however, emphasized the role of poverty in the spread of AIDS though reference was made to moralistic discourses (see Chapters Six and Seven). The other difference between my argument and that of Setel is that he maintains that education and other modern institutions in Africa have somehow emancipated the local people from poverty. AIDS in Africa has preponderantly affected the educated-urban elite class (medical professionals, teachers, managers), plus truck drivers and other mobile men and women. He argues that those who have moved to urban areas, benefited from modern education, and experienced vertical social mobility became the primary victims of AIDS in Kilimanjaro. This is one of the reasons that Setel described AIDS as ‘a plague of paradoxes’. I argue that at the beginning of the epidemic, HIV/AIDS indeed largely affected the urban, rich and educated elites who had the opportunity to travel, but nowadays it predominantly affects the poor and other marginalized groups (see Chapter Seven). While my study is limited to the current situation, throughout his book, Setel has historicized the problem of sexuality and STDS in much greater depth, often referring to pre-colonial, colonial, and post-colonial periods of Tanzania.

How do young people and key informants receive, interpret, and evaluate ongoing interventions?

Young people in Dessie expressed the idea that messages transmitted to prevent HIV/AIDS were ‘boring’ and contradictory (Chapter Eight). That ‘HIV/AIDS fatigue’ could be attributed to messages overloaded with warnings such as “Rush into sex - Rush into AIDS” (Chapter One). By and large, HIV/AIDS messages are not sex positive and may actually stigmatize sex. While teaching them how they could protect themselves against HIV infection, there is a need to talk not only about the dangers but also the pleasures related to sex, thereby attracting them to listen to prevention messages (see Taylor and Lourea 1992; Paiva 1995; Bolton 1995). Although sex positive interventions will provoke outrage in some quarters, and offending some groups of the society is an unfortunately part and parcel of HIV/AIDS interventions, there is a need to strike a delicate balance between the sex-positive approach and the shame and taboo syndromes so long in place, and to convince major stakeholders such as parents and local leaders to come on board. It is wise to anticipate possible public and political/religious reactions to such controversial initiatives, and there is a need to build groundwork and support ahead; otherwise there is a possibility of losing local political support.  

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121 I must take the argument further and state that Ethiopia or Africa as a whole for that matter is marginalized, and this situation has created the social, economic, and political conditions allowing the HIV/AIDS to thrive throughout the country or the region.

122 Brummelhuis and Herdik (1995:xv) argue, “Anthropologists have to acknowledge that in many cultures, a sudden introduction of sexual openness might have adverse effects, and even damage long-term efforts to make culturally appropriate interventions. Initiating sex-positive attitudes or practices in an environment where
The critical opinion of young people who oppose ongoing interventions as discussed in Chapter Eight also seems to have emanated from a lack of their involvement in leadership positions as advocates, peer researchers, partners, peer teachers, and role models in prevention efforts. They are addressed only as a vulnerable group and not as partners in HIV/AIDS interventions. HIV/AIDS prevention, therefore, requires the participation of the young people at whom prevention programmes are targeted. This requires creating a conducive environment for Anti-AIDS Clubs and other organizations created, led, and operated by young people. The Anti-AIDS and Reproductive Health Clubs in Dessie have proved useful in teaching about AIDS through peer education, and need to be promoted more assiduously. One drawback, however, is that peer educators seem to have dwelled on providing simple facts about HIV/AIDS using didactic teaching methods, and there is a need to train and encourage them to teach about the broader issues of sexuality (beyond biomedical explanations of HIV transmission and prevention) using the participatory approach.

Involving young people and strengthening Anti-AIDS clubs converges with the preference of young people in Dessie for more appealing and trustworthy prevention messages to be delivered face-to-face by their peers and people living with HIV/AIDS (Chapter Eight). The fact that most young people in FGDs expressed their satisfaction with and interest in such discussions implies that face-to-face interactive education by peers could be more appealing to them than the printed or electronic media, to which, moreover, most young people and street youths in particular have no access. In addition, relationships in Dessie are usually mediated through peers (awagiwoch - plural form), thereby highlighting the persuasive power and influence of peers in sexual decision-making and other aspects of life. It may be possible to use master-minders of the war (awagiwoch) to discuss concerns about HIV/AIDS infection, and prevention or safe sex strategies with their ‘fighters’ from both sexes.

Preference for face-to-face education and peer education as acceptable and effective ways of delivering information in particular is consistent with promising results achieved elsewhere in Africa and worldwide. For instance, in Central and Southern Africa, peer education has increased condom use (Vaz, Gloyd, and Trindade 1996; Laukamm-Josten et al. 2000; Wolf Tawk, and Bond 2000 all cited in Campbell and Macphail 2002). The underlying assumption in peer education is that the norms of their peers somehow influence behaviour; this is especially true of young people, and well-liked and respected peers may be able to encourage others to adopt attitudes that promote safer forms of behaviour rather than the high-risk behaviours usually associated with peer norms (Serovich and Greene 1997, cited in MacPhail and Campbell 2001). Undeniably, more individual and small group education provides opportunities for debate, clarification, and more personal interaction (Mill and Anarfi 2002).

Chapter Eight showed the prevalence of silence about sexuality. Most of the school and street girls in the study, for instance, pleaded with us to teach them about the menstrual cycle and how it can be used to prevent pregnancy by having sex only during the safe periods. The silence around sexuality also prompted young people to watch pornographic films (Chapter Five). Reiss suggests that one of the appeals of erotic films is that they show in public what most people keep private. The appeal of pornography rests in this public exposure of sexuality, and “If sexuality were not private, such films would have much less appeal” (Reiss 1986: 33). This highlights the need to provide young people with broader sex education about different sexual practices and counselling about relationships between the sexes, over and above issues related to HIV/AIDS transmission and prevention (Paiva

sexuality was hitherto repressed will provoke, and anthropologists must anticipate such, unintended consequences”.

123 Campbell (2003), however, expressed mixed feelings, pointing out that some peer education programmes have had disappointing outcomes. She calls for more nuanced research to understand the process and mechanisms underlying success or failure of peer education programmes.
Therefore, in addition to improving the socio-economic situation of young people, the prospect of preventing the spread of HIV/AIDS requires a more contextual understanding of their sexuality. Young people’s concerns, fears, perceived pleasures, dangers, and desires related to sexuality should be taken into account when designing HIV/AIDS interventions. Absinia Anti-AIDS club in Dessie, for example, publishes a magazine by the name of Qendil (traditional form of illumination such as candles). The issues covered in the magazine did not appeal to the young people. It seems wise to have a column or to devote a newspaper or magazine entirely to dealing with young people’s concerns about, love, relationships, sex, and HIV/AIDS. Like “Straight Talk” or “Young Talk” in Uganda (Bakari 2000), such a magazine should encourage young people to write anonymous messages flowing from their concerns, fears, and ambiguities related to sexuality and HIV/AIDS in order to design interventions based on local meanings, experiences, and concerns about sexuality and broader structural factors in which such local practices and meanings are embedded. Importantly, the major platform for Ethiopian youths to voice their concerns and to discuss and bring these to the attention of the young people and the public at large is the Ethiopian Teenagers’ Forum sponsored by UNICEF and held at the Africa Hall in Addis Ababa twice every year (UNICEF 2003). As a representative body of schoolchildren drawn from primary and high schools as well as HIV/AIDS orphans and street children from different backgrounds, this forum could serve as a model for other towns, although sponsorship by local NGOs or Ethiopian organizations or individuals would confer greater flexibility on programmes to address local needs.

Almost all of the school students and street youths involved in the study also repeatedly expressed their preference to be given information or education about HIV/AIDS by people living with HIV/AIDS (PLWAs), though this was opposed by some key informants (see Chapter Eight). To substantiate my argument, let me reflect on the statements of two young adult school pupils:

*I prefer to hear from AIDS patients themselves or from people living with the virus. And I think people (especially the young people) would listen better if such people were to tell openly how they contracted HIV and how it destroyed all their plans in their lives (Kedir, 18-year-old male student).*

*I do not think that the information the media disseminates about AIDS is sufficient. However, the patients themselves could teach better than the media. That is, it is good if they make themselves available physically, stand on a stage, and give their testimony of what they know about the disease. I believe that there will be a change if AIDS education is given through drama and by the patients themselves in places where people gather such as funeral ceremonies, iddirs, churches, mosques, and schools (Semaw, 22-year-old male student).*

Young people in the study said that when HIV-infected persons provide education about the severe consequences of the disease, it touches their hearts and reinforces their wish to change their sexual behaviour. They considered it an effective way to personalize the problem and ‘give a human face to HIV/AIDS’ (see also Mulatu et al. 2000; Roy and Cain 2001). Writing about Tanzania, Setel (1999:219) reports “AIDS educators and audiences often expressed the opinion that prevention messages would be innately more compelling if delivered by someone living with the disease.” It also accords with a well-known Ethiopian saying *Man yarda yekebere man yenager yenebere* (Those who have been to the funeral should be the ones to break the bad news and those who bore witness should speak). Some of the PLWAs involved in teaching the public in Dessie complained that they are being used as teaching material, without their being provided with the necessities of life. People living with

124 When I talk about sex education in schools, I should also stress that strategies must be devised to reach street and other out-of-school youths with information and education that suits their life-style.
HIV/AIDS need to be provided with the necessary training, health care, and a socially and economically supportive environment, to involve them in teaching young people and the public at large.

Another common preference that emerged from the discussion was the young people’s emphasis that education about HIV/AIDS should be provided in the guise of entertainment such as theatre and musicals. Various studies in Africa have recommended using theatre in teaching about HIV/AIDS. In her study of the Tonga of Zambia, Mogensen argues:

*The advantage of theatre as a medium is the possibility for the audience to identify themselves with what is played out. Theatre can engage and hold the interest of a large number of people. The audience may be involved by either being asked to suggest solutions to problems raised on stage, or spectators may be invited to replace an actor and lead the play in the direction, which seems most appropriate to him or her... Health education should not simply be a transfer of knowledge (that people already know by heart). Rather it should involve people in discussions about this knowledge (1997:438; see also Schoepf 1995).*

To convey key issues underlying the spread of HIV/AIDS, sexuality, and intimacy in a culturally appropriate way, there is a need to shift from Western languages and science to local and traditional communication and socialization processes such as indigenous theatre, drama, story-telling, songs, poems, sayings, metaphors, and proverbs (RAWOO 2002). Dramas may serve as a good strategy to demystify the condom, connecting its use with love and pleasure instead of categorically instructing young people to “Use condoms”.

In order to furnish additional perspectives and add context to the young people’s narratives on how they receive and evaluate ongoing interventions, I also interviewed people involved in HIV/AIDS prevention. Echoing the voices of the young people, these key informants expressed a deep frustration and disappointment with ongoing interventions. They attributed the ‘HIV/AIDS fatigue’ among young people to the lack of pilot testing and evaluation of ongoing interventions. Since the commencement of interventions in Ethiopia in the late 1980s, no major and systematic analysis of the accomplishments, deficiencies, and failures of preventive programmes has been tried, although one study has recently been carried out on Anti-AIDS clubs (Eshetu 2003). Similarly, little rigorous research has been conducted in Ethiopia on the development of health education messages and programmes in HIV/AIDS prevention among different social and ethnic groups. This highlights the need to know which strategies work best and are cost-effective on the basis of pilot testing, continually evaluating and updating and involving young people themselves in the design and implementation of the interventions (Pinkerton et al. 2002; Piot 2000). There is an urgent need for studies that assess the effectiveness of HIV/AIDS prevention efforts and inform policy and the development of best strategies (cf. Kinsman et al. 2001).

The key informants also noted the lack of participation of community-based organizations (iddirs, equbs and others), NGOs, schools, religious institutions, business organizations, and various sectors of society in combating the spread of HIV/AIDS. These institutions are not taken as integral partners in developing, delivering, and evaluating HIV/AIDS prevention messages. They particularly emphasized the importance of ensuring the more active participation of religious leaders in the preventive, care, and support efforts as people are more likely to listen carefully to their religious leaders. Importantly, religious institutions do have an established infrastructure and the ability to reach large numbers throughout the country, highlighting the need to exploit their power and influence in HIV/AIDS prevention.

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125 Not only are evaluative studies generally weak and neglected in Africa, they are also subject to predetermined political or religious agendas, which affect the outcome of evaluative research or what happens after evaluation (Kinsman et al. 2001; Kinsman s.d; Parkhurst 2002).
Because of its size, the Ethiopian Orthodox Church, for instance, has a vast network that reaches down to parish level throughout the country. As discussed above, churches and mosques seem to have failed in shaping the sexual behaviour of young people. The government and NGOs should provide them with training and a supportive environment to allow them to be involved in the issues of reproductive health and HIV/AIDS. Although there is a need to respect the stance of religious institutions on sexuality, they need to be convinced to convey sermons and HIV/AIDS education messages, which approximate young people’s reality. I believe that there are young people with a two-edged sword (educated and religious) who could be used as role models, teachers, and agents of change. The Mahebere Kidusan of the Ethiopian Orthodox Church is a typical example. It is an association that embraces young educated people throughout the country (students and graduates from institutions of higher learning attending Sunday schools in their respective parishes). These are young, energetic people who could convey religious teaching and HIV/AIDS education to other young people by blending worldly and spiritual concerns in a way that would attract them. Since they are successful in school and devout religious believers at the same time, they can also serve as role models. There is a need to enlist similar youth religious movements (if any) from the Islamic, Protestant and other religious communities to develop collaborative programmes with Anti-AIDS clubs, and church Sunday schools and similar parallel structures in the Islamic community.

The key informants also stated that ongoing interventions have never been coordinated. The Ministry of Health and local and international NGOs have been undertaking interventions aimed at preventing the spread of HIV/AIDS since the mid-1980s. These efforts, however, have been inadequate and poorly coordinated, with the upshot that they have had little impact. As discussed in Chapter Eight, coordination seems essential to be able to roll back the epidemic. We should therefore take the advice of an eloquent person living with HIV/AIDS in waging organized war on many fronts. He said:

*Take for example what happens during a war. The soldiers won't achieve victory if they do not give each other cover. They have to help one another and strengthen their stand by supplementing each other's defects. And we likewise need to cooperate and help each other (if we are to defeat this enemy) we need to cover each other's back.*

There is a need for NGOs and public and private sector institutions to work together more vigorously on prevention, treatment, and care strategies. As shown in Chapter Eight, young people in Dessie and more generally in Ethiopia are exposed to different, often contradictory messages from their families, faith-based institutions, the media, health institutions, and AIDS activists, each trying to impart their own value-laden messages on them, often throwing them into confusion. Increasing the overall impact of a campaign can best be achieved through coordinated efforts, and different actors must respect each other and tell young people about other actors’ perspectives - unity in diversity. All concerned stakeholders should come together and find common ground while maintaining diversity. Ethiopians often say that *Der biaber Anbessa yaser* (literally: “spider webs bound together can tie a lion”). Let us foster unity in diversity, both in rhetoric and action, and bind the lion (HIV/AIDS) tightly before it devours the nation’s most precious resource - the young people. How it will be possible to build on the potential for collaboration between different institutions with different dogmatic, organizational, and professional cultures competing for funding and other resources requires further study.

It is often said that the West managed to reverse the HIV/AIDS tide as the result of the high level of government and public commitment and well-developed healthcare facilities. As pointed out in Chapter Eight, a high level of political commitment is also given as a reason for the ‘success’ of non-Western countries such as Brazil, Thailand, and Uganda (RAWOO 2002; Compbell 2003). The key informants, however, pointed out that the Ethiopian government’s response to HIV/AIDS has been relatively low key, particularly during the early phase of the epidemic, when the opportunities to stem its spread were greatest. Even some higher government representatives have admitted a lack of
adequate political commitment. As recently as May 2003, the Head of the government’s HIV/AIDS Prevention and Control Office (HAPCO) said, "...Except for a few advertisements on state-run television and radio, the government has done little to create awareness about the disease. Most Ethiopians have heard of HIV/AIDS, but there are many misconceptions and safe behaviours are not practiced. Stigma and discrimination are widespread and damaging care and support” (Associated Press 2003).

A supportive policy environment with clear guidelines is crucial to prevent the spread of HIV/AIDS and to provide care and support to those living with HIV/AIDS. Discussions with key informants also revealed that the HIV/AIDS pandemic in Ethiopia can be attributed partly to a weak policy response, especially during the early years of the anti-HIV/AIDS campaign. Moreover, the breaking down of impeding factors such as denial, the social stigma of HIV/AIDS, and the cultural silence or non-disclosure of infection will also require the advocacy and active participation of all levels of the administration, civil society, private organizations, and community leaders. This highlights the need for each government ministry, NGO, and private organization to produce an HIV/AIDS intervention strategy within the context of its own task and working environment, as outlined in the 1998 AIDS Policy and detailed in subsequent strategy statements.

The key informants also noted that HIV/AIDS is becoming a big ‘industry’, and embezzlement and corruption are spreading fast like the epidemic itself as more funding is becoming available. Ethiopia is one of the countries in line to receive large grants from the Global Fund for HIV/AIDS, TB, and malaria control, from President Bush’s Emergency Plan for AIDS Relief and other donors. Although this is good news, pouring large sums of money into poorly managed programmes in the absence of adequate infrastructure and efficient, transparent, and accountable financial dispersal mechanisms cannot turn the tide (see also Moyer 2003, for similar analysis in Tanzania). Committed, transparent, and democratic leadership at different levels is necessary if funds are to be effectively mobilized and used efficiently. Therefore, any effort to prevent the spread of HIV/AIDS also needs democratization. In the absence of good governance (democracy) and transparency, those who are involved in corruption are not accountable. Democratization and political commitment also require allowing community radio stations to air local information about sexuality, HIV/AIDS and other matters in individual communities. Many non-governmental organizations pay large sums of money to government-owned radio and TV stations to transmit brief messages about HIV/AIDS (personal communication with a man who directs a local NGO in Addis Ababa). This indicates the existence of a barrier to a favourable environment for NGOs, civil society, and other grass-roots organizations being able to work effectively in preventing the spread of HIV/AIDS.

Overall, political commitment can lead to creating an environment and framework conducive to action. In the Ethiopian situation, where the private media, civil society and other population-based groups are not strong in the absence of a necessary democratic experience, it is rather difficult to achieve success through community-based programmes without strong government backing. The government in Ethiopia has traditionally been the major provider of health and social services and otherwise exercised great power and influence in people’s lives. By force or consent, the government seems capable of mobilizing support for a course of action to which it is committed. There are numerous NGOs involved in HIV/AIDS prevention, but most of them have limited their programmes to simply disseminating preventive information, often duplicating efforts by other organizations. The

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126 I must note that money that comes from international donors tends to influence national policies, thereby crippling the development of locally driven consensus building, planning, and implementation. Besides this, without a local and national budget, donor-dependent funding cannot be effective in developing sustainable HIV/AIDS prevention programmes. This highlights the need for a change in the philosophy and politics of budgeting, which currently regards social services and social problems not as central focus but as residual issues.
government exercises power over NGO activities, gives them directions, and withdraws their operating permits if they do not comply. But although NGOs are not free from government interference, they are not offered proper support and guidance by the government. It may be concluded from the above discussion that success in creating an empowering environment for young people, designing culture-sensitive interventions, and facilitating access to sources of information, and coordination and broad range participation depends primarily on political commitment to guide, facilitate, and support viable efforts by all segments of society. How we can ensure that the government is committed to fighting HIV/AIDS, while occupied with other political and economic priorities more strongly tied to the nation’s existence, is a question that needs further investigation. Perhaps pressure from donors may go only half way in drawing the attention of the government, in view of the fact that local and national initiatives have a more sustaining impact than externally supported ones.

What can be done?

The urgency or immensity of a practical social problem does not entail the assurance of its solution (Merton 1949 in Setel 1999:236).

**Bleak prospects**

Although I have highlighted a number of policy issues as articulated by young people and the key informants, I am aware of what can be done in concrete terms remains unanswered. As I pointed out at the beginning of this chapter, I believe that the research we conduct should contribute to ameliorating the problems of communities studied. However, HIV/AIDS prevention cannot be accomplished by a magic bullet or quick fixes, particularly not in a country as poor as Ethiopia. This study highlights that the problem of HIV/AIDS is a more structural difficulty than a matter of individual choice or behaviour. The solution, therefore, is structural transformation, which is impossible to achieve, at least in the near future. “It is not impossible to imagine a world without AIDS, but it is nearly impossible to imagine a world where the existing conditions related to poverty and inequality, conditions that make it possible for AIDS to thrive, have been eradicated” (Moyer 2003:296).

I decided to entitle this study “Bleak prospects” as everybody involved in the research (including myself) has felt more frustrated than hopeful. Young people were desperate about their economic inability to win love or get married and avoid HIV infection. The young men were frustrated by the anticipation of possible sexual incompetence and voiced double standards expecting that their wives would not have had any experience with sex. They were frustrated with their appalling poverty and bleak future. They were fond of visiting pornographic films that show different, unconventional sexual practices, while strongly denouncing them as abnormal, harmful, alien, and indecent. They seemed frustrated in their attempt to reconcile their desire to explore their sexuality and religious and moral restrictions. They held onto a number of myths and misconceptions, and expressed frustration about the protective capacity of condoms to prevent HIV/AIDS infection. They expressed their disappointment and bleak prospects about messages transmitted to protect them from HIV infection. The key informants involved in the study also expressed their frustration with and the grim prospects of ongoing interventions.

When I set out to do this research it was, in part with the intention of finding better ways of addressing HIV/AIDS. I had a strong motivation to provide practical suggestions for policy makers to improve HIV/AIDS prevention, but at the end of the day I was left frustrated. Instead of offering controversial and impractical recommendations, I decided to admit defeat and offer this ethnographic open-ended study so that those involved in HIV/AIDS prevention can make use of it. I still trust that by examining young people’s views on and experiences of sexuality and HIV/AIDS in the context of
poverty, this study has provided insights into the role and interrelations of underlying structural, social, and cultural factors in the context of HIV/AIDS transmission and prevention. My research has not generated ‘ground-breaking’ findings, but it may contribute to a fuller understanding of the problem of sexuality and HIV/AIDS in Ethiopia in particular and Sub-Saharan Africa in general. Preventing the spread of HIV demands a contextual understanding of young people’s sexuality, and I hope that the study has in some degree achieved this end. The study also represents the voices of one the most neglected and marginalized groups, male street youths, in a way that respects their dignity. I, however, remain frustrated because I have not fulfilled one of my objectives and have not responded to the heartbreaking pleas made by the older people in the opening quotes to this chapter.